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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491321028390

OMB No. 1545-0052

2019

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax yea	r beginning 01-01-20)19 , aı	nd er	nding 12-31-		
		undation /E CONSTRUCTION FOUNDATION				' '	entification numbe	ır
						83-2466217		
		d street (or P.O. box number if mail is n CL LANE	ot delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	ns)
						(708) 236-3300)	
		n, state or province, country, and ZIP of L 60162	r foreign postal code			C If exemption	application is pendin	g, check here
G Ch	eck al	ll that apply: \Box Initial return	\square Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere
		☐ Final return	Amended return				ganizations meeting k here and attach co	
		Address chan	nge 🔲 Name change			<u> </u>	undation status was t	· -
		·	501(c)(3) exempt private				n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitabl						
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 292,988	J Accounting method: ☐ Other (specify) (Part I, column (d) must	☐ Cash ☑ Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and		•		(d) Disbursements
		of amounts in columns (b), (c), and equal the amounts in column (a) (se		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., schedule)	, received (attach	504,850				
	2	Check ▶ ☐ if the foundation is Sch. B	·					
	3	Interest on savings and tempora	ary cash investments	174		174		
	4	Dividends and interest from secu	urities					
	5a	Gross rents						
	b	Net rental income or (loss)						
KIE	6a	Net gain or (loss) from sale of as	ssets not on line 10					
Revenue	ь 7	Gross sales price for all assets o Capital gain net income (from Pa	<u>- </u>			0		
Œ	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allo	wances					
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach sch	nedule)					
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		505,024		174		
	13	Compensation of officers, director	,	0		0		0
	14	Other employee salaries and wa	-					
ses	15	Pension plans, employee benefit						
Ē	16a	Legal fees (attach schedule) .						
EXD	b	Accounting fees (attach schedule	•	95-1		200		200
Ç6	_ C	Other professional fees (attach s	•	600	<u> </u>	300		300
rat	17	Interest						
<u> </u>	18 19	Taxes (attach schedule) (see ins Depreciation (attach schedule) a	,					
Ē	20	Occupancy	·					
Ad	21	Travel, conferences, and meeting						
ב	22	Printing and publications						
Operating and Administrative Expenses	23	Other expenses (attach schedule		10,302	!	0		10,302
aguar T	24	Total operating and administ		· ·				,
<u> </u>		Add lines 13 through 23	<u>-</u>	10,902		300		10,602
S	25	Contributions, gifts, grants paid		249,048				249,048
	26	Total expenses and disburser	ments. Add lines 24 and	350.050		200		250.650
	27	Subtract line 26 from line 12:		259,950	-	300		259,650
	a	Excess of revenue over exper	nses and					
		disbursements		245,074				
	b	Net investment income (if neg	•			0		
	С	Adjusted net income (if negat	ive, enter -U-)					

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Net Assets or Fund Bal

25

26

27

28

29 30

Part III

2

3

4

5

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

nnces		Foundations that follow FASB ASC 958, check here ▶ □ and complete lines 24, 25, 29 and 30.			
	23	Total liabilities(add lines 17 through 22)	0	22,914	
_	22			22,402	
Lia	21	Mortgages and other notes payable (attach schedule)			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
tie	19	Deferred revenue			
v.	18	Grants payable			
	17	Accounts payable and accrued expenses		512	
		instructions. Also, see page 1, item I)	25,000	,	292,988
	16	Total assets (to be completed by all filers—see the			
	15	Other assets (describe ▶)			
		Less: accumulated depreciation (attach schedule) ▶			
	14	Land, buildings, and equipment: basis ▶			
	13	Investments—other (attach schedule)			
	12	Investments—mortgage loans			
		Less: accumulated depreciation (attach schedule) ▶			
	11	Investments—land, buildings, and equipment: basis ▶			
	С	Investments—corporate bonds (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
Ă	10a	Investments—U.S. and state government obligations (attach schedule)			
Assets	9	Prepaid expenses and deferred charges			
Ş	8	Inventories for sale or use			
		Less: allowance for doubtful accounts ▶			
	7	Other notes and loans receivable (attach schedule)			
		disqualified persons (attach schedule) (see instructions)			
	6	Receivables due from officers, directors, trustees, and other			
	5	Grants receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	3	Accounts receivable ▶			
	2	Savings and temporary cash investments			

0

270,074

270,074

292,988

1

2

3

4

5

6

25,000

245,074

270,074

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0

25,000

25,000

25,000

		matructions. Also, see page 1, item 1)	25,000	ĺ
	17	Accounts payable and accrued expenses		
	18	Grants payable		
les	19	Deferred revenue		
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons		
ıac	21	Mortgages and other notes payable (attach schedule)		
_	22	Other liabilities (describe)	9	رچ ه
	23	Total liabilities(add lines 17 through 22)	0	
alances	24	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. Net assets without donor restrictions		

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances (see instructions) . . .

(d)		
_	cold		

Page **3**

	pe the kind(s) of property sold (e.g., rea arehouse; or common stock, 200 shs. M		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
(e)	(f)		(g)		h)
Gross sales price	Depreciation allowed (or allowable)		other basis ense of sale		r (loss)) minus (g)
a	(or anowabie)	ріць схро	stide of date	(c) plus (i) IIIIIus (g)
b					
d					
e					
Complete only for asset	s showing gain in column (h) and owned	by the foundation of	on 12/31/69	(I)
	(j)	The state of the s	(k)	Gains (Col. (h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis		of col. (i)		less than -0-) or om col.(h))
	as of 12/31/69	over col.	. (j), if any	Losses (Tr	om coi.(n))
a					
b c					
e					
		gain, also enter in Pa	art I. line 7		
2 Capital gain net income		(loss), enter -0- in P			
	(,	2	
·	gain or (loss) as defined in sections 122				
in Part I, line 8	art I, line 8, column (c) (see instructions	, , ,	· }	3	
mr are 1, mre e					
Part V Qualification	Under Section 4940(e) for Redu	iced Tax on Net	Investment I	ncome	
For optional use by domestic p	private foundations subject to the section	n 4940(a) tax on ne	t investment inco	me.)	
fti 4040(d)(2)li	anya thia wawt blawle				
f section 4940(d)(2) applies, l					
	he section 4942 tax on the distributable			d? ∐ Y≀	es 🗹 No
	ot qualify under section 4940(e). Do not mount in each column for each year; see			05	
(a)			making any entir	(d)	
Base period years Calendar	(b) Adjusted qualifying distributions No.	(c) et value of noncharitabl	le-use assets	Distribution rati	
year (or tax year beginning in) 2018	0		24,625	(col. (b) divided by c	0.00000
2017			24,023		0.000000
2016					
2015					
2014					
2 Total of line 1, column ((d)		2		0.000000
3 Average distribution ratio	o for the 5-year base period—divide the	total on line 2 by 5.			
	ndation has been in existence if less tha		3		0.000000
	oncharitable-use assets for 2019 from Pa	•	4		257,040
5 Multiply line 4 by line 3	(10/ 5D + 7 1: 271)		5		0
	ent income (1% of Part I, line 27b) .		6		0
	· · · · · · · · · · · · · · · · · · ·		7		0
	tions from Part XII, line 4 , eater than line 7, check the box in Part \			ing a 1% tay rate Ca	259,650
instructions.	eater than line 7, theth the box in Part	vi, iiie ib, and com	piece char part us	mig a 1 /0 tax rate. Se	e die Fait VI

	990-F1 (2019)		- 4-20.14	— • • • • • • • • • • • • • • • • • • •	,		P	age (
श्च		ing Activities for Which	Form 4720 May Be	Required (continued)	<i>)</i>			
ā	During the year did the foundation p	·					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?				✓ No			
	(2) Influence the outcome of any sp	ecific public election (see sect	tion 4955); or to carry					
	on, directly or indirectly, any vot	er registration drive?		· · 🗌 Yes 🛭	✓ No			
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?	☐ Yes ☐	▼ No			
	(4) Provide a grant to an organization	on other than a charitable, etc	, organization described		<u> </u>			
	in section 4945(d)(4)(A)? See in	structions		· · □ v [✓ No			
	(5) Provide for any purpose other th	an religious, charitable, scien	tific, literary, or	· · L Yes	⊻ No			
	educational purposes, or for the	prevention of cruelty to childr	en or animals?					
b	If any answer is "Yes" to $5a(1)-(5)$,	•		Ceptions described in	⊻ No			
	Regulations section 53.4945 or in a	•		•		5b		
	Organizations relying on a current no			_	t			
_	If the answer is "Yes" to question 5a				ШΙ			
	tax because it maintained expenditu	• • •	•		_			
	If "Yes," attach the statement requir			' '	_ No			
	•	· -						
ìа	Did the foundation, during the year,	, , ,						
	a personal benefit contract?			⊔ Yes L	✓ No			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter tra	nsaction? Yes	✓ No			
b	If "Yes", did the foundation receive a	any proceeds or have any net	income attributable to the			7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🗌 Yes	√ N° [
	Information About O	fficers, Directors, Trust	tees. Foundation Ma			ees.		
Pai	t VIIII and Contractors	, 2,	,		,	,,		
1	List all officers, directors, trustee	s. foundation managers ar	nd their compensation	See instructions				
	List an officers, an ectors, trustee	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1,,	_		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans a			ise acci	
		devoted to position	-0-)	deferred compensation	י ו	iller ai	lowanic	.63
ee A	Additional Data Table							
2	Compensation of five highest-pai	d employees (other than t	l hose included on line :	l —see instructions). If ⊢	none, er	ter "l	NONE.	71
	, , ,			(d) Contributions to	1			
a)	Name and address of each employee [paid (b) Title, and average hours per week	(c) Compensation	employee benefit			se acco	
	more than \$50,000	devoted to position	(c) compensation	plans and deferred	otl	ner all	owance	es
				compensation				
ONI	<u> </u>							
					\perp			
nt2	I number of other employees paid ove	r \$50 000.						
Jid	. Hamber of other employees paid ove				Farr	~ QQ(0-PF (2010
					LOL	□ プラし	5-PF (Z019

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). 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		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	·	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a |

2b

organizations check here

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 8

12.852

12.852

12.852

12.852

259,650

259,650

259.650

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2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

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Part XI

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

P	art XIII Undistributed Income (see instruc	tions)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				12,852
2	Undistributed income, if any, as of the end of 2019:				_
а	Enter amount for 2018 only			1,231	
b	Total for prior years: 20		0		
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
_	From 2018	0			
	Total of lines 3a through e	U			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$				
а	Applied to 2018, but not more than line 2a			1,231	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions).	0			_
d	Applied to 2019 distributable amount.				12,852
е	Remaining amount distributed out of corpus	245,567			
5	Excess distributions carryover applied to 2019.	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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	245,567			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		_
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.		0		
d	Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7	Amounts treated as distributions out of				

245,567

245,567

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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). . .

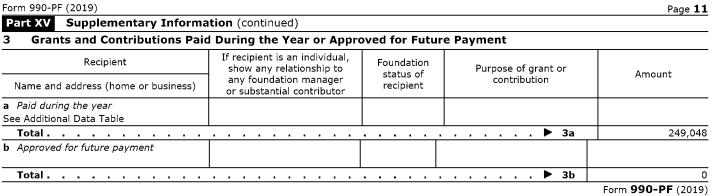
9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. c Excess from 2017. d Excess from 2018.

e Excess from 2019.

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



Enter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Prograr	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	and contracts from government agencies ership dues and assessments					
	st on savings and temporary cash					
investr				14	174	
	nds and interest from securities					
	-financed property.					
	debt-financed property					
	ntal income or (loss) from personal property					
	investment income. r (loss) from sales of assets other than					
invento						
9 Net inc	come or (loss) from special events:					
0 Gross	profit or (loss) from sales of inventory					
L1 Other	revenue: a					
e L 2 Subtot	cal. Add columns (b), (d), and (e).		0		174	
e l2 Subtot .3 Total.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		-		174 L 3	
e l.2 Subtot .3 Total. (See w	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th	lations.) ie Accomplisi	hment of Exem	pt Purposes		
e 2 Subtot 3 Total. (See w Part XV	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes f Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes F Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes F Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes F Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes F Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes F Part XVI-A contrib	uted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	aal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exemple din column (e) of	pt Purposes F Part XVI-A contrib	uted importantly to	174

Fc	orm 990-PF (2019)		Pa	ge 13
	Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	table		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
í	a Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
ı	b Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No

(4) Reir	nbursement arrangemei	nts .					1b(4)		No
(5) Loa	ns or loan guarantees.						1b(5)		No
(6) Perfo	ormance of services or n	nembership or fund	raising solicitations.				1b(6)		No
c Sharing	of facilities, equipment,	mailing lists, other	assets, or paid employee	s			1c		No
of the go	ods, other assets, or se	rvices given by the angement, show in	e the following schedule. reporting foundation. If column (d) the value of aritable exempt organization	the foundatio the goods, of	n received less than fa	air market valu s received.	ue	gement	ts.
	undation directly or indir	rectly affiliated with	, or related to, one or m	ore tax-exem	apt organizations				
	d in section 501(c) (other complete the following s		(c)(3)) or in section 527?			☐ Yes [√ No		
	(a) Name of organizati	ion	(b) Type of organi	zation	(c) Des	scription of relati	ionship		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best

of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign May the IRS discuss this 2020-11-13 return Here Signature of officer or trustee Title Date PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P01351082 employed ▶ 🔲

Paid Preparer Use Only

Firm's name ▶ CLIFTONLARSONALLEN LLP

OAK BROOK, IL 60523

ALEX E WARNER CPA

Firm's address ▶

(3) Rental of facilities, equipment, or other assets.

1301 WEST 22ND STREET SUITE 1100

2020-11-12

with the preparer shown

1b(3)

No

ee instr.)	✓ Yes	□ _{No}

Firm's EIN ▶41-0746749

Phone no. (630) 573-8600

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation

JOHN F BLACKETOR	CHAIRMAN AND CEO	0	0	C
235 FENCL LANE HILLSIDE, IL 60162	1.00			
DAVID E HETRICK	PRESIDENT	0	0	C

HILLSIDE, IL 60162				
DAVID E HETRICK	PRESIDENT	0	0	0
235 FENCL LANE HILLSIDE, IL 60162	1.00			
GLENN J KAMIN	VICE PRESIDENT AND	0	0	0

HILLSIDE, IL 60162				
GLENN J KAMIN	VICE PRESIDENT AND	0	0	0
235 FENCL LANE HILLSIDE, IL 60162	TREASUR 1.00			
· · · · · · · · · · · · · · · · · · ·				

HILLSIDE, IL 60162				
GLENN J KAMIN	VICE PRESIDENT AND	0	0	0
235 FENCL LANE HILLSIDE, IL 60162	TREASUR 1.00			
GLENN JENDRA	SECRETARY AND CFO	0	0	0
	1 2.00			

235 FENCL LANE HILLSIDE, IL 60162	1.00			
GLENN JENDRA	SECRETARY AND CFO	0	0	0
235 FENCL LANE HILLSIDE, IL 60162	2.00			

225 SENIOL LANE	1.00			
CHAD CORRELL	VICE PRESIDENT	0	0	0
235 FENCL LANE HILLSIDE, IL 60162	2.00			
GLENN JENDRA	SECRETARY AND CFO	0	0	0

235 FENCL LANE HILLSIDE, IL 60162				
CHAD CORRELL	VICE PRESIDENT	0	0	0
235 FENCL LANE	1.00			

HILLSIDE, IL 60162				
CHAD CORRELL	VICE PRESIDENT	0	0	
235 FENCL LANE HILLSIDE, IL 60162	1.00			

<u>'</u>				
MATT LIEBING	VICE PRESIDENT AND	0	0	C
235 FENCL LANE HILLSIDE, IL 60162	ASST. T 1.00			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
DESIGN FOR DIGNITY 445 N WELLS ST 402 CHICAGO, IL 60654	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	3,500

CHICAGO, IL 60654			
ACE MENTOR1501 CHERRY STREET PHILADELPHIA, PA 19102	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000

PHILADELPHIA, PA 19102		 OPERATING SUPPORT	1,000
AIA CHICAGO35 E WACKER DR CHICAGO, IL 60601	F	UNRESTRICTED GENERAL OPERATING SUPPORT	3,500

249,048

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ALL CHICAGO 651 W WASHINGTON BLVD CHICAGO. IL 60661	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000

CHICAGO, IL 60661			
ALMOST HOME KIDSIL-53 NAPERVILLE, IL 60540	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,500
AMERICAN CANCER SOCIETY	PC	UNRESTRICTED GENERAL	5,000

ALMOST HOME KIDSIL-53 NAPERVILLE, IL 60540 PC UNRESTRICTED GENERAL OPERATING SUPPORT AMERICAN CANCER SOCIETY 225 MICHIGAN AVE 1200 CHICAGO, IL 60601 PC UNRESTRICTED GENERAL OPERATING SUPPORT 5,000			
225 MICHIGAN AVE 1200 OPERATING SUPPORT		PC	 1,500
	225 MICHIGAN AVE 1200	PC	5,000

Total .

249,048

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AMERICAN HEART ASSOCIATION 300 S RIVERSIDE PLAZA CHICAGO, IL 60606	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	15,000

ICAGO, IL 60606		OPERATING SUPPORT
IXTER CENTER2537 N HALSTED ST ICAGO, IL 60614	l	UNRESTRICTED GENERAL OPERATING SUPPORT

ANIXTER CENTER2537 N HALSTED ST CHICAGO, IL 60614	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	
ASPIRE1815 S WOLF ROAD	PC	UNRESTRICTED GENERAL	

ALSTED ST	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	
	PC	UNRESTRICTED GENERAL	

249,048

ANIXTER CENTER2537 N HALSTED ST CHICAGO, IL 60614	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,040
ASPIRE1815 S WOLF ROAD	PC	UNRESTRICTED GENERAL	2,500

ASPIRE1815 S WOLF ROAD HILLSIDE, IL 60162	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,500

		1
ILLSIDE, IL 60162		OPERATING SUPPORT
SPIRE1815 S WOLF ROAD	PC	UNKESTRICTED GENERAL

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AUTISM SPEAKS 3500 W PETERSON AVE 204 CHICAGO IL 60659	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	45,500

CHICAGO, IL 60659		OPERATING SUPPORT	
BENET ACADEMY2200 MAPLE AVE LISLE, IL 60532	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	4,400

BENET ACADEMY2200 MAPLE AVE LISLE, IL 60532	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	4,400
BERNIE'S BOOK BANK917 N SHORE DR	PC	UNRESTRICTED GENERAL	4,000

LISLE, IL 60532	-	OPERATING SUPPORT	1,100
BERNIE'S BOOK BANK917 N SHORE DR LAKE BLUFF, IL 60044	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	4,000

LISLE, IL 60532		OPERATING SUPPORT	
BERNIE'S BOOK BANK917 N SHORE DR LAKE BLUFF, IL 60044	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	4,00

BERNIE'S BOOK BANK917 N SHORE DR LAKE BLUFF, IL 60044	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	4,000

AKE BLUFF, IL 60044	OPERATING SUPPORT	
Total	 ▶ 3a	249,048

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
BOX IT FOUNDATION5401 FARGO AVE SKOKIE, IL 60077	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	

BY THE HAND CLUB FOR KIDS	PC	UNRESTRICTED GENERAL	
1000 N SEDGWICK ST		OPERATING SUPPORT	
CHICAGO, IL 60610			

CHICAGO, IL 60610		OPERATING SUPPORT	
CBRE312 N CLARK ST SUITE 3400	PC	UNRESTRICTED GENERAL	22,443

CHICAGO, IL 00010			
CBRE312 N CLARK ST SUITE 3400 CHICAGO, IL 60654	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	22,443

350

10,000

249.048

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

▶ 3a

249,048

any foundation manager

CHICAGO, IL 60611

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CHICAGO ARCHITECTURE CENTER 111 E WACKER DR CHICAGO, IL 60601		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000
CHICAGO GATEWAY GREEN 33 W KINZIE ST CHICAGO, IL 60654		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,800
CHICAGOLAND CHAMBER FOUNDATION 410 N MICHIGAN AVE 900		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	6,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor Date division - Manager

a Paid during the year			
CHILDREN & TEACHERS FOUNDATION 1901 W CARROLL AVE CHICAGO, IL 60612	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000
CHRISTOPHER HOUSE 1611 W DIVISION ST 207	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000

CHRISTOPHER HOUSE 1611 W DIVISION ST 207 CHICAGO, IL 60622	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000
CITY OF HOPE - CHICAGO CONSTRUCTION AND REAL ESTATE COUNCIL	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,202

CHICAGO, IL 60622		OPERATING SUPPORT	
CITY OF HOPE - CHICAGO CONSTRUCTION AND REAL ESTATE COUNCIL 20 N UPPER WACKER DR 1530 CHICAGO, IL 60606	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,202

CHICAGO, IL 60622			
CITY OF HOPE - CHICAGO CONSTRUCTION AND REAL ESTATE COUNCIL 20 N UPPER WACKER DR 1530 CHICAGO, IL 60606	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,202
Total	 	▶ 3a	249.048

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CYRUSONE 2850 N HARDWOOD ST SUITE 2200	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,500

DALLAS, 1X 75201			
DUPAGE COUNTY 3000 WOODCREEK DR 310 DOWNERS GROVE, IL 60515	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	

Total .

DUPAGE COUNTY 3000 WOODCREEK DR 310 DOWNERS GROVE, IL 60515	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	393
EDWARD-ELMHUST HEALTH EDWARD FOUNDATION	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	3,500

DOWNERS GROVE, IL 60515			
EDWARD-ELMHUST HEALTH EDWARD FOUNDATION 801 S WASHINGTON ST NAPERVILLE, IL 60540	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	3,500

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249,048

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

11,120

249,048

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
ELIM CHRISTIAN SERVICES 13020 CENTRAL AVE CRESTWOOD, IL 60418	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	220
ESD233 S WACKER DR SUITE 5300	PC	UNRESTRICTED GENERAL	2,750

CHICAGO, IL 60606	PC	OPERATING SUPPORT	
EXECUTIVE CONSTRUCTION FOUNDATION 235 FENCE LANE	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	

any foundation manager

or substantial contributor

Name and address (home or business)

CHICAGO, IL 60606		OPERATING SUPPORT	
EXECUTIVE CONSTRUCTION FOUNDATION 235 FENCL LANE HILLSIDE, IL 60162	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

·	or substantial contributor			
a Paid during the year				
GATEWAY FOUNDATION 55 E JACKSON BLVD UNIT 1500 CHICAGO, IL 60604		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,530

7,000

249,048

▶ 3a

GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	
HABITAT FOR HUMANITY	PC	UNRESTRICTED GENERAL	

any foundation manager

Name and address (home or business)

CHICAGO, IL 60632		OPERATING SUPPORT	
HABITAT FOR HUMANITY 6040 N PULASKI RD CHICAGO, IL 60608	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000

4100 W ANN LURIE PL CHICAGO, IL 60632		OPERATING SUPPORT	
HABITAT FOR HUMANITY 6040 N PULASKI RD CHICAGO II 60608	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial continuation			
a Paid during the year				
HELPING HAND CENTER 9649 W 55TH ST		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	800

COUNTRYSIDE, IL 60525			
HENRICKSEN3918 XERXES AVE MINNEAPOLIS, MN 55410	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,600
HUGH ORDIAN VOLETH LEADERCHED	DC	LINDESTRICTED SENERAL	

MINNEAPOLIS, MN 55410		OPERATING SUPPORT	
HUGH O'BRIAN YOUTH LEADERSHIP (HOBY) 31255 CEDAR VALLEY DR 327 WESTLAKE VILLAGE, CA 91362	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500

249,048

MINNEAPOLIS, MIN 35410		OPERATING SUPPORT	
HUGH O'BRIAN YOUTH LEADERSHIP (HOBY) 31255 CEDAR VALLEY DR 327 WESTLAKE VILLAGE, CA 91362	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	50

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JUNIOR ACHIEVEMENT 651 W WASHINGTON BLVD STE 404 CHICAGO IL 60661	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,500

CHICAGO, IL 60661		OPERATING SUPPORT	
KALEIDOSCOPE INC 1901 W CARROLL AVE 205 CHICAGO, IL 60612	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000
LAMAR JOHNSON COLLABORATIVE	PC	UNRESTRICTED GENERAL	7,500

1901 W CARROLL AVE 205 CHICAGO, IL 60612		OPERATING SUPPORT	,
LAMAR JOHNSON COLLABORATIVE CLAYCO 35 E WACKER DR SUITE 1300 CHICAGO, IL 60601	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	7,500

35 E WACKER DR SUITE 1300 CHICAGO, IL 60601		OFERATING SOFFORT	
LAMAR JOHNSON COLLABORATIVE CLAYCO	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	7,500
CHICAGO, IL 60612			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Recipient

Recipient

Amount

Show any relationship to status of contribution

1,000

249,048

any foundation manager

or substantial contributor

Name and address (home or business)

MARWEN833 N ORLEANS ST

CHICAGO, IL 60610

Total .

a Paid during the year			
LEUKEMIA & LYMPHOMA SOCIETY 954 W WASHINGTON BLVD 305 CHICAGO, IL 60607	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000
LURIE CHILDREN'S HOSPITAL FOUNDATION 225 W CHICAGO AVE CHIAGO IL 60611	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000

PC

UNRESTRICTED GENERAL

▶ 3a

OPERATING SUPPORT

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial continuation			
a Paid during the year				
MISERICORDIA6300 N RIDGE AVE		PC	UNRESTRICTED GENERAL	3,500

CHICAGO, IL 60660		OPERATING SUPPORT	
RECLAIM132200 S MAIN ST 113 LOMBARD, IL 60148	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	

or substantial contributor

Total .

RECLAIM132200 S MAIN ST 113 LOMBARD, IL 60148	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,800
RONALD MCDONALD HOUSE CHARITIES	PC	UNRESTRICTED GENERAL	5,000

RONALD MCDONALD HOUSE CHARITIES	PC	UNRESTRICTED GENERAL	5,000
110 N CARPENTER ST		OPERATING SUPPORT	
CHICAGO.IL 60607			

RONALD MCDONALD HOUSE CHARITIES	PC	UNRESTRICTED GENERAL	5,0
110 N CARPENTER ST		OPERATING SUPPORT	
CHICAGO, IL 60607			

249.048

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

3 /				
SARAH KNIGHT MEMORIAL FOUNDATION INC 735 34TH AVE MARION, IA 52302	P	I	UNRESTRICTED GENERAL OPERATING SUPPORT	500
,		I		

735 34TH AVE MARION, IA 52302		OPERATING SUPPORT	
SAVILLS STUDLEY224 S MICHIGAN AVE CHICAGO, IL 60604	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,500
CHARE OUR CRAREOSE W CHECTNUT CT	DC.	LINDESTRICTED CENERAL	F 000

MARION, 1A 32302			
SAVILLS STUDLEY224 S MICHIGAN AVE CHICAGO, IL 60604	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,500
SHARE OUR SPARE835 W CHESTNUT ST	PC	UNRESTRICTED GENERAL	5,000

Total .

CHICAGO, IL 60604		OPERATING SUPPORT	
SHARE OUR SPARE835 W CHESTNUT ST CHICAGO, IL 60642	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000

249,048

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor.

	or substantial contributor			
a Paid during the year				
SPRINGBOARD TO SUCCESS		PC	UNRESTRICTED GENERAL	2,500

CHICAGO, IL 60605			
STERLING BAY1330 W FULTON ST CHICAGO, IL 60607		UNRESTRICTED GENERAL OPERATING SUPPORT	

Total .

STERLING BAY1330 W FULTON ST CHICAGO, IL 60607	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	7,500
SUNBOW FOUNDATION 701 VANDERBILT DR	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500

CHICAGO,IL 60607		OPERATING SUPPORT	,
SUNBOW FOUNDATION 701 VANDERBILT DR NEW LENOX, IL 60451	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500

SUNBOW FOUNDATION 701 VANDERBILT DR IEW LENOX, IL 60451		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
	1			

249,048

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE CATHOLIC CHARITIES THE CATHOLIC CHARITIES CHICAGO II 60644	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	4,500

	CHICAGO, IL 60644			
П	THE JOHN BUCK COMPANY FOUNDATION 151 N FRANKLIN ST 300 CHICAGO, IL 60606	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	8,000

FOUNDATION 151 N FRANKLIN ST 300 CHICAGO, IL 60606		OPERATING SUPPORT	0,000
TIMOTHY CHRISTIAN SCHOOLS 188 W BUTTERFIELD RD	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000

151 N FRANKLIN ST 300 CHICAGO, IL 60606		or Elevitate seri elevi	
TIMOTHY CHRISTIAN SCHOOLS 188 W BUTTERFIELD RD	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000

CHICAGO, IL 60606			
TIMOTHY CHRISTIAN SCHOOLS 188 W BUTTERFIELD RD ELMHURST, IL 60126	PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000

Total	 	▶ 3a	249,048
188 W BUTTERFIELD RD ELMHURST, IL 60126	PC	OPERATING SUPPORT	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

▶ 3a

249,048

any foundation manager

Name and address (home or business)

I mame and data of the me of the mess,	or substantial contributor			
a Paid during the year				
TUTORING CHICAGO 2145 N HALSTED ST CHICAGO, IL 60614		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,500
UNITED WAY OF METRO CHICAGO 333 S WABASH AVE 30TH FLOOR CHICAGO, IL 60604		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000
VOLUNTEERS OF AMERICA 47 W POLK ST 250 CHICAGO, IL 60605		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Hame and dadress (Home or Business)	or substantial contributor			
a Paid during the year				
WARRIOR CANINE CONNECTION		PC	UNRESTRICTED GENERAL	1,600

ARRIOR CANINE CONNECTION 1934 SCHAEFFER RD OYDS, MD 20841	PC	UNRESTRICTED GENERAL OPERATING SUPPORT

any foundation manager

Name and address (home or husiness)

l	14934 SCHAEFFER RD BOYDS, MD 20841		OPERATING SUPPORT	
l	WINGS2134 BALDWIN CT	PC	LINRESTRICTED GENERAL	

BOYDS, MD 20841			
WINGS2134 BALDWIN CT	PC	UNRESTRICTED GENERAL	500
HANOVER DARK II 60133	1	LODERATING SUDDORT	1

WINGS2134 BALDWIN CT	PC	UNRESTRICTED GENERAL	500
HANOVER PARK, IL 60133		OPERATING SUPPORT	

HANOVER PARK, IL 60133	OPERATING SUPPORT	
Total	 ▶ 3a	249.048

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491321028390			
TY 2019 Other Expenses Schedule							
Name:	EXECUTIVE CO	NSTRUCTION FOL	JNDATION				
EIN:	83-2466217						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EVENT EXPENSES	10,302	0		10,302			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491321028390			
TY 2019 Other Liabilities Schedule						
Name:	EXECUTIVE CO	DNSTRUCTION FOUNDATION				
EIN:	83-2466217					
Description		Beginning of Year - Book Value	End of Year - Book Value			
DUE TO EXECUTIVE CONSTRUCTION		0	22,402			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491321028390 TY 2019 Other Professional Fees Schedule							
Name: EXECUTIVE CONSTRUCTION FOUNDATION EIN: 83-2466217							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

PROFESSIONAL FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491321028390			
TY 2019 Substantial Contributors Schedule						
Name:	Name: EXECUTIVE CONSTRUCTION FOUNDATION					
EIN: 83-2466217						
Name		Addre	ess			
EXECUTIVE CONSTRUCTION HOLDINGS INC		235 FENCL LANE HILLSIDE, IL 60162				

efile GRAPHIC print - De	NOT PROCESS As Filed Data	<u>- l</u>		DLN: 93491321028390
Schedule B	Sched	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	PF) ► Attach to Form 990, 990-EZ, or 990-PF. ent of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2019	
Name of the organization EXECUTIVE CONSTRUCTION	N FOUNDATION		Employer i	dentification number
Organization type (chec			83-2466217	7
organization type (one)	ik 6116).			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number)) organization		
	4947(a)(1) nonexempt ch	naritable trust not treated as a pri	vate foundation	
	☐ 527 political organization			
Form 990-PF	✓ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private	foundation		
	tion filing Form 990, 990-EZ, or 990 property) from any one contributor.			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fili 19(a)(1) and 170(b)(1)(A)(vi), that cl one contributor, during the year, to a 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 or otal contributions of the greater o	r 990-EZ), Part II, line 13	, 16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (8 otal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, chari	itable, scientific, literary,	
during the year, of If this box is check purpose. Don't co	on described in section 501(c)(7), (8) ontributions <i>exclusively</i> for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,000 or the parts unless the le, etc., contributions totaling \$5,000 or the parts unless the le, etc., contributions totaling \$5,000 or the parts unless the le, etc., contributions totaling \$5,000 or the parts unless the less than the parts unless the less than	s, charitable, etc., purposes, but ns that were received during the General Rule applies to this orga	no such contributions tot year for an <i>exclusively</i> ro anization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but i	n that isn't covered by the General F t must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't n	2, of its Form 990; or check the	box on line H of its Form	rm 990, 1 990-EZ
For Paperwork Reduction Agency Form 990, 990-EZ, or 990	t Notice, see the Instructions -PF.	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)

Name of organization **EXECUTIVE CONSTRUCTION FOUNDATION**

Employer identification number

		83-2466217	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table \$		Person Payroll Noncash (Complete Part II for noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$		Person
(a)	(b)	(c)	(Complete Part II for noncash contribution.) (d) Type of
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contribution.) (d) Type of
	\$		contribution Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution.) (d) Type of contribution
	\$ -		Person Payroll Noncash (Complete Part II for noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ -		Person Payroll Noncash (Complete Part II
			for noncash contribution.)

Additional Data

Software ID:

Software Version:

EIN: 83-2466217

Name: EXECUTIVE CONSTRUCTION FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	EXECUTIVE CONSTRUCTION INC		Person 🗸
<u>1</u>	235 FENCL LC		Payroll 🗌
		\$ 25,000	Noncash \Box
	HILLSIDE, IL 60162		(Complete Part II for non contribution.)
_	WB HOLLANDER		Person 🗸
<u>2</u>	957 CONVENTRY		Payroll 🗌
		\$ 100	Noncash \Box
	LAKE FOREST, IL 60045		(Complete Part II for non contribution.)
2	GLOBAL FIRE PROTECTION		Person 🗸
<u>3</u>	5121 THATCHER ROAD		Payroll 🗌
		\$ 250	Noncash \Box
	DOWNERS GROVE, IL 60515		(Complete Part II for non contribution.)
4	OKW ARCHITECTS INC		Person 🗸
<u>4</u>	600 WEST JACKSON SUITE 250		Payroll 🗌
		\$ 500	Noncash \Box
	CHICAGO, IL 60661		(Complete Part II for non contribution.)
_	A HORN INC		Person 🗸
<u>5</u>	125 HARRISON STREET		Payroll 🗌
	PARRYINGTON II COOLO	\$ 1,000	Noncash \Box
	BARRINGTON, IL 60010		(Complete Part II for non contribution.)
-	ENVIRONMENTAL SYSTEMS DESIGN		Person 🗸
<u>6</u>	233 S WACKER DRIVE SUITE 5300		Payroll 🗌
		\$ 1,000	Noncash \Box
	CHICAGO, IL 60606		(Complete Part II for non- contribution.)

(a)	(b)	(c)	- (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>7</u>	RG CONSTRUCTION SERVICES INC		Person 🗸
<u>-</u>	936 NORTH LARCH AVENUE		Payroll 🗌
		\$ 1,000	Noncash \square
	ELMHURST, IL 60126		(Complete Part II for noncash contribution.)
_	TROSTRUD MOSAIC & TILE CO INC		Person 🗸
<u>8</u>	779 DILLON DRIVE		Payroll 🗌
		\$ 1,000	Noncash \square
	WOOD DALE, IL 60191		(Complete Part II for noncash contribution.)
	SOUTH PARK PLUMBING INC		Person 🗸
9	12451 VINCENNES ROAD		Payroll 🗌
		\$ 2,500	Noncash \Box
	BLUE ISLAND, IL 60406		(Complete Part II for noncash contribution.)
	ADMIRAL HEATING AND VENTILATING		Person 🗸
<u>10</u>	4150 LITT DRIVE		Payroll 🗌
		\$ 2,500	Noncash \square
	HILLSIDE, IL 60162		(Complete Part II for noncash contribution.)
	ALL-TECH DECORATING COMPANY		Person 🗸
<u>11</u>	1227 NAPERVILLE DRIVE		Payroll 🗌
		\$ 2,500	Noncash \Box
	ROMEOVILLE, IL 60446		(Complete Part II for noncash contribution.)
	ANDERSON LOCK		Person 🗸
<u>12</u>	PO BOX 2294		Payroll 🗍
	FO DOA 2234	\$ 2,500	, ,
	DES PLAINES, IL 60017		Noncash \square
			(Complete Part II for noncash contribution.)

Form 990 Schedul	orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	BERNHARD WOODWORK LTD		Person 🗸	
<u>13</u>	3670 WOODHEAD DRIVE		Payroll	
		\$ 2,500	Noncash	
	NORTHBROOK, IL 60062		(Complete Part II for noncash	
1.4	COMPETITIVE PIPING SYSTEMS INC		contribution.) Person	
<u>14</u>	141 WEST JACKSON BOULEVARD		Payroll 🗌	
		\$ 2,500	Noncash \Box	
	CHICAGO, IL 60604		(Complete Part II for noncash contribution.)	
	DTI OF ILLINOIS INC		Person 🗸	
<u>15</u>	2511 MOLITOR ROAD		Payroll	
		\$ 2,500	Noncash \square	
	AURORA, IL 60502		(Complete Part II for noncash contribution.)	
	ELLIOT CONSTRUCTION		Person 🗸	
<u>16</u>	21W171 HILL AVENUE		Payroll 🗌	
		\$ 2,500	Noncash \square	
	GLEN ELLYN, IL 60137		(Complete Part II for noncash contribution.)	
	GLASS CONCEPTS		Person 🗸	
<u>17</u>	1000 FENCL LANE		Payroll	
		\$ 2,500	Noncash \square	
	HILLSIDE, IL 60162		(Complete Part II for noncash	
	JOHNS DI HMBING & HEATING		contribution.)	
<u>18</u>	JOHNS PLUMBING & HEATING		Person 🗸	
_	3116 NORTH CICERO AVENUE	\$ 2,500	Payroll	
	CHICAGO, IL 60641	\$ 2,300	Noncash \square	
	CHICAGO, IL 00041		(Complete Part II for noncash contribution.)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LIMA EXCAVATING		Person 🗸
<u>19</u>	5419 HAYDEN LANE		Payroll 🗌
		\$ 2,500	Noncash \square
	RINGWOOD, IL 60072		(Complete Part II for noncash contribution.)
20	MODERNFOLD CHICAGO INC		Person 🗸
<u>20</u>	240 WESTGATE DRIVE		Payroll 🗌
	\$ 2,500	\$ 2,500	Noncash \square
	CAROL STREAM, IL 60188		(Complete Part II for noncash contribution.)
24	SHERMAN MECHANICAL		Person 🗸
<u>21</u>	1075 ALEXANDER COURT		Payroll 🗌
		\$ 2,500	Noncash \Box
	CARY, IL 60013		(Complete Part II for noncash contribution.)
	THE HILL GROUP (FP)		Person 🗸
<u>22</u>	11045 GAGE AVENUE		Payroll 🗌
		\$ 2,500	Noncash \square
	FRANKLIN PARK, IL 60131		(Complete Part II for noncash contribution.)
22	ADVENT SYSTEM INC		Person 🗸
<u>23</u>	435 WEST FULLERTON AVENUE		Payroll 🗌
		\$ 5,000	Noncash \Box
	ELMHURST, IL 60126		(Complete Part II for noncash contribution.)
2.4	ALLEN VISUAL		Person 🗸
<u>24</u>	1405 BUSCH PARKWAY		Payroll 🗌
		\$ 5,000	Noncash \square
	BUFFALO GROVE, IL 60089		(Complete Part II for noncash contribution.)

Form 990 Schedu	orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	AMS MECHANICAL SYSTEMS INC		Person 🗸	
<u>25</u>	9341 ADAM DON PARKWAY		Payroll 🗌	
		\$ 5,000	Noncash \Box	
	WOODRIDGE, IL 60517		(Complete Part II for noncash contribution.)	
<u>26</u>	ASCHER BROTHERS CO INC		Person 🗸	
20	3033 WEST FLETCHER STREET		Payroll 🗌	
		\$ 5,000	Noncash \square	
	CHICAGO, IL 60618		(Complete Part II for noncash contribution.)	
	ASPEN COMMERCIAL PAINTING INC		Person 🗸	
<u>27</u>	7734 SOUTH GRANT STREET		Payroll 🗌	
		\$ 5,000	Noncash \square	
	BURR RIDGE, IL 60527		(Complete Part II for noncash contribution.)	
	BENNETT & BROSSEAU ROOFING INC		Person 🗸	
<u>28</u>	535 ANDERSON DRIVE		Payroll 🗌	
		\$ 5,000	Noncash \Box	
	ROMEOVILLE, IL 60446		(Complete Part II for noncash contribution.)	
	BREAK THRU ENTERPRISES INC		Person 🗸	
<u>29</u>	315 EISENHOWER LANE SOUTH		Payroll 🗌	
		\$ 5,000	Noncash \square	
	LOMBARD, IL 60148		(Complete Part II for noncash contribution.)	
	COMMERCIAL CARPET CONSULTANTS INC		Person 🗸	
<u>30</u>	893 INDUSTRIAL DRIVE		Payroll 🗍	
	J. J. J. J. J. J. L. J. J. L. J. L. J. L. J. L. J. L. J. L. J. J. L. J. J. L. J. L. J. L. J. L. J. J. L. J. J. L. J. J. L. J.	\$ 5,000	Noncash \Box	
	ELMHURST, IL 60126			
			(Complete Part II for noncash contribution.)	

Form 990 Schedule	orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	DAVID ARCHITECTURAL METALS		Person 🗸	
<u>31</u>	3100 SOUTH KILBOURN AVENUE		Payroll 🔲	
		\$ 5,000	Noncash \square	
	CHICAGO, IL 60623		(Complete Part II for noncash contribution.)	
22	ENVIRONMENT MECHANICAL SERVICES INC		Person 🗸	
<u>32</u>	2500 SOUTH 27TH AVENUE		Payroll 🗌	
		\$ 5,000	Noncash \square	
	BROADVIEW, IL 60155		(Complete Part II for noncash contribution.)	
20	G & M ELECTRICAL CONTRACTORS		Person 🗸	
<u>33</u>	1746 NORTH RICHMOND STREET		Payroll 🗌	
		\$ 5,000	Noncash \square	
	CHICAGO, IL 60647		(Complete Part II for noncash contribution.)	
24	GREAT LAKES PLUMBING AND HEATING COMPANY		Person 🗸	
<u>34</u>	4521 WEST DIVERSEY AVENUE		Payroll 🗌	
		\$ 5,000	Noncash \square	
	CHICAGO, IL 60639		(Complete Part II for noncash contribution.)	
25	GS ELECTRIC COMPANY INC		Person 🗸	
<u>35</u>	9910 190TH STREET		Payroll 🗌	
		\$ 5,000	Noncash \square	
	MOKENA, IL 60448		(Complete Part II for noncash contribution.)	
36	HYGIENEERING INC		Person 🗸	
<u>36</u>	7575 PLAZA COURT		Payroll 🗌	
		\$ 5,000	Noncash \square	
	WILLOWBROOK, IL 60527		(Complete Part II for noncash contribution.)	

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (c)
Total contributions (d) Name, address, and ZIP + 4 Νo. Type of contribution INTEGRATED SPECIALTY CONTRACTORS Person **V** 37 Payroll 2019 CELTIC GLEN DRIVE \$ 5,000 Noncash MT PROSPECT, IL 60056 (Complete Part II for noncash contribution.) JANECYK CONSTRUCTION Person **V** 38 **Payroll** 14836 CAMPBELL AVENUE \$ 5,000 Noncash POSEN, IL 60469 (Complete Part II for noncash contribution.) KELSO-BURNETT CO Person 39 1378 SAINT PAUL AVENUE **Payroll** \$ 5,000 Noncash GURNEE, IL 60031 (Complete Part II for noncash contribution.) KREZ GROUP Person 40 **Payroll** 7831 NAGLE AVENUE \$ 5,000 Noncash MORTON GROVE, IL 60053 (Complete Part II for noncash contribution.) MILBURN LLC Person $\overline{\mathbf{V}}$ 41 **Payroll** 620 28TH AVENUE \$ 5,000 Noncash BELLWOOD, IL 60104 (Complete Part II for noncash contribution.) NOLAND SALES CORP Person **V** 42 815 MITTEL DRIVE **Payroll** \$ 5,000 Noncash WOOD DALE, IL 60191 (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (c)
Total contributions (d) Name, address, and ZIP + 4 Νo. Type of contribution PERFORMANCE CONTRACTING INC Person **V** 43 Payroll 1411 ENSELL ROAD \$ 5,000 Noncash LAKE ZURICH, IL 60047 (Complete Part II for noncash contribution.) PINNACLE DECORATING Person **V** 44 **Payroll** 8404 W 26TH STREET \$ 5,000 Noncash NORTH RIVERSIDE, IL 60546 (Complete Part II for noncash contribution.) PROFESSIONAL DECORATING & PAINTING INC Person <u>45</u> **Pavroll** 7149 N AUSTIN AVENUE \$ 5,000 Noncash NILES, IL 60714 (Complete Part II for noncash contribution.) ROBINETTE DEMOLITION INC Person <u>46</u> **Payroll** 560 HIGHWAY 83 \$ 5,000 Noncash OAKBROOK TERRACE, IL 60181 (Complete Part II for noncash contribution.) WIPFLI LLP Person **V** 47 **Payroll** 1 NORTH WACKER DRIVE SUITE 1700 \$ 5,000 Noncash CHICAGO, IL 60606 (Complete Part II for noncash contribution.) ALLIANCE DOOR & HARDWARE Person **V** 48 225 FENCL LANE **Payroll** \$ 10,000 Noncash HILLSIDE, IL 60162 (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 Total contributions Νo. Type of contribution ARCHITECTURAL GLASS WORKS Person **V** 49 Payroll 18535 WEST CREEK DRIVE \$ 10,000 Noncash TINLEY PARK, IL 60477 (Complete Part II for noncash contribution.) CONNELLY ELECTRIC Person **V** 50 **Payroll** 40 ADDISON ROAD \$ 10,000 Noncash ADDISON, IL 60101 (Complete Part II for noncash contribution.) CONTINENTAL ELECTRIC CONSTRUCTION CO Person <u>51</u> **Pavroll** 815 COMMERCE DRIVE SUITE 100 \$ 10,000 Noncash OAK BROOK, IL 60523 (Complete Part II for noncash contribution.) CORSETTI STRUCTURAL STEEL Person 52 **Payroll** 2515 NEW LENOX ROAD \$ 10,000 Noncash JOLIET, IL 60433 (Complete Part II for noncash contribution.) CT MECHANICAL Person $\overline{\mathbf{V}}$ 53 **Payroll** 1200 CAPITOL DRIVE \$ 10,000 Noncash ADDISON, IL 60101 (Complete Part II for noncash contribution.) **E&K OF CHICAGO** Person **V** 54 343 CAROL LANE **Payroll** \$ 10,000 Noncash ELMHURST, IL 60126 (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ELECTRICAL DESIGN SYSTEMS CORPORATION		Person 🗸
<u>55</u>	510 EXCHANGE COURT		Payroll 🗌
		\$ 10,000	Noncash \Box
	AURORA, IL 60504		(Complete Part II for nonc
F.C.	FLOORING RESOURCES CORPORATION		Person 🗸
<u>56</u>	600 PRATT BOULEVARD	\$ 10,000	Payroll 🗌
	ELK GROVE VILLAGE, IL 60007		Noncash (Complete Part II for noncontribution.)
	IMPERIAL WOODWORKING COMPANY		Person 🗸
<u>57</u>	310 NORTH WOODWORK LANE	\$ 10,000	Payroll 🗌
	PALATINE, IL 60067		Noncash \square
	PACATINE, IE 00007		(Complete Part II for nonc contribution.)
50	INTER OCEAN CABINET COMPANY		Person 🗸
<u>58</u>	920 NORTH LARCH AVENUE	± 10 000	Payroll 🗌
	ELMHURST, IL 60126	\$ 10,000	Noncash \Box
	ELMHURS1, IL 00126		(Complete Part II for nonc contribution.)
50	MTH INDUSTRIES		Person 🗸
<u>59</u>	HILLSIDE AVENUE	\$ 10,000	Payroll 🗌
	HILLSIDE, IL 60162		Noncash (Complete Part II for nonc
			contribution.)
<u>60</u>	PRIME ELECTRIC		Person 🗸
	255 NORTH CALIFORNIA AVENUE	\$ 10,000	Payroll 🗌
	CHICAGO, IL 60612		Noncash \square
	,		(Complete Part II for nonc contribution.)

Form 990 Schedul	orm 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	RISE ELECTRIC		Person 🗸	
<u>61</u>	1944 W THOMAS STREET		Payroll \square	
		\$ 10,000	Noncash	
	CHICAGO, IL 60622		(Complete Part II for noncash	
			contribution.)	
62	SIGNAL PERFECTION LTD AVI-SPL		Person 🗸	
<u>62</u>	2266 PALMER DRIVE		Payroll 🗌	
		\$ 10,000	Noncash \Box	
	SCHAUMBURG, IL 60173		(Complete Part II for noncash	
			contribution.)	
63	SUPER ELECTRIC CONSTRUCTION COMPANY		Person 🗸	
<u> </u>	4300 WEST CHICAGO AVENUE		Payroll 🗌	
		\$ 10,000	Noncash \Box	
	CHICAGO, IL 60651		(Complete Part II for noncash	
			contribution.)	
<u>64</u>	WESTSIDE MECHANICAL		Person 🗸	
_	2007 CORPORATE LANE		Payroll 🗌	
	NA DEDVILLE AL COECO	\$ 10,000	Noncash \square	
	NAPERVILLE, IL 60563		(Complete Part II for noncash	
	DAVID HETRICK		contribution.)	
<u>65</u>			Person 🗸	
	13540 MCCARTHY ROAD	\$ 10,000	Payroll 🗌	
	LEMONT, IL 60439		Noncash 📙	
	ELMONT, IE 00439		(Complete Part II for noncash contribution.)	
	ADMIRAL HEATING AND VENTILATING		Person 🗸	
<u>66</u>	4150 LITT DRIVE		Payroll 🗍	
	TISO LITT DICIVE	\$ 15,000	Noncash \square	
	HILLSIDE, IL 60162			
			(Complete Part II for noncash contribution.)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ANNING-JOHNSON COMPANY		Person 🗸
<u>67</u>	1959 ANSON DRIVE		Payroll 🗌
		\$ 15,000	Noncash \Box
	MELROSE PARK, IL 60160		(Complete Part II for nonca contribution.)
60	FE MORAN INC		Person 🗸
<u>68</u>	2265 CARLSON DRIVE		Payroll 🗌
		\$ 15,000	Noncash \Box
	NORTHBROOK, IL 60062		(Complete Part II for nonca contribution.)
	GIBSON ELECTRIC CO INC		Person 🗸
<u>69</u>	3100 WOODCREEK DRIVE		Payroll 🗌
		\$ 15,000	Noncash \Box
	DOWNERS GROVE, IL 60515		(Complete Part II for nonce contribution.)
	HILL MECHANICAL CORP		Person 🗸
<u>70</u>	11045 GAGE AVENUE		Payroll 🗌
		\$ 15,000	Noncash \Box
	FRANKLIN PARK, IL 60131		(Complete Part II for nonce contribution.)
	LOMBARDI ELECTRIC INC		Person 🗸
<u>71</u>	161 COVINGTON DRIVE		Payroll 🗌
		\$ 15,000	Noncash \Box
	BLOOMINGDALE, IL 60108		(Complete Part II for nonce
	MARON ELECTRIC COMPANY		Person 🗸
<u>72</u>	5401 FARGO AVENUE		Payroll 🗍
	STOLLANGO AVENUE	\$ 15,000	Noncash \square
	SKOKIE, IL 60077		
			(Complete Part II for nonc contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution PARENTI & RAFFAELLI LTD Person <u>73</u> Payroll 1401 FEEHANVILLE DRIVE \$ 15,000 Noncash MOUNT PROSPECT, IL 60056 (Complete Part II for noncash contribution.) TITAN ELECTRIC Person 74 Pavroll 1050 SPRING LAKE DRIVE \$ 15,000 Noncash ITASCA, IL 60143 (Complete Part II for noncash

contribution.)