

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491301001011

Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation  
USG FOUNDATION INC

% DIANE EARLL

Number and street (or P.O. box number if mail is not delivered to street address)  
550 W ADAMS ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
CHICAGO, IL 606613665

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 416,547

J Accounting method:

☐ Cash

☒ Accrual

☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

A Employer identification number  
36-2984045

B Telephone number (see instructions)

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐  
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) 500,000			
	2 Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .			
	3 Interest on savings and temporary cash investments 0	0	0	
	4 Dividends and interest from securities . . .	0	0	0
	5a Gross rents . . . . .	0	0	0
	b Net rental income or (loss) _____ 0			
	6a Net gain or (loss) from sale of assets not on line 10 0			
	b Gross sales price for all assets on line 6a _____ 0			
	7 Capital gain net income (from Part IV, line 2) . . .		0	
	8 Net short-term capital gain . . . . .			
	9 Income modifications . . . . .			0
	10a Gross sales less returns and allowances _____ 0			
b Less: Cost of goods sold . . . . . _____ 0				
c Gross profit or (loss) (attach schedule) . . . . .	0		0	
11 Other income (attach schedule) . . . . .	0	0	0	
12 Total. Add lines 1 through 11 . . . . .	500,000	0	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc. 0	0	0	0
	14 Other employee salaries and wages . . . . .	0	0	0
	15 Pension plans, employee benefits . . . . .	0	0	0
	16a Legal fees (attach schedule) . . . . .	0	0	0
	b Accounting fees (attach schedule) . . . . .	0	0	0
	c Other professional fees (attach schedule) . . . . .	0	0	0
	17 Interest . . . . .	0	0	0
	18 Taxes (attach schedule) (see instructions) . . .	0	0	0
	19 Depreciation (attach schedule) and depletion . . .	0	0	0
	20 Occupancy . . . . .	0	0	0
	21 Travel, conferences, and meetings . . . . .	0	0	0
	22 Printing and publications . . . . .	0	0	0
	23 Other expenses (attach schedule) . . . . .	10,067	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	10,067	0	0
	25 Contributions, gifts, grants paid . . . . .	707,418		707,418
	26 Total expenses and disbursements. Add lines 24 and 25 717,485	0	0	707,418
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -217,485 b Net investment income (if negative, enter -0-) 0 c Adjusted net income (if negative, enter -0-) 0				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	564,506	416,547	416,547
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .	0	0	
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____	0	0	
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)		0	
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .		0	
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .		0	
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____		0	
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .		0	
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____		0	
<b>15</b> Other assets (describe ▶ _____)	0	0	0	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	564,506	416,547	416,547	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	0	0	
	<b>18</b> Grants payable . . . . .	13,412	82,938	
	<b>19</b> Deferred revenue . . . . .	0	0	
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons	0	0	
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .		0	
	<b>22</b> Other liabilities (describe ▶ _____)	0	0	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	13,412	82,938	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	24,097,171	24,097,171	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	-23,546,077	-23,763,562	
<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	551,094	333,609		
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	564,506	416,547		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	551,094
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-217,485
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	333,609
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	333,609

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	<b>2</b>	
	<b>3</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .			<b>2</b>
<b>3</b> Reserved. . . . .			<b>3</b>
<b>4</b> Reserved . . . . .			<b>4</b>
<b>5</b> Reserved . . . . .			<b>5</b>
<b>6</b> Reserved . . . . .			<b>6</b>
<b>7</b> Reserved . . . . .			<b>7</b>
<b>8</b> Reserved , . . . . .			<b>8</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2.	<b>3</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	1,070
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	1,070
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	1,070
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 1,070 <b>Refunded</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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?	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ 0 <b>(2)</b> On foundation managers. ► \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ► IL		
<b>b</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? <i>If "No," attach explanation.</i>	<b>8b</b>	Yes
<b>9</b> 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>DIANE EARLL</u> Telephone no. ▶ <u>(312) 436-4000</u>			

Located at ▶ 550 W ADAMS ST CHICAGO IL ZIP+4 ▶ 60661

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		<b>Yes</b>	<b>No</b>
<b>5a</b>	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<b>6b</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. . . . . ►		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> VARIOUS CIVIC ACTIVITIES	421,000
<b>2</b> VARIOUS HEALTH AND WELFARE ACTIVITIES	68,000
<b>3</b> VARIOUS EDUCATION ACTIVITIES	82,790
<b>4</b> VARIOUS ARTS AND CULTURE ACTIVITIES	75,000

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ►	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	490,527
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	490,527
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	490,527
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	7,358
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	483,169
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	24,158

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	24,158
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	0
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	0
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	24,158
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	24,158
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	24,158

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	707,418
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	707,418
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	707,418

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				24,158
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	415,280			
<b>b</b> From 2016. . . . .	613,713			
<b>c</b> From 2017. . . . .	813,535			
<b>d</b> From 2018. . . . .	911,906			
<b>e</b> From 2019. . . . .	782,537			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	3,536,971			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 707,418				
<b>a</b> Applied to 2019, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				24,158
<b>e</b> Remaining amount distributed out of corpus	683,260			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,220,231			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	415,280			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	3,804,951			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .	613,713			
<b>b</b> Excess from 2017. . . . .	813,535			
<b>c</b> Excess from 2018. . . . .	911,906			
<b>d</b> Excess from 2019. . . . .	782,537			
<b>e</b> Excess from 2020. . . . .	683,260			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. . . . .					
<b>b</b> 85% of line 2a. . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed. . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities. . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets. . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

DIANE EARLL  
550 W ADAMS ST  
CHICAGO, IL 60661  
(312) 436-4000  
skonor@usg.com

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

A GRANT PROPOSAL IN WRITING IN THE FORM OF A LETTER OUTLINING THE FOLLOWING: - A STATEMENT AND BACKGROUND SUMMARY OF THE NEED OR PROBLEM - REASONS WHY THE USG FOUNDATION INC WOULD BE INTERESTED IN THE PROPOSAL - THE AMOUNT OF THE MONETARY REQUEST AND HOW IT WILL BE USED - A COPY OF THE ORGANIZATIONS 501c3 TAX EXEMPTION LETTER FROM IRS.

**c** Any submission deadlines:

N A

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

TO RECEIVE A DONATION FROM THE USG FOUNDATION THE ORGANIZATION MUST BE A NOT FOR PROFIT ORGANIZATION WITH IRS 501c3 TAX EXEMPT STATUS OR A SIMILAR QUALIFIED ORGANIZATION IN ONE OF THE FOLLOWING CATEGORIES: - COLLEGE OR UNIVERSITY THAT GRANTS A FOUR YEAR OR HIGHER DEGREE IS LOCATED IN THE U.S. AND IS ACCREDITED. - HOSPITALS HOSPICE AND HEALTH AND WELFARE ORGANIZATIONS THAT ARE ACCREDITED BY AN APPROPRIATE REGIONAL OR PROFESSIONAL ASSOCIATION AND PROVIDE A SERVICE TO THE COMMUNITY. - CULTURAL AND COMMUNITY ORGANIZATIONS SUCH AS MUSEUMS ORCHESTRAS LIBRARIES HISTORICAL SOCIETIES PUBLIC BROADCASTING SYSTEMS PERFORMING ARTS CENTERS COMMUNITY CENTERS FOOD PANTRIES ANIMAL SHELTERS FESTIVALS ZOOS AND BOTANICAL GARDENS.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				707,418
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

Enter gross amounts unless otherwise indicated.

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

### Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2020)

## Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of:
- (1)** Cash. . . . .
- (2)** Other assets. . . . .
- b** Other transactions:
- (1)** Sales of assets to a noncharitable exempt organization. . . . .
- (2)** Purchases of assets from a noncharitable exempt organization. . . . .
- (3)** Rental of facilities, equipment, or other assets. . . . .
- (4)** Reimbursement arrangements. . . . .
- (5)** Loans or loan guarantees. . . . .
- (6)** Performance of services or membership or fundraising solicitations. . . . .
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☒ Yes ☐ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
USG EMPLOYEE BENEFIT TRUST	501(c)(9)	BOTH MAINTAINED BY USG CORPORATION








<p>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.</p>	
---	--

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2021-10-28</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☐ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	Firm's name ►				Firm's EIN ►
	Firm's address ►				Phone no.

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NOREEN CLEARY 	TREASURER 2.00	0	0	0
550 W ADAMS ST CHICAGO, IL 60661				
DIANE EARLL 	PRESIDENT 2.00	0	0	0
550 W ADAMS ST DEPT 174 CHICAGO, IL 60661				
CHRISTOPHER GRIFFIN 	OFFICER 2.00	0	0	0
550 W ADAMS ST CHICAGO, IL 60661				
JENNIFER ADAMS 	SECRETARY 2.00	0	0	0
550 W ADAMS ST CHICAGO, IL 60661				
GEORGIA VLAMIS 	OFFICER 2.00	0	0	0
550 W ADAMS ST CHICAGO, IL 60661				
SCOTT SCHAFER 	OFFICER 2.00	0	0	0
550 W ADAMS ST CHICAGO, IL 60661				
SHEILA KONOR 	ASST. SECRETARY 2.00	0	0	0
550 W ADAMS ST CHICAGO, IL 60661				

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOWN OF HITCHCOCKPO BOX 195 HITCHCOCK, OK 73744	No Relationship	GOV	COMMUNITY SUPPORT	5,000
SHARE OUR SPARE935 W CHESTNUT ST CHICAGO, IL 60642	No Relationship	PC	SUPPORT OF FAMILIES LIVING IN POVERTY	3,000
SAFE HARBOR CHILDRENS ADVOCACY CENT 402 TROWBRIDGE ALLEGAN, MI 49010	No Relationship	PC	LEGAL SERVICES	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAKE A WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR CHICAGO, IL 60654	No Relationship	PC	ASSISTANCE TO CHILDREN WITH CRITICAL ILLNESS	30,000
THE COMMUNITY FOUNDATION OF WASHING 615 WILDWOOD RD GREENVILLE, MS 38701	No Relationship	PC	COMMUNITY SUPPORT	5,000
THE EXTRAORDINARY MEN OF JACKSONVIL 1897 PINETA COVE DRIVE MIDDLEBURG, FL 32068	No Relationship	PC	COMMUNITY SUPPORT	11,000
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO UNITED300 E RANDOLPH ST CHICAGO, IL 60601	No Relationship	PC	DIVERSITY PROMOTION	20,000
WALWORTH CHILDRENS FOUNDATION INC C/O LATHROP CLARK PO BOX 1507 MADISON, WI 53701	No Relationship	PC	ASSISTANCE TO CHILDREN OF FAMILIES IN NEED	5,000
DUPAGE VETERANS ASSOCIATION 1028 GARY COURT WHEATON, IL 60187	No Relationship	PC	HELPING VETERANS IN NEED OF FINANCIAL ASSISTANCE	2,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SWEETWATER HOUSE OF PEACE 207 OAK STREET SWEETWATER, TX 79556	No Relationship	PC	COMMUNITY SUPPORT	5,000
ALL STARS PROJECT INC 543 W 42ND STREET NEW YORK, NY 10036	No Relationship	PC	COMMUNITY SUPPORT	15,000
NAPERVILLE HERITAGE SOCIETY 523 S WEBSTER ST NAPERVILLE, IL 60540	No Relationship	PC	ARTS CULTURE AND HUMANITIES	10,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAREER TRANSITIONS CENTER OF CHICAG 703 W MONROE ST CHICAGO, IL 60661	No Relationship	PC	CAREER GUIDANCE SERVICE	15,000
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE CHICAGO, IL 60603	No Relationship	PC	PROMOTING ARTS CULTURE AND HUMANITIES	10,000
CHICAGO CHILDRENS MUSEUM 700 E GRAND AVE STE 127 CHICAGO, IL 60611	No Relationship	PC	PROMOTION OF ARTS CULTURE AND HUMANITIES	10,000
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MUSIC OF THE BAROQUE 25 E WASHINGTON SUITE 823 CHICAGO, IL 60602	No Relationship	PC	PROMOTION OF ARTS CULTURE AND HUMANITIES	5,000
SHEDD AQUARIUM 1200 S LAKE SHORE DRIVE CHICAGO, IL 60605	No Relationship	PC	CONSERVATION OF AQUATICS AND NATURE	15,000
EQUIP FOR EQUALITY 20 N MICHIGAN AVE SUITE 300 CHICAGO, IL 60602	No Relationship	PC	ADVANCEMENT OF CIVIL RIGHTS	10,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HABITAT FOR HUMANITY INTERNATIONAL 111 E WACKER DR STE 325 CHICAGO, IL 60601	No Relationship	PC	BUILDING HOMES FOR THE NEEDY	80,000
COMMUNITY FOUNDATION PARTNERSHIP IN 1324 K STREET SUITE 150 BEDFORD, IN 47421	No Relationship	PC	COMMUNITY SUPPORT	5,000
VALLEY OF THE KINGS SANCTUARY AND R W7593 TOWNHALL ROAD SHARON, WI 53585	No Relationship	PC	ANIMAL AND NATURE SANCTUARY	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOWN OF SIGURD UTAH21 S STATE ST SIGURD, UT 84657	No Relationship	GOV	COMMUNITY SUPPORT	5,000
MIMIS MISSION INC20050 VREELAND WOODHAVEN, MI 48183	No Relationship	PC	HEALTH SUPPORT FOR NEEDY FAMILIES	5,000
HOPE COALITION480 8TH ST RED WING, MN 55066	No Relationship	PC	PROVIDING TRANSITIONAL SHELTER AND HOUSING	5,000
<b>Total . . . . .</b> ► <b>3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF GALENA PARK 1713 2ND STREET GALENA PARK, TX 77547	No Relationship	GOV	COMMUNITY SUPPORT	5,000
PRESERVATION FOUNDATION OF THE LAKE 1899 W WINCHESTER RD LIBERTYVILLE, IL 60048	No Relationship	PC	PRESERVATION OF NATURE	15,000
EAGLE STAR HOUSING7189 BRENT KNL VICTOR, NY 14564	No Relationship	PC	TRANSITIONAL HOUSING FOR HOMELESS	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
HOMELESS SHELTER ACTION COMMITTEE I 110 PORTER ST CARTERSVILLE, GA 30120	No Relationship	PC	TRANSITIONAL HOUSING FOR HOMELESS	5,000
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 60605	No Relationship	PC	YOUTH DEVELOPMENT	25,000
UNITED WAY OF LAKE COUNTY 330 S GREENLEAF STREET GURNEE, IL 60031	No Relationship	PC	EDUCATIONAL SUPPORT FOR CHILDREN	5,500
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORANGE CRUSH SACPO BOX 188 PLAINFIELD, IL 60544	No Relationship	PC	PROMOTING ATHLETICS	2,000
NATIONAL MERIT SCHOLARSHIP CORPORAT 1560 SHERMAN AVE STE 200 EVANSTON, IL 60201	No Relationship	PC	RECOGNITION OF ACADEMICALLY TALENTED STUDENTS THROUGH SCHOLARSHIPS	50,290
EASTER SEALS DUPAGE AND THE FOX VAL 830 S ADDISON AVE VILLAPARK, IL 60181	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	15,000
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAIRVIEW HOSPITAL FOUNDATION PO BOX 262 FAIRVIEW, OK 73737	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	5,000
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	No Relationship	PC	DISEASES DISORDERS AND MEDICAL DISCIPLINES	5,000
THE PENNSYLVANIA SPCA LANCASTER 848 S PRINCE ST LANCASTER, PA 18704	No Relationship	PC	ANIMAL SHELTER	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	1,000
ALLIANCE ON MENTAL ILLNESS OF CHICA 1536 W CHICAGO AVE CHICAGO, IL 60642	No Relationship	PC	MENTAL HEALTH AND CRISIS INTERVENTION	1,000
LEMONS OF LOVE433 E GOLF ROAD DES PLAINES, IL 60016	No Relationship	PC	CARE PACKAGES FOR CANCER PATIENTS	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 77030	No Relationship	PC	HEALTH AND WELL BEING OF CHILDREN	1,000
AMERICAN RED CROSS 2200 W HARRISON ST CHICAGO, IL 60612	No Relationship	PC	DISASTER RELIEF AND PREPAREDNESS	25,000
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 91016	No Relationship	PC	ASSISTING CHILDREN WITH CANCER	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OTSEGO FIRE DEPARTMENT 117 E ORLEANS ST OTSEGO, MI 49078	No Relationship	GOV	SUPPORT FIRE DEPARTMENT	1,000
IRVING BIBLE CHURCH OF IRVING TX 2435 KINWEST PARKWAY IRVING, TX 75063	No Relationship	PC	COMMUNITY SUPPORT	1,000
MONACO AIR FOUNDATION INC 4535 AIRPORT APPROACH DULUTH, MN 55811	No Relationship	PC	COMMUNITY SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIDWEST MISSION 1001 MISSION DRIVE PAWNEE, IL 62558	No Relationship	PC	HUMANITARIAN RELIEF	1,000
CHICAGO CARES INC 2 N RIVERSIDE PLAZA CHICAGO, IL 60606	No Relationship	PC	HUMANITARIAN RELIEF	1,000
BATTLE OF THE BULGE ASSOCIATION INC PO BOX 330 MECHANICSVILLE, VA 23111	No Relationship	PC	VETERANS ASSOCIATION	1,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TIMBERGROVE SPORTS ASSOCIATION 915 PRINCE STREET HOUSTON, TX 77008	No Relationship	PC	PROMOTING ATHLETICS	1,000
YOUTH CONSERVATION CORPS 1020 W GREENWOOD WAUKEGAN, IL 60087	No Relationship	PC	ENVIRONMENTAL QUALITY PROTECTION AND BEAUTIFICATION	15,000
MERCY HOUSING LAKEFRONT 120 S LASALLE STE 1850 CHICAGO, IL 60640	No Relationship	PC	AFFORDABLE HOUSING	25,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRUSHY CREEK AREA HONOR FLIGHT INC 320 S 12TH ST FORT DODGE, IA 50501	No Relationship	PC	VETERANS ASSOCIATION	5,000
CHRISTIAN NEIGHBORS SE282 12TH ST PLAINWELL, MI 49080	No Relationship	PC	COMMUNITY SUPPORT	5,000
THE UNITED WAY OF WASHINGTON CITY PO BOX 115 GREENVILLE, MS 38702	No Relationship	PC	EDUCATIONAL SUPPORT FOR CHILDREN	1,000
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
UNITED FUND OF NOLAN COUNTY TX INC PO BOX 348 SWEETWATER, TX 79556	No Relationship	PC	COMMUNITY SUPPORT	1,000
AMERICAN LEGION POSTPO BOX 2387 WINTERSVILLE, OH 43953	No Relationship	PC	VETERANS ASSOCIATION	1,000
HCS FAMILY SERVICES 19 E CHICAGO AVE HINSDALE, IL 60521	No Relationship	PC	COMMUNITY SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	No Relationship	PC	COMMUNITY SUPPORT	30,000
VINE MAPLE PLACEPO BOX 1092 MAPLE VALLEY, WA 98038	No Relationship	PC	TRANSITIONAL HOUSING FOR HOMELESS	5,000
WILDLAND FIREFIGHTER FOUNDATION 2049 AIRPORT WAY BOISE, ID 83705	No Relationship	PC	SUPPORT FOR FALLEN FIREFIGHTERS	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPE OF RAINIER404 EAST A STREET RAINIER, OR 97048	No Relationship	PC	FOOD ASSISTANCE	5,000
TRISTATE YOUNG MARINES 200 PRESTON AVE WEIRTON, WV 26062	No Relationship	PC	DEVELOPMENT OF YOUNG ADULTS	5,000
FAITH RESTORATIONS INC 186 WAGNER RD MONACA, PA 15061	No Relationship	PC	FOOD ASSISTANCE	5,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NORTHWEST INDIANA FOOD BANK INC 2248 W 35TH AVE GARY, IN 46368	No Relationship	PC	FOOD ASSISTANCE	5,000
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 90058	No Relationship	PC	FOOD ASSISTANCE	5,000
YWCA METROPOLITAN CHICAGO 1 N LASALLE ST SUITE 1150 CHICAGO, IL 60602	No Relationship	PC	COMMUNITY SUPPORT	15,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CRADLE SOCIETY2049 RIDGE AVE EVANSTON, IL 60201	No Relationship	PC	ADOPTION SUPPORT	10,000
BIG BROTHERS BIG SISTERS OF MAINE 560 LAKE STREET 5TH FLOOR CHICAGO, IL 60661	No Relationship	PC	YOUTH DEVELOPMENT	10,000
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DR CHICAGO, IL 60637	No Relationship	PC	SCIENCE TECHNOLOGY AND RESEARCH INSTITUTES	10,000
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MEDIAPOLIS FIREFIGHTERS ASSOCIATION PO BOX 430 MEDIAPOLIS, IA 52637	No Relationship	PC	SUPPORT FOR FIREFIGHTERS	5,000
ALL INDIA MOVEMENT AIM FOR SEVA INC PO Box 639 SAYLORSBURG, PA 18353	No Relationship	PF	FOOD FOR THE NEEDY	250
ST JUDE CHILDRENS RESEARCH HOSPITAL PO BOX 810 MEMPHIS, TN 38101	No Relationship	PC	MEDICAL RESEARCH	51
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMERS ASSOCIATION 317 SEVENTH AVE STE 402 CEDAR RAPIDS, IA 52401	No Relationship	PC	SUPPORT OF ALZHEIMERS PATIENTS	155
AMERICAN HEART ASSOCIATION 208 S LASALLE ST 1500 CHICAGO, IL 60604	No Relationship	PC	HEART DISEASE RESEARCH AND SUPPORT	1,228
AMERICAN INSTITUTE FOR CANCER RESEA 1759 R ST NW WASHINGTON, DC 20009	No Relationship	PC	CANCER RESEARCH	25
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN RED CROSS 2200 W HARRISON ST CHICAGO, IL 60612	No Relationship	PC	DISASTER RELIEF AND PREPAREDNESS	3,050
ARSHA VIDYA PITAMPO BOX 1059 SAYLORSBURG, PA 18353	No Relationship	PC	RELIGIOUS ORGANIZATION	2,450
AUTISM SPEAKS INC1 E 33RD ST FL 4 NEW YORK, NY 10016	No Relationship	PC	PROMOTING SOLUTIONS FOR INDIVIDUALS WITH AUTISM AND FAMILIES	250
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BEAUMONT COMMUNITY PLAYERS INC 4155 LAUREL ST BEAUMONT, TX 77707	No Relationship	PC	DEVELOPMENT OF PERFORMING ARTS	1,378
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	No Relationship	PC	HELPING HOMELESS ANIMALS	70
BIG BROTHERS BIG SISTERS OF MAINE 560 LAKE STREET 5TH FLOOR CHICAGO, IL 60661	No Relationship	PC	YOUTH DEVELOPMENT	2,500
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BLESSING HOUSE5440 GROVE AVE LORAIN, OH 44055	No Relationship	PC	CHILDRENS CRISIS CARE	500
BLOCK CLUB CHICAGO NFP 233 N MICHIGAN AVE STE 1800 CHICAGO, IL 60601	No Relationship	PC	NONPROFIT NEWS ORGANIZATION	52
BOY SCOUTS OF AMERICA1203 FAY ST COLUMBIA, MO 65201	No Relationship	PC	YOUTH DEVELOPMENT	75
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	No Relationship	PC	END DISEASES OF MIND AND SIGHT	50
BUCHANAN CENTER FOR THE ARTS 64 PUBLIC SQUARE MONMOUTH, IL 61462	No Relationship	PC	PROMOTION OF ARTS CULTURE AND HUMANITIES	180
CALS ALL STAR ANGELS 2422 W MAIN ST UNIT 3B ST CHARLES, IL 60175	No Relationship	PC	ASSISTING CHILDREN WITH CANCER	50
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAROLINAS HEALTHCARE FOUNDATION 1221 EAST MOREHEAD CHARLOTTE, NC 28204	No Relationship	PC	HEALTHCARE SUPPORT	103
CHICAGO CANINE RESCUE FOUNDATION 5272 N ELSTON AVE CHICAGO, IL 60630	No Relationship	PC	HELPING HOMELESS ANIMALS	100
CHICAGO CARES INC 2 N RIVERSIDE PLAZA CHICAGO, IL 60606	No Relationship	PC	HUMANITARIAN RELIEF	25
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CHICAGO ENGINEERS FOUNDATION OF THE 65 W JACKSON BLVD CHICAGO, IL 60604	No Relationship	PC	YOUTH DEVELOPMENT	175
CHICAGO METRO HEART WALK 208 S LASALLE ST 1500 CHICAGO, IL 60604	No Relationship	PC	SUPPORTING HEART HEALTH	300
CHICAGO POLICE MEMORIAL FOUNDATION 1407 W WASHINGTON BLVD CHICAGO, IL 60607	No Relationship	PC	SUPPORT OF POLICE OFFICERS	53
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO PUBLIC MEDIA INC 848 E GRAND 3RD FLOOR CHICAGO, IL 60611	No Relationship	PC	PUBLIC RADIO	100
CHRISTIAN CAMPS INC 41 OVERLOOK DR AVERILL PARK, NY 12018	No Relationship	PC	YOUTH DEVELOPMENT	1,250
CLAY ELEMENTARY PTA3200 1ST AVE S ALTOONA, IA 50009	No Relationship	PC	YOUTH DEVELOPMENT	25
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLEVELAND CLINIC9500 EUCLID AVE CLEVELAND, OH 44195	No Relationship	PC	GENERAL HEALTH AND REHABILITATION	50
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	No Relationship	PC	EDUCATIONAL SUPPORT	250
DEFIANCE COLLEGE701 N CLINTON ST DEFIANCE, OH 43512	No Relationship	PC	EDUCATIONAL SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	No Relationship	PC	VETERANS ASSOCIATION	150
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	No Relationship	PC	HEALTH AND REHABILITATION	125
DONORSCHOOSEORG134 W 37TH ST NEW YORK, NY 10018	No Relationship	PC	EDUCATIONAL SUPPORT	201
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DUKE UNIVERSITYPO BOX 90581 DURHAM, NC 27708	No Relationship	PC	EDUCATIONAL SUPPORT	2,500
DULUTH SUPERIOR AREA EDUCATIONAL TE 632 NIAGARA CT DULUTH, MN 55811	No Relationship	PC	EDUCATIONAL SUPPORT	125
EVANGELICAL LUTHERAN CHURCH IN AMER 2485 COMO AVE SAINT PAUL, MN 55108	No Relationship	PC	RELIGIOUS ORGANIZATION	25
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EVANSTON COMMUNITY FOUNDATION INC 1007 CHURCH ST STE 108 EVANSTON, IL 60201	No Relationship	PC	COMMUNITY SUPPORT	417
EVANSTON SYMPHONY ORCHESTRA ASSOCIA 2202 EWING EVANSTON, IL 60201	No Relationship	PC	PROMOTING ARTS CULTURE AND HUMANITIES	650
EXECUTIVE SERVICE CORPS OF CHICAGO 318 W ADAMS ST 16TH FLOOR CHICAGO, IL 60606	No Relationship	PC	SUPPORT OF NONPROFITS	175
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAITH RESTORATIONS INC 186 WAGNER RD MONACA, PA 15061	No Relationship	PC	FOOD ASSISTANCE	310
FLORIDA STUDIO THEATRE INC 1241 N PALM AVE SARASOTA, FL 34236	No Relationship	PC	ARTS CULTURE AND HUMANITIES	125
FOOD FOR GREATER ELGIN 1552 COMMERCE DRIVE ELGIN, IL 60123	No Relationship	PC	FOOD ASSISTANCE	50
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOUNDATION FOR NATIONAL PROGRESS 222 SUTTER ST STE 600 SAN FRANCISCO, CA 94108	No Relationship	PC	COMMUNITY SUPPORT	50
FRIENDS OF OSCAR MAYER SCHOOL 2250 N CLIFTON AVE CHICAGO, IL 60614	No Relationship	PC	EDUCATIONAL SUPPORT	100
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	No Relationship	PC	DISEASES DISORDERS AND MEDICAL DISCIPLINES	105
<b>Total . . . . .</b> ► <b>3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GENEVA FOUNDATION OF PRESBYTERIAN H 3200 GRANT ST EVANSTON, IL 60201	No Relationship	PC	SUPPORT OF SENIOR CITIZENS	1,250
GRACE BAPTIST CHURCH238 VINE ST BATAVIA, IL 14020	No Relationship	PC	RELIGIOUS ORGANIZATION	1,077
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	No Relationship	PC	FOOD ASSISTANCE	1,720
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREEN CITY MARKET2732 N CLARK ST CHICAGO, IL 60614	No Relationship	PC	FOOD ASSISTANCE	600
HOME HOUSING OPPORTUNITIES AND MAIN 1419 W CARROLL AVE 2ND FLOOR CHICAGO, IL 60607	No Relationship	PC	SENIOR CITIZEN HOUSING	125
HABITAT FOR HUMANITY CHICAGO 1100 W CERMAK RD CHICAGO, IL 60608	No Relationship	PC	BUILDING HOMES FOR THE NEEDY	50
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOPE RESOURCE CENTER INC 717 LINCOLN AVE BEDFORD, IN 47421	No Relationship	PC	PREGNANCY CARE CENTER	150
ILLINOIS ARTS ALLIANCE 70 E LAKE ST STE 420 CHICAGO, IL 60601	No Relationship	PC	PROMOTION OF ARTS CULTURE AND HUMANITIES	50
ILLINOIS INSTITUTE OF TECHNOLOGY 10 W 35TH STREET SUITE 1700 CHICAGO, IL 60616	No Relationship	PC	EDUCATIONAL SUPPORT	900
<b>Total . . . . .</b> ► <b>3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
IMERMAN ANGELS 205 W RANDOLPH 19TH FL CHICAGO, IL 60606	No Relationship	PC	SUPPORT OF CANCER PATIENTS	100
INNOCENCE PROJECT INC40 WORTH ST NEW YORK, NY 10013	No Relationship	PC	EXONERATION OF THE WRONGLY CONVICTED	26
JDRF ONE WALK 1 N LASALLE ST SUITE 1200 CHICAGO, IL 60602	No Relationship	PC	ENDING TYPE 1 DIABETES	25
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 94042	No Relationship	PC	EDUCATIONAL SUPPORT	50
LAKEVIEW PANTRY3945 N SHERIDAN CHICAGO, IL 60613	No Relationship	PC	FOOD ASSISTANCE	100
LEHIGH UNIVERSITY 306 SOUTH NEW STREET BETHLEHEM, PA 18015	No Relationship	PC	EDUCATIONAL SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEUKEMIA AND LYMPHOMA SOCIETY 3 INTERNATIONAL DR RYE BROOK, NY 10573	No Relationship	PC	CURE AND HELP THOSE WITH BLOOD CANCER	25
LINCOLN PARK CONSERVANCY 2000 N RACINE AVE CHICAGO, IL 60614	No Relationship	PC	PROMOTION OF ARTS CULTURE AND HUMANITIES	250
LITTLE BROTHERS FRIENDS OF THE ELDE 355 N ASHLAND AVE CHICAGO, IL 60607	No Relationship	PC	SUPPORTING SENIOR CITIZENS	125
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 60605	No Relationship	PC	YOUTH DEVELOPMENT	250
MAKE A WISH FOUNDATION OF ILLINOIS 640 N LASALLE ST SUITE 280 CHICAGO, IL 60654	No Relationship	PC	ASSISTANCE TO CHILDREN WITH CRITICAL ILLNESS	500
MARYFIELD INC1315 GREENSBORO RD HIGH POINT, NC 27260	No Relationship	PC	SUPPORT OF SENIOR CITIZENS	2,500
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAYO CLINIC200 FIRST STREET ROCHESTER, MN 55905	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	38
MEMORIAL SLOAN KETTERING CANCER CEN 633 THIRD AVE 4TH FLOOR NEW YORK, NY 10017	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	30
MERCY HOME FOR BOYS AND GIRLS 1140 W JACKSON BLVD CHICAGO, IL 60607	No Relationship	PC	HOUSING AND SUPPORT FOR NEEDY CHILDREN	25
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MERCY HOUSING LAKEFRONT 120 S LASALLE STE 1850 CHICAGO, IL 60640	No Relationship	PC	AFFORDABLE HOUSING	1,081
MONTANA TECH FOUNDATION 1300 W PARK ST BUTTE, MT 59701	No Relationship	PC	EDUCATIONAL SUPPORT	1,000
MUSIC OF THE BAROQUE 25 E WASHINGTON SUITE 823 CHICAGO, IL 60602	No Relationship	PC	PROMOTION OF ARTS CULTURE AND HUMANITIES	2,500
<b>Total . . . . .</b> ► <b>3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL MS SOCIETY 525 W MONROE SUITE 1510 CHICAGO, IL 60661	No Relationship	PC	MULTIPLE SCLEROSIS RESEARCH AND TREATMENT	100
NATIONAL SAFETY COUNCIL 2440 S SEPULVEDA LOS ANGELES, CA 90064	No Relationship	PC	ADVOCATE SAFETY	25
NEW YORK UNIVERSITY44 W 4TH ST NEW YORK, NY 10012	No Relationship	PC	EDUCATIONAL SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NISRA FOUNDATION285 MEMORIAL DR CRYSTAL LAKE, IL 60014	No Relationship	PC	RECREATIONAL ASSOCIATION	50
NORTH CENTRAL COLLEGE 30 N BRAINARD NAPERVILLE, IL 60540	No Relationship	PC	EDUCATIONAL SUPPORT	2,500
NORTH DAKOTA STATE UNIVERSITY FOUND PO BOX 5144 FARGO, ND 58105	No Relationship	PC	EDUCATIONAL SUPPORT	25
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134	No Relationship	PC	FOOD ASSISTANCE	739
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD SUITE 100 GLENVIEW, IL 60025	No Relationship	PC	FOOD ASSISTANCE	75
NORTHWESTERN UNIVERSITY 1801 MAPLE AVE SUITE 2300 EVANSTON, IL 60657	No Relationship	PC	EDUCATIONAL SUPPORT	1,250
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NOTRE DAME COLLEGE PREP 7655 DEMPSTER ST NILES, IL 60068	No Relationship	PC	EDUCATIONAL SUPPORT	100
ONE HOPE UNITED3053 S NORMAL AVE CHICAGO, IL 60616	No Relationship	PC	EDUCATION AND SUPPORT FOR CHILDREN	2,500
OPEN HEART MAGIC67 E MADISON ST CHICAGO, IL 60603	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	50
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PADS LAKE COUNTY INC 1800 GRAND AVE WAUKEGAN, IL 60085	No Relationship	PC	REDUCING HOMELESSNESS	25
PORTER COUNTY COMMUNITY FOUNDATION PO BOX 302 VALPARAISO, IN 46384	No Relationship	PC	COMMUNITY SUPPORT	250
PTA OHIO CONGRESS 6759 SOLON BOULEVARD SOLON, OH 44139	No Relationship	PC	EDUCATIONAL SUPPORT	30
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PURDUE FOUNDATION 403 W WOOD STREET WEST LAFAYETTE, IN 47907	No Relationship	PC	EDUCATIONAL SUPPORT	225
RECOVERY ON WATER INC 1200 WEST 35TH STREET CHICAGO, IL 60609	No Relationship	PC	ASSISTING CANCER SURVIVORS	125
RONALD MCDONALD HOUSE CHARITIES ONE KROC DR OAK BROOK, IL 60523	No Relationship	PC	HEALTH AND WELL BEING OF CHILDREN	50
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND ST SUITE 905 OAK BROOK, IL 60523	No Relationship	PC	HEALTH AND WELL BEING OF CHILDREN	535
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN SUITE 250 CHICAGO, IL 60610	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	1,000
SAFE HARBOR NURTURING MINDS TUTORIN 100 MANNY CT MICHIGAN CITY, IN 46360	No Relationship	PC	EDUCATIONAL SUPPORT	175
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAINT VINCENT COLLEGE 300 FRASER PURCHASE RD LATROBE, PA 15650	No Relationship	PC	EDUCATIONAL SUPPORT	500
SALVATION ARMY CHICAGO 5040 N PULASKI RD CHICAGO, IL 60630	No Relationship	PC	COMMUNITY SUPPORT	51
SAVE A PET ADOPTION CENTER 31664 N FAIRFIELD RD GRAYSLAKE, IL 60030	No Relationship	PC	ANIMAL SHELTER AND ADOPTION CENTER	250
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SECOND HARVEST FOODBANK OF SOUTHERN 2802 DAIRY DR MADISON, WI 53718	No Relationship	PC	FOOD ASSISTANCE	50
SECULAR STUDENT ALLIANCE 1550 OLD HENDERSON RD COLUMBUS, OH 43220	No Relationship	PC	SUPPORTING NON THEIST STUDENT	50
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 31356	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	51
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SMILE TRAIN INC41 MADISON AVE NEW YORK, NY 10017	No Relationship	PC	ASSISTING CHILDREN WITH CLEFT LIPS AND PALATES	150
SOUTH SUBURBAN HUMANE SOCIETY 1103 W END AVE CHICAGO HEIGHTS, IL 60411	No Relationship	PC	ANIMAL SHELTER	150
SOUTH SUBURBAN PADS 4411 GATLING BLVD COUNTRY CLUB, IL 60478	No Relationship	PC	TRANSITIONAL HOUSING FOR HOMELESS	2,500
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPECIAL OLYMPICS1133 19TH ST NW WASHINGTON, DC 20036	No Relationship	PC	PROMOTING ATHLETICS	100
SPECIAL OLYMPICS OF ILLINOIS 20500 S CICERO AVE MATTESON, IL 60443	No Relationship	PC	PROMOTING ATHLETICS	2,625
SPECIAL OLYMPICS OF VIRGINIA 3212 SKIPWITH RD SUITE 100 RICHMOND, VA 23607	No Relationship	PC	PROMOTING ATHLETICS	184
<b>Total . . . . . ▶ 3a</b>				707,418



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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	No Relationship	PC	HEALTH GENERAL AND REHABILITATIVE	200
ST BENEDICTS PREPARATORY SCHOOL 2215 W IRVING PARK RD CHICAGO, IL 60618	No Relationship	PC	EDUCATIONAL SUPPORT	50
SUNY AT BUFFALO UB FOUNDATION INC PO BOX 1232 BUFFALO, NY 14240	No Relationship	PC	EDUCATIONAL SUPPORT	50
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUSAN G KOMEN BREAST CANCER FOUNDAT 13770 NOEL RD DALLAS, TX 75380	No Relationship	PC	PROVIDING RESOURCES FOR BREAST CANCER PATIENTS	50
SYRACUSE UNIVERSITY 640 SKYTOP ROAD SYRACUSE, NY 13244	No Relationship	PC	EDUCATIONAL SUPPORT	150
THE OHIO STATE UNIVERSITY FOUNDATIO 351 W NATIONWIDE BLVD COLUMBUS, OH 43215	No Relationship	PC	EDUCATIONAL SUPPORT	1,250
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	No Relationship	PC	COMMUNITY SUPPORT	100
THRIVE COUNSELING CHICAGO 120 SOUTH MARION STREET OAK PARK, IL 60302	No Relationship	PC	MENTAL HEALTH ASSISTANCE	250
UNITED WAY METRO CHICAGO 333 S WABASH 30TH FLOOR CHICAGO, IL 60615	No Relationship	PC	EDUCATIONAL SUPPORT FOR CHILDREN	500
<b>Total . . . . . ▶ 3a</b>				707,418

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 61801	No Relationship	PC	EDUCATIONAL SUPPORT	25
VIRGINIA ENGINEERING FOUNDATION INC PO BOX 400314 CHARLOTTESVILLE, VA 22904	No Relationship	PC	EDUCATIONAL SUPPORT	2,500
VOTE ORG4096 PIEDMONT OAKLAND, CA 94611	No Relationship	PC	COMMUNITY SUPPORT	25
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WBEZ ALLIANCE INC848 E GRAND AVE CHICAGO, IL 60611	No Relationship	PC	SUPPORTING MEDIA OUTLETS	290
WEST CENTRAL EDUCATIONAL FOUNDATION 1514 OLD US ROUTE 34 BIGGSVILLE, IL 61418	No Relationship	PC	EDUCATIONAL SUPPORT	500
WIKIMEDIA FOUNDATION 1 MONTGOMERY STREET SAN FRANCISCO, CA 94104	No Relationship	PC	SUPPORT OF MEDIA OUTLETS	52
<b>Total . . . . . ▶ 3a</b>				707,418

**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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WORLD VISION INC 34834 WEYERHAEUSER WAY FEDERAL WAY, WA 98063	No Relationship	PC	PROVIDING HUMANITARIAN AID	396
YOUTH AND FAMILY COUNSELING 1113 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	No Relationship	PC	MENTAL HEALTH SERVICES	100
YWCA METROPOLITAN CHICAGO 1 N LASALLE ST SUITE 1150 CHICAGO, IL 60602	No Relationship	PC	COMMUNITY SUPPORT	2,500
<b>Total . . . . . ▶ 3a</b>				707,418

**Form 990PF Part XVI-A Line 1 - Program service revenue:**

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See the instructions.)
<b>1</b> Program service revenue:	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>a</b>		0		0	0
<b>b</b>		0		0	0
<b>c</b>		0		0	0
<b>d</b>		0		0	0
<b>e</b>		0		0	0
<b>f</b>		0		0	0
		0		0	0

**TY 2020 Other Expenses Schedule****Name:** USG FOUNDATION INC**EIN:** 36-2984045**Software ID:** 20012075**Software Version:** V1.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SOFTWARE LICENSE	10,067	0	0	0



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491301001011	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No. 1545-0047
					<b>2020</b>
Name of the organization USG FOUNDATION INC				Employer identification number 36-2984045	

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33<sup>1</sup>/<sub>3</sub>% 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 totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
USG FOUNDATION INC

Employer identification number  
36-2984045

**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
1	USG CORPORATION 550 W ADAMS ST CHICAGO, IL 60661	\$ 500,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization USG FOUNDATION INC	Employer identification number 36-2984045
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization USG FOUNDATION INC	Employer identification number 36-2984045
--	--

Part III

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. 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 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 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 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	