# Form **990-PF**

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

OMB No. 1545-0052

2018

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For ca	lenda	r year 2018 or tax year beginning	L0/15 , <b>2018</b>	, and ending $12$	<u>/3:</u>	1 , 2018	
222	N. I	Works Foundation LaSalle Street #2125			A B	Employer identification nur 83-2251188 Telephone number (see inst	
Chic	cago,	, IL 60601		-		312-566-7729	
					С	If exemption application is	pending, check here.
<b>G</b> Ch	eck al	I that apply: X Initial return Final return	Initial return of a form Amended return	ner public charity	D	<b>1</b> Foreign organizations, chec	
		Address change	Name change			2 Foreign organizations meet here and attach computation	ing the 85% test, check
H Ch	´		1(c)(3) exempt private f			·	
		ction 4947(a)(1) nonexempt charitable		orivate foundation	Ε	If private foundation status under section 507(b)(1)(A)	
				ash Accrual	_		
•	<b>;</b>	, , , , , , , , , , , , , , , , , , ,	, column (d) must be or		F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part	I A	nalysis of Revenue and		· .			(d) Disbursements
	co ne	xpenses (The total of amounts in lumns (b), (c), and (d) may not ecessarily equal the amounts in lumn (a) (see instructions).)	(a) Revenue and expenses per books	<b>(b)</b> Net investmen income	ıt	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,000,000.				
	2	Check ► if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	176.	17	6.	N/A	
	4	Dividends and interest from securities	2,526.	2,52	6.		
	_	Gross rents					
<u>o</u>	6 a	or (loss)	-3,922.				
en		Gross sales price for all assets on line 6a 23,378.	0,322.				
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
-	8	Net short-term capital gain					
	10 a	Gross sales less returns and					
		allowances					
	b	Less: Cost of goods sold					
	11	Gross profit or (loss) (attach schedule)					
	''	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	998,780.	2,70	2.		
	13	Compensation of officers, directors, trustees, etc	0.				
	14 15	Other employee salaries and wages					
enses		Legal fees (attach schedule)					
		Accounting fees (attach sch)					
άX	c	Other professional fees (attach sch)					
ě	17	Interest					
rati	18 19	Taxes (attach schedule)(see instrs)					
ist	19	schedule) and depletion					
Ē	20	Occupancy					
Ad	21 22	Travel, conferences, and meetings	1,034.				1,034.
n d	23	Other expenses (attach schedule)					
)g		See Statement 1	2,134.	9	5.		2,039.
Operating and Administrative Exp	24	Total operating and administrative expenses. Add lines 13 through 23	3,168.	۵	5.		3,073.
per	25	Contributions, gifts, grants paid. Part XV	500.	9	J.		500.
0	26	Total expenses and disbursements.					
	27	Add lines 24 and 25	3,668.	9	5.		3,573.
	27 a	Excess of revenue over expenses					
	_	and disbursements	995,112.				
		Net investment income (if negative, enter -0-)		2,60	1.		
	1 0	Adjusted net income (if negative, enter -0-)				1	

Par	t II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		of year
				(a) Book Value	<b>(b)</b> Book Value	(c) Fair Market Value
	1		-bearing		13,250	
	2	Savings and tempor	ary cash investments		23,788	. 23,788.
	3	Accounts receivable				
		Less: allowance for	doubtful accounts <a></a>			
	4	Pledges receivable.				
		Less: allowance for	doubtful accounts •			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch) ►			
		Less: allowance for	doubtful accounts ►			
Ş	8	Inventories for sale	or use			
Assets	9	Prepaid expenses a	nd deferred charges			
A	10 a	Investments – U.S. obligations (attach s	and state government chedule)			
	Ł	Investments — corporate	stock (attach schedule). Statement. 2		900,832	900,832.
			bonds (attach schedule)		,	
	11	Investments – land, equipment: basis.	buildings, and			
		Less: accumulated deprec (attach schedule)	iation			
	12	Investments - morte	gage loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment: basis►			
		Lacci accumulated denrec	iation			
	15	Other assets (descri	be ► See Statement 3 )		1,078	1,078.
	16	Total assets (to be o	completed by all filers – Also, see page 1, item l)	0.	938,948	<u> </u>
	17	Accounts payable ar	nd accrued expenses		1,918	
"	18	Grants payable				
Ę.	19	Deferred revenue				
iabilities	20	Loans from officers, direct	tors, trustees, & other disqualified persons			
E.	21	Mortgages and other notes	s payable (attach schedule)			
	22	Other liabilities (des	cribe► )			
	22	T-1-1 11-1-11111 7-1-1		0	1 010	
	23	Total liabilities (add	lines 17 through 22)	0.	1,918	
seou		and complete lines	llow SFAS 117, check here			
<u>a</u>	24				937,030	
Ba	25		ed			
þ	26		ed			
Net Assets or Fund Balance		Foundations that do and complete lines	o not follow SFAS 117, check here ► 27 through 31.			
0	27	Capital stock, trust p	principal, or current funds			
ë	28	Paid-in or capital surplus,	or land, bldg., and equipment fund			
SS	29	Retained earnings, accumi	ulated income, endowment, or other funds			
ťΑ	30	Total net assets or f	fund balances (see instructions)	0.	937,030	
Š	31		net assets/fund balances	0.	938,948	
Par	i III		ges in Net Assets or Fund Balance		300,310	
	Total	I net assets or fund ba	alances at beginning of year – Part II, coluid on prior year's return)	mn (a), line 30 (must ac	ree with	0.
2			line 27a			995,112.
3	Other	increases not included in li	ne 2 (itemize) ►		3	JJJ, 112.
4	hhA	lines 1, 2, and 3	ne 2 (itemize) ►		4	995,112.
			(itemize) ► See Statement 4		5	58,082.
6	Total	I net assets or fund h	alances at end of year (line 4 minus line 5)	- Part II, column (b). li		937,030.
-			J	,		55,,050.

(a) Li	st and describe th	osses for Tax on Investmen ne kind(s) of property sold (for examp rehouse; or common stock, 200 sh	le, real estate,	(b) How ac P — Purch D — Dona	nase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Sale of Publicly Traded Securities				Р		Various	Various
b							
C							
d							
e ( ) 0		(f) Depreciation allowed	(a) Cost or other ba	cic		(h) Gain or	(loss)
(e) Gross sale	•	(or allowable)	plus expense of sa	le		((e) plus (f) m	inus (g))
a b	23,378.		2	7,300.			-3,922.
C							
d							
e							
	r assets showing	gain in column (h) and owned by the	foundation on 12/31/69.			(I) Gains (Col.	(h)
(i) FMV as of	Ť	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			ain minus col. (k), b an -0-) <b>or</b> Losses (fr	ut not less
a							-3,922.
b							3,344.
d							
e							
	income or (net	capital loss) If gain, also	enter in Part I, line 7	_	2		2 022
3 Net short-term	capital gain or (	loss) as defined in sections 1222(5)	_				-3,922.
		8, column (c). See instructions. If		=	3		0 .
		Section 4940(e) for Reduce		ent Inco			<u> </u>
		undations subject to the section 4940			JIIIC	N/A	
	·	·	(a) tax on not invostment in	3011101.)		N/A	
If section 4940(d)(2)	applies, leave th	nis part blank.					
Was the foundation li	able for the sec	tion 4942 tax on the distributable a	mount of any year in the b	oase perio	d?	Yes	No
If 'Yes,' the foundation	n doesn't qualif	y under section 4940(e). Do not co	mplete this part.	•			
		each column for each year; see the ins		entries.			
(a) Base period Calendar year (o beginning	years or tax year in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use as	sets		( <b>d)</b> Distribution (col. (b) divided	
2017							
2016							
2015							
2014							
2013							
	•	1					
2 Total of line 1,	column (d)				2		
3 Average distribut number of years	ion ratio for the s s the foundation	5-year base period – divide the total of has been in existence if less than	on line 2 by 5.0, or by the 5 years		3		
					_		
4 Enter the net va	alue of nonchari	table-use assets for 2018 from Par	t X, line 5		4		
		table-use assets for 2018 from Par			5		
5 Multiply line 4 b	y line 3						
<ul><li>5 Multiply line 4 b</li><li>6 Enter 1% of net</li></ul>	y line 3				5		
<ul><li>5 Multiply line 4 b</li><li>6 Enter 1% of net</li><li>7 Add lines 5 and</li></ul>	y line 3	ome (1% of Part I, line 27b)			5 6 7		
<ul><li>5 Multiply line 4 b</li><li>6 Enter 1% of net</li><li>7 Add lines 5 and</li><li>8 Enter qualifying</li></ul>	y line 3	ome (1% of Part I, line 27b)			5 6 7 8	aka Caa lla	

_	O Herro			
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ıs)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instructions)			
I	b Domestic foundations that meet the section 4940(e) requirements in Part V,			52.
	check here. ► and enter 1% of Part I, line 27b			
(	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only; others, enter -0-)			0.
3	Add lines 1 and 2			52.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4			0.
5	Tax based on investment income.    Subtract line 4 from line 3. If zero or less, enter -0    5			52.
6	Credits/Payments:			
	a 2018 estimated tax pmts and 2017 overpayment credited to 2018			
	b Exempt foreign organizations — tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868)			
(	d Backup withholding erroneously withheld			
	Total credits and payments. Add lines 6a through 6d		1	00.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			48.
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax   48. Refunded			0.
Pai	rt VII-A Statements Regarding Activities			
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		Χ
	<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?			
	See the instructions for the definition	1 b		Χ
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published			
	or distributed by the foundation in connection with the activities.			
	c Did the foundation file Form 1120-POL for this year?	1 c		Χ
(	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation >\$ 0. (2) On foundation managers >\$ 0.	-		
•	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ►\$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		v
	If 'Yes,' attach a detailed description of the activities.			X
	·			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		37
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
		<b></b>	B.T.	X / 7
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N/	
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	3		Χ
c				
ю	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 legislation that effectively amends the governing instrument so that no mandatory directions that conflict      With the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict      With the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict      With the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict      With the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict      With the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict      With the state legislation that the governing instrument so that the governing instrument so that the governing instrument so the governing instrument so that the governing instrument so the governing instr		37	
_	with the state law remain in the governing instrument?	6	X	
7		7	Х	
8 8	a Enter the states to which the foundation reports or with which it is registered. See instructions	-		
ı	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0 h	v	
	(or designate) of each state as required by <i>General Instruction G?</i> If 'No,' attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If 'Yes,' complete Part XIV.	9		v
				X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10	y	

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Par	τ VII-A	Statements Regarding Activities (continued)					
11	At any t within th	ime during the year, did the foundation, directly or indirectly, own a controlled entity le meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions			11	Yes	No X
12	Did the for	oundation make a distribution to a donor advised fund over which the foundation or a disqualified pers privileges? If 'Yes,' attach statement. See instructions	on had		12		Х
13	Did the	foundation comply with the public inspection requirements for its annual returns and exemption	applicat	ion?	13	Χ	
14	Website The boo	address ► N/A  ks are in care of ► Dani Petrie Telephone  at ► 222 N. LaSalle Street, Ste 2125 Chicago IL ZIP + 4 ►	no. ►	312-56	 6-7	 729	
	Located	at > 222 N. LaSalle Street, Ste 2125 Chicago IL ZIP + 4 >	<u>6060</u>	01	NT / 7		 
15	and ente	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here. For the amount of tax-exempt interest received or accrued during the year	▶ 1	5	. I/I.\. \. \.	. •	∐ N/A
16		me during calendar year 2018, did the foundation have an interest in or a signature or other authority occurities, or other financial account in a foreign country?				Yes	No X
	See the	instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,'			10		Λ
Par		name of the foreign country  Statements Regarding Activities for Which Form 4720 May Be Required					
ı aı		m 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1.				-		res	NO
16	-	ne year, did the foundation (either directly or indirectly): age in the sale or exchange, or leasing of property with a disqualified person?	Yes	Х No			
	(2) Borr	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	□ □vos	X No			
		nish goods, services, or facilities to (or accept them from) a disqualified person?		A No			
		compensation to, or pay or reimburse the expenses of, a disqualified person?		No			
	<b>(5)</b> Tranfor t	nsfer any income or assets to a disqualified person (or make any of either available he benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree foun of ge	ee to pay money or property to a government official? ( <b>Exception.</b> Check 'No' if the dation agreed to make a grant to or to employ the official for a period after termination overnment service, if terminating within 90 days.)	∏Yes	X No			
ŀ		nswer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in ons section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	L1	ш	1 b		X
		ations relying on a current notice regarding disaster assistance, check here			10		Λ
C	Did the that wer	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, e not corrected before the first day of the tax year beginning in 2018?			1 c		X
2	Taxes o	n failure to distribute income (section 4942) (does not apply for years the foundation was a operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
ā		nd of tax year 2018, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2018?	Yes	X No			
ŀ	Are ther (relating	e any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(s listed, answer 'No' and attach statement – see instructions.)	a)(2) to		2 b	N	/7\
(	_	ovisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years h			20	IN	A
		_ , 20 , 20 , 20					
3 a	Did the enterpris	foundation hold more than a 2% direct or indirect interest in any business se at any time during the year?	Yes	X No			
ŀ	or disqu by the C	did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation alified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or appear of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	d				
	détermin	apse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule Č, Form 4720, to ne if the foundation had excess business holdings in 2018.)			3 b	N	/A
4 a	Did the charitab	foundation invest during the year any amount in a manner that would jeopardize its le purposes?			4 a		Х
ŀ	Did the	foundation make any investment in a prior year (but after December 31, 1969) that could					
	jeopardiz the tax y	e its charitable purpose that had not been removed from jeopardy before the first day of ear beginning in 2018?			4 b		Х

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Part VII-B   Statements Regarding Activiti	ies for Which Form	4720 May Be Req	uired (continued	1)					
5 a During the year, did the foundation pay or incur a	ny amount to:					Yes	No		
(1) Carry on propaganda, or otherwise attempt	_		····· Yes	X No					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?									
(3) Provide a grant to an individual for travel, study, or other similar purposes?									
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions									
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	, literary, or or animals?	······Yes	X No					
<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> of described in Regulations section 53.4945 or in a described in Regulation section section 53.4945 or in a described in Regulation section sect	the transactions fail to current notice regarding d	qualify under the exceptisaster assistance?	ptions			27	/7		
See instructions					5 b	N,	/ A		
If the communication for (A) decree									
tax because it maintained expenditure respon  If 'Yes,' attach the statement required by Regi	sibility for the grant?		N/A. ☐ Yes	No					
6a Did the foundation, during the year, receive ar on a personal benefit contract?			s Yes	X No					
<b>b</b> Did the foundation, during the year, pay prem					6 b		Χ		
If 'Yes' to 6b, file Form 8870.			_	_					
7a At any time during the tax year, was the found				X No					
<b>b</b> If 'Yes,' did the foundation receive any procee				N/A.	7 b				
8 Is the foundation subject to the section 4960 tax of				XNo					
or excess parachute payment(s) during the ye									
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Pai	d Empl	oyees	5,			
1 List all officers, directors, trustees, and found	dation managers and th	eir 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 t employee bene plans and deferr compensation	fit   <b>(e)</b> E	Expensother a				
Robert Petrie III 222 N LaSalle Street, Ste 2125 Chicago, IL 60601	Trustee 1.00	0.		0.			0.		
Dani Petrie  222 N LaSalle Street, Ste 2125 Chicago, IL 60601	Trustee 20.00	0.		0.			0.		
2 Compensation of five highest-paid employees (or		on line 1 – see instruction	ns). If none, enter 'NC (d)Contributions t	ONE,'					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee beneft plans and deferrence compensation	ed (e) E	Expens other a				
None			compensation						
Total number of other employees paid over \$50,000	<u> </u> 			<b>•</b>			Λ		

3 Five highest-paid independent contractors for professional services. See in	structions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 N/A		
2		
3		
4		
·		
Part IX-B Summary of Program-Related Investments (see instruc		
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u>.</u>	0.
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see instructions.)	· ·	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities.		643,385.
<b>b</b> Average of monthly cash balances		342,167.
c Fair market value of all other assets (see instructions)		
d Total (add lines 1a, b, and c)	1 d	985,552.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets.	2	0.
3 Subtract line 2 from line 1d.	3	985,552.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	14,783.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	970,769.
6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 1.068	3.5 . % <b>6</b>	10,373.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of		
and certain foreign organizations, check here ► and do not complete this part		
1 Minimum investment return from Part X, line 6	1	10,373.
2a Tax on investment income for 2018 from Part VI, line 5	52.	,
<b>b</b> Income tax for 2018. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b.	2c	52.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	10,321.
4 Recoveries of amounts treated as qualifying distributions	4	-, -
<b>5</b> Add lines 3 and 4	5	10,321.
6 Deduction from distributable amount (see instructions)	6	-, -
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	10,321.
Part XII Qualifying Distributions (see instructions)		
1 Amounts naid (including administrative expenses) to accomplish charitable, etc. nurnoses:		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	3,573.
<b>b</b> Program-related investments — total from Part IX-B	1 b	,
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	За	
<b>b</b> Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3,573.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		·
Enter 1% of Part I, line 27b. See instructions	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,573.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne foundation	
qualifies for the section 4940(a) reduction of tay in those years		

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

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2017	<b>(c)</b> 2017	<b>(d)</b> 2018
1 Distributable amount for 2018 from Part XI, line 7				10 221
2 Undistributed income, if any, as of the end of 2018:				10,321.
a Enter amount for 2017 only			0.	
<b>b</b> Total for prior years: 20 , 20 , 20		0.	<u> </u>	
3 Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2015				
<b>d</b> From 2016				
<b>e</b> From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part				
XII, line 4: ► \$ 3,573.				
a Applied to 2017, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
<b>d</b> Applied to 2018 distributable amount	0.			3,573.
e Remaining amount distributed out of corpus.	0.			3,373.
<b>5</b> Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed		<u> </u>		
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.		
e Undistributed income for 2017. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2018. Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2019				6,748.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required – see instructions)	0.			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	_			
applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:	0.			
a Excess from 2014				
<b>b</b> Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				
				Farms 000 DE (0010)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)							
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling							
<b>b</b> Check box to indicate whether the foundat	9			4942(j)(3) or	4942(j)(5)		
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	(e) Total		
income from Part I or the minimum investment return from Part X for	<b>(a)</b> 2018	<b>(b)</b> 2017	<b>(c)</b> 2016	<b>(d)</b> 2015	(e) Total		
each year listed							
<b>b</b> 85% of line 2a							
c 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							
e 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:							
a 'Assets' alternative test — enter:							
(1) Value of all assets							
(2) 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							
c 'Support' alternative test - enter:							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income							
Part XV Supplementary Information assets at any time during th	(Complete this e year – see in	part only if the structions.)	foundation had	\$5,000 or more	in		
1 Information Regarding Foundation Manag		·					
a List any managers of the foundation who have close of any tax year (but only if they have	e contributed more the contributed more	nan 2% of the total co than \$5,000). (See	ontributions received I section 507(d)(2).)	by the foundation bef	ore the		
See Statement 6							
<b>b</b> List any managers of the foundation who own	10% or more of the	stock of a corporation	on (or an equally large	portion of the owner	ship of		
a partnership or other entity) of which the None	iouiiuatioii iias a T	0% or greater inter	est.				
2 Information Regarding Contribution, Grant, (	Gift, Loan, Scholarsh	nip, etc., Programs:					
Check here ► X if the foundation only ma requests for funds. If the foundation make							
<ul><li>2a, b, c, and d. See instructions.</li><li>a The name, address, and telephone number or</li></ul>	email address of the	e person to whom ar	onlications should be a	addressed:			
		o posoosi to mioni ap					
<b>b</b> The form in which applications should be s	submitted and infor	mation and materia	als they should inclu	de:			
c Any submission deadlines:							
Crain Submission deadines.							
<b>d</b> Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	able fields, kinds of in	nstitutions, or other	factors:		

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year РC General Operating The Cara Organization N/A 500. 237 S Desplaines Street Support Chicago IL 60661 500. Total ..... **b** Approved for future payment

Tall Allaysis of income i roducing i			1				
Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded	by section 512, 513, or 514	(0)		
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)		
a							
b							
с							
d							
e							
<b>q</b> Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments			14	176.			
4 Dividends and interest from securities			14	2,526.			
5 Net rental income or (loss) from real estate:				_,,			
a Debt-financed property							
<b>b</b> Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income							
<ul><li>8 Gain or (loss) from sales of assets other than inventory</li><li>9 Net income or (loss) from special events</li></ul>			18	-3,922.			
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b							
С							
d							
e							
				1 000			
Subtotal. Add columns (b), (d), and (e)				-1,220.			
13 Total. Add line 12, columns (b), (d), and (e)					-1,220.		
<b>13 Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation	ons.)			13	-1,220.		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt.	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt.	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt.	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt.	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt.	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.  Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt.	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No.  Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) Accompl	ishment of Exemp	t Purpo	13 <sub>-</sub>			

# Form 990-PF (2018) Origami Works Foundation 83-2251188 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
d	escribe	organization directly d in section 501(c) to political organiza	(other than sec	ngage in any of the followiction 501(c)(3) organization	ng with any ons) or in secti	other organization on 527,	n			
	-			a noncharitable exempt or	ganization of	:				
(1	I) Cash	1						1 a (1)		Χ
(2	2) Othe	er assets						1 a (2)		Χ
<b>b</b> C	ther tra	ansactions:								
(1	I) Sale	s of assets to a nor	ncharitable exe	mpt organization				1 b (1)		X
(2	2) Purc	hases of assets fro	m a noncharita	able exempt organization				1 b (2)		Χ
(3	3) Rent	tal of facilities, equi	pment, or othe	r assets				1 b (3)		Χ
(4	l) Rein	nbursement arrange	ements					1 b (4)		Χ
(!	<b>5)</b> Loar	ns or Ioan guarantee	es					1 b (5)		Χ
(6	) Perf	ormance of services	s or membersh	ip or fundraising solicitatio	ns			1 b (6)		Χ
<b>c</b> S	haring	of facilities, equipm	ent, mailing lis	sts, other assets, or paid e	mployees			1 c		X
						45			,	
<b>a</b> It th a	tne an ne goods ny tran	swer to any of the a s, other assets, or se saction or sharing a	above is 'Yes,' rvices given by arrangement, s	complete the following sch the reporting foundation. If the how in column <b>(d)</b> the valu	ne foundation in the foundation in the good	nn <b>(b)</b> should alw received less than ls, other assets,	rays snow the fair n fair market value in or services received	iarket vali d.	ue ot	
(a) Line	e no.	(b) Amount involved	(c) Name (	of noncharitable exempt organizati	on <b>(d</b>	) Description of trans	sfers, transactions, and s	haring arran	gement	S
N/A										
<b>2 a</b> ls	the fou	indation directly or in d in section 501(c)	directly affiliated (other than see	d with, or related to, one or netion 501(c)(3)) or in section	nore tax-exem n 527?	pt organizations		Yes	Х	No
<b>b</b> If	'Yes,'	complete the follow	ing schedule.							
	(a)	Name of organizat	ion	(b) Type of organize	zation	(c)	Description of rela	tionship		
N/A										
	Under p	enalties of perjury, I decla	re that I have exam	ined this return, including accompar than taxpayer) is based on all inform	nying schedules a	nd statements, and to	the best of my knowledge	and belief, if	t is true,	
Sign	0011000,	and complete. Beclaration	. or properor (outlo	and taxpayory to bacca on an inner		roparor nao ary miom	ougo.	May the I	RS discu	ISS
Here						Trustoo		this return	n with th shown b	e
	Signa	ture of officer or trustee		Date		Trustee		See instru	١.	ΧNο
	J.g.10	Print/Type preparer's na	me	Preparer's signature		Date	Chook :	PTIN	Yes	X No
		,,,,,			222112		Check if		027	
Paid		Michael Fon		Michael Font			•	P01471	.UZ/	
Prepa			Fontanello	,			Firm's EIN ► 37–14	120474		
Use C	nıy			mery Street, Suit	е 1305		Dhana na //11 F		200	
D A A		1 3	San Franci	sco, CA 94104			Phone no. (415)			2010
BAA								Form <b>990</b>	J-PF (2	∠U18)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

Origami Works Foundation		83-2251188
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter num	nber) organization
	4947(a)(1) nonexempt cha	aritable trust <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private for	oundation
	4947(a)(1) nonexempt cha	aritable trust treated as a private foundation
	501(c)(3) taxable private for	'
Check if your organization is covered by the	General Rule or a Special Rule.	
	·	ooth the General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990,	990-EZ, or 990-PF that received, during Complete Parts I and II. See instruction	ng the year, contributions totaling \$5,000 or more (in money or one for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)	(A)(vi), that checked Schedule A (Form 9)	EZ that met the 33-1/3% support test of the regulations 190 or 990-EZ), Part II, line 13, 16a, or 16b, and that ne greater of (1) \$5,000; or (2) 2% of the amount on (i) and II.
For an organization described in sec during the year, total contributions o purposes, or for the prevention of cr contributor name and address), II, a	uelty to children or animals. Complete	990 or 990-EZ that received from any one contributor, gious, charitable, scientific, literary, or educational Parts I (entering 'N/A' in column (b) instead of the
during the year, contributions <i>exclus</i> \$1,000. If this box is checked, enter charitable, etc., purpose. Don't comp	ively for religious, charitable, etc., purphere the total contributions that were in	990 or 990-EZ that received from any one contributor, poses, but no such contributions totaled more than received during the year for an <i>exclusively</i> religious, <b>eral Rule</b> applies to this organization because \$5,000 or more during the year
	t IV. line 2. of its Form 990: or check t	ecial Rules doesn't file Schedule B (Form 990, 990-EZ, or the box on line H of its Form 990-EZ or on its Form 990-PF, B B (Form 990, 990-EZ, or 990-PF).

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

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

Origami Works Foundation

1 Employer identification number

83-2251188

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	l.
--------	---	----

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Robert & Dani Petrie  222 N LaSalle Street  Chicago, IL 60601	\$ <u>1,000,000</u> .	Person X  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

83-2251188

Employer identification number

Name of organization

Origami Works Foundation

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
		  \$	
(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
		  \$	
 AA		Schedule B (Form 990, 990-E	7 or 990 PE) (201

Schedule B	(Form 990	), 990-EZ, or 990-PF	(2018)
Name of organiz	ation		
Origami	Works	Foundation	

Employer identification number 83-2251188

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.)								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	N/A								
	Transferee's name, addres	Rela	ationship 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					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					

## Form **2220**

Underpayment of Estimated Tax by Corporations
► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Employer identification number

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Ori	gami Works Foundation				83-225	5118	8
	: Generally, the corporation is not required to file Form 2220						
0We0	d and bill the corporation. However, the corporation may still 38, on the estimated tax penalty line of the corporation's	use Fo	rm 2220 to figure the	e penalty. It s I <b>o not</b> attach	so, enter the amour Serm 2220	nt from	1 page 2,
Par		111001	ne tax retarri, but <b>u</b>	o not attach	11 01111 2220.		
ı aı	Required Affiliation ayment						
1	Total tax (see instructions)					1	52.
2 a	Personal holding company tax (Schedule PH (Form 112 on line 1			2 a			
t	Look-back interest included on line 1 under section 460 long-term contracts or section 167(g) for depreciation u forecast method	nder t	he income	2 b			
	Credit for federal tax paid on fuels (see instructions)  Total. Add lines 2a through 2c					2 d	
3	Subtract line 2d from line 1. If the result is less than \$5					Zu	
3	does not owe the penalty	· · · · · ·	The complete of it		·····	3	52.
4	Enter the tax shown on the corporation's 2017 income to zero or the tax year was for less than 12 months, skip					4	
5	Required annual payment. Enter the smaller of line 3 center the amount from line 3					5	
Par		pelow	that apply. If a	ny boxes	are checked,	the c	corporation must
6	The corporation is using the adjusted seasonal inst	•					
7	The corporation is using the annualized income ins						
8	The corporation is a "large corporation" figuring its first			on the prior	vear's tax.		
Par		'		'	,		
ı aı	till   riguring the Onderpayment		(a)	(b)	(0	c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th ( <i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	.,,		,	· •	
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is						
11	checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10					
11	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column						
11 12	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column						
	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	11					
12	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	11					
12 13 14 15	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column .  Add lines 11 and 12 .  Add amounts on lines 16 and 17 of the preceding column .  Subtract line 14 from line 13. If zero or less, enter -0	11 12 13					
12 13 14 15	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column.  Add lines 11 and 12.  Add amounts on lines 16 and 17 of the preceding column.	11 12 13 14					
12 13 14 15 16	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column.  Add lines 11 and 12.  Add amounts on lines 16 and 17 of the preceding column.  Subtract line 14 from line 13. If zero or less, enter -0.  If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0.  Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of	11 12 13 14 15					
12 13 14 15 16	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column.  Add lines 11 and 12.  Add amounts on lines 16 and 17 of the preceding column.  Subtract line 14 from line 13. If zero or less, enter -0.  If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0.  Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.	11 12 13 14 15					
12 13 14 15 16	If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.  Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.  Complete lines 12 through 18 of one column before going to the next column.  Enter amount, if any, from line 18 of the preceding column.  Add lines 11 and 12.  Add amounts on lines 16 and 17 of the preceding column.  Subtract line 14 from line 13. If zero or less, enter -0.  If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0.  Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of	11 12 13 14 15					

Par	t IV Figuring the Penalty					
10	Enter the data of neumant or the 15th day of the 1th		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <i>C corporations with tax years ending June</i> 30 and S corporations: Use 3rd month instead of 4th					
	month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the date shown on line 19.	20				
21	Number of days on line 20 after 4/15/2018 and before 7/1/2018.	21				
22	Underpayment x Number of days on line 17 Number of 365 × 5% (0.05)	22				
23	Number of days on line 20 after 6/30/2018 and before 10/1/2018.	23				
24	Underpayment on line 17 Number of days on line 23 × 5% (0.05)	24				
25	Number of days on line 20 after 9/30/2018 and before 1/1/2019.	25				
26	Underpayment on line 17  Number of days on line 25  x 5% (0.05)	26				
27	Number of days on line 20 after 12/31/2018 and before 4/1/2019.	27				
28	Underpayment x Number of days on line 17 X Mumber of days 365 X 6% (0.06)	28				
29	Number of days on line 20 after 3/31/2019 and before 7/1/2019.	29				
30	Underpayment x Number of days on line 29 x*%	30				
31	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31				
32	Underpayment x Number of days on line 17 Number of days 365	32				
33	Number of days on line 20 after 9/30/2019 and before 1/1/2020.	33				
34	Underpayment x Number of days on line 17 x on line 33 x*%	34				
35	Number of days on line 20 after 12/31/2019 and before 3/16/2020.	35				
36	Underpayment x Number of days on line 35 x*%	36				
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37				
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter t comparable line for other income tax returns					0.

<sup>\*</sup>Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

2018

## **Federal Statements**

Page 1

**Origami Works Foundation** 

83-2251188

Statement 1 Form 990-PF, Part I, Line 23 Other Expenses

	(a) xpenses r Books	(b) Net vestment Income	(c) Adjusted Net Income	_	(d) Charitable Purposes
Bank Fees Dues & Memberships Office Supplies	\$ 95. 1,750. 289.	\$ 95.		\$	1,750. 289.
Total	\$ 2,134.	\$ 95.		\$	2,039.

#### Statement 2 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation <u>Method</u>	Book Value	Fair Market <u>Value</u>
Abbott Laboratories, 662 Sh Accenture PLC, 270 Sh Blackrock Inc, 104 Sh Cisco Systems Inc, 1,180 Sh Comcast Corp, 261 Sh Eli Lilli & Co, 412 Sh Gilead Sciences Inc, 425 Sh Home Depot Inc, 235 Sh HP Inc, 855 Sh Illinois Tool Works, 232 Sh Johnson & Johnson, 362 Sh Marsh & McLennan, 429 Sh McDonalds Corp, 260 Sh Microsoft Corp, 515 Sh Nextera Energy Inc, 241 Sh Nike Inc, 403 Sh Northrop Grumman Corp, 133 Sh Pepsico Inc, 434 Sh Phillips 66, 533 Sh PNC Financial Svcs, 332 Sh Sherwin WIlliams, 96 Sh Texas Instruments Inc, 497 Sh United Health Group Inc, 206 Sh	Mkt Val		
	=		

Statement 3 Form 990-PF, Part II, Line 15 Other Assets

	Book	Value	Fa	ir Market Value
Accrued Dividends Total	\$	1,078.	\$	1,078.
	\$	1,078.	\$	1,078.

Statement 5
Form 990-PF, Part VII-A, Line 10
Substantial Contributors During the Tax Year

Name of Substantial Contributor Address of Substantial Contributor

Robert & Dani Petrie 222 N. LaSalle Street, Ste 2125 Chicago, IL 60601

Statement 6 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

Robert Petrie III Dani Petrie