

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 for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

| | | | |
|--|--|---|--|
| Name of foundation MG2 FOUNDATION | | A Employer identification number 46-2377082 | |
| Number and street (or P.O. box number if mail is not delivered to street address) 1101 SECOND AVE NO 100 | | Room/suite | |
| B Telephone number (see instructions) (206) 962-6500 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101 | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> | |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>89,268</u> | | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis) | |

| 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) | 224,006 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 69 | 69 | | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | 0 | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | | | | | |
| 12 Total. Add lines 1 through 11 | 224,075 | 69 | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | 0 | 0 | | 0 |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | 728 | 364 | | 364 |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | | | | |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 47,956 | 0 | | 0 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 48,684 | 364 | | 364 |
| | 25 Contributions, gifts, grants paid | 161,642 | | | 161,642 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 210,326 | 364 | | 162,006 | |
| 27 Subtract line 26 from line 12 | | | | | |
| a Excess of revenue over expenses and disbursements | 13,749 | | | | |
| b Net investment income (if negative, enter -0-) | | 0 | | | |
| c Adjusted net income (if negative, enter -0-) | | | | | |

| 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 | 1 Cash—non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 75,519 | 89,268 | 89,268 |
| | 3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U S and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 75,519 | 89,268 | 89,268 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | 0 | 0 | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | 0 | 0 | |
| 29 Retained earnings, accumulated income, endowment, or other funds | 75,519 | 89,268 | | |
| 30 Total net assets or fund balances (see instructions) | 75,519 | 89,268 | | |
| 31 Total liabilities and net assets/fund balances (see instructions) . | 75,519 | 89,268 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|----------|--------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 75,519 |
| 2 Enter amount from Part I, line 27a | 2 | 13,749 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0 |
| 4 Add lines 1, 2, and 3 | 4 | 89,268 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | 0 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . | 6 | 89,268 |

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 1101 SECOND AVE SUITE 100 SEATTLE WA ZIP+4 98101

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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 2018, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

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 (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))

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

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 email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

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

| Recipient Name and address (home or business) | 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 |
|--|--|--------------------------------------|--|-------------|
| a <i>Paid during the year</i> BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004 | NONE | PUBLIC CHARITY | SUPPORTING THE ARTS IN THE BELLEVUE, WASHINGTON AREA | 10,000 |
| SEATTLE ARCHITECTURE FOUNDATION 1010 WESTERN AVE SEATTLE, WA 98111 | NONE | PUBLIC CHARITY | SUPPORTING THE ARCHITECTURE, DESIGN AND HISTORY OF THE SEATTLE AREA | 3,500 |
| SUSAN G KOMEN FOUNDATION - PUGET SOUND 112 FIFTH AVENUE N SEATTLE, WA 98109 | NONE | PUBLIC CHARITY | TO FUND SUSAN G KOMEN - PUGET SOUND IN THEIR MISSION TO PROVIDE MAMMOGRAMS FOR LOW- INCOME, UNDERSERVED WOMEN IN WASHINGTON STATE | 127,350 |
| FACING HOMELESSNESS 4001 9TH AVE NE SEATTLE, WA 98105 | NONE | PUBLIC CHARITY | GENERAL PROGRAM SUPPORT | 20,792 |
| Total | | | | ▶ 3a |
| b <i>Approved for future payment</i> | | | | |
| Total | | | | ▶ 3b |

TY 2018 Accounting Fees Schedule**Name:** MG2 FOUNDATION**EIN:** 46-2377082

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING FEES | 728 | 364 | | 364 |

TY 2018 Explanation of Non-Filing with Attorney General Statement**Name:** MG2 FOUNDATION**EIN:** 46-2377082**Statement:**

IF THE GROSS ASSETS OF THE FOUNDATION ARE LESS THAN \$250,000 THE MG2 FOUNDATION IS NOT REQUIRED TO FILE WITH THE STATE OF WASHINGTON (PER THE WASHINGTON STATE STATUTE).

TY 2018 Other Expenses Schedule**Name:** MG2 FOUNDATION**EIN:** 46-2377082**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| BANK CHARGES | 85 | 0 | | 0 |
| MISCELLANEOUS EXPENSES | 25 | 0 | | 0 |
| SWING FOR THE CURE EVENT CHARGES | 47,846 | 0 | | 0 |

**TY 2018 Substantial Contributors
Schedule****Name:** MG2 FOUNDATION**EIN:** 46-2377082

| Name | Address |
|---|---|
| FERGUSON CONSTRUCTION | 13810 SE EASTGATE WAY SUITE 110 BELLEVUE, WA 98005 |
| SPAN CONSTRUCTION & ENGINEERING INC | 1841 HOWARD ROAD MADERA, CA 93637 |
| BARGHAUSEN | 18512 72ND AVE S KENT, WA 98032 |
| BLUESCOPE BUILDINGS NORTH AMERICA | 1540 GENESSEE ST KANSAS CITY, MO 64141 |
| SOUTHEAST INDUSTRIAL LLC | 401 HAMBLEN AVE MORRISTOWN, TN 37813 |
| BANCO BASE SA INSTITUTION DE BANCA MULTIPLE | 120 ADELAIDE STREET WEST TORONTO, ONTARIO CA |
| GRAY CONSTRUCTION | 3507 S MAIN STREET SEATTLE, WA 98114 |
| IRON DARK | GUSTAVO BAZ 30-300 NAUCALPAN CENTRO CP53000 MX |
| JONES COVEY GROUP INC | 9595 LUCAS RANCH ROAD 100 RANCHO CUCAMONGA, CA 91730 |
| KLEINFELDER | 14710 NE 87TH STREET 100 REDMOND, WA 98052 |
| LEDCOR CONSTRUCTION INC | 11130 NE 332D PLACE SUITE 100 BELLEVUE, WA 98004 |
| NOVAK CONSTRUCTION | 3423 N DRAKE AVENUE CHICAGO, IL 60618 |
| RMC CONSTRUCTORS | 5045 EAST MCKINLEY AVENUE FRESNO, CA 93727 |
| ROBINSON CONSTRUCTION CO | 320 120TH AVENUE NE BELLEVUE, WA 98005 |
| TD FARRELL CONSTRUCTION INC | 530 STAGNORN COURT ALPHARETTA, GA 30004 |
| THE WHITING-TURNER CONTRACTING COMPANY | 990 HAMMOND DRIVE SUITE 1100 ATLANTA, GA 30328 |
| WL BUTLER CONSTRUCTION INC | 204 FRANKLIN STREET REDWOOD CITY, CA 94063 |

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
MG2 FOUNDATION

Employer identification number
46-2377082

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions 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 MG2 FOUNDATION | Employer identification number 46-2377082 |
|---|---|

| Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed | | | |
|--|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | See Additional Data Table <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |
| — | <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) |

| | |
|---|---|
| Name of organization MG2 FOUNDATION | Employer identification number 46-2377082 |
|---|---|

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 |
| _____ | _____ |
| _____ | _____ |

Additional Data

Software ID:

Software Version:

EIN: 46-2377082

Name: MG2 FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | FERGUSON CONSTRUCTION | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 13810 SE EASTGATE WAY SUITE 110 | | |
| | BELLEVUE, WA 98005 | | |
| 2 | JONES COVEY GROUP INC | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 9595 LUCAS RANCH ROAD 100 | | |
| | RANCHO CUCAMONGA, CA 91730 | | |
| 3 | KLEINFELDER | \$ 5,150 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 14710 NE 87TH STREET 100 | | |
| | REDMOND, WA 98052 | | |
| 4 | LEDCOR CONSTRUCTION INC | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 11130 NE 332D PLACE SUITE 100 | | |
| | BELLEVUE, WA 98004 | | |
| 5 | NOVAK CONSTRUCTION | \$ 8,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 3423 N DRAKE AVENUE | | |
| | CHICAGO, IL 60618 | | |
| 6 | RMC CONSTRUCTORS | \$ 10,750 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 5045 EAST MCKINLEY AVENUE | | |
| | FRESNO, CA 93727 | | |

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|--|
| 7 | ROBINSON CONSTRUCTION CO | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 320 120TH AVENUE NE | | |
| | BELLEVUE, WA 98005 | | |
| 8 | SPAN CONSTRUCTION & ENGINEERING INC | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 1841 HOWARD ROAD | | |
| | MADERA, CA 93637 | | |
| 9 | TD FARRELL CONSTRUCTION INC | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 530 STAGORN COURT | | |
| | ALPHARETTA, GA 30004 | | |
| 10 | THE WHITING-TURNER CONTRACTING COMPANY | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 990 HAMMOND DRIVE SUITE 1100 | | |
| | ATLANTA, GA 30328 | | |
| 11 | WL BUTLER CONSTRUCTION INC | \$ 5,750 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | 204 FRANKLIN STREET | | |
| | REDWOOD CITY, CA 94063 | | |
| 12 | IRON DARK | \$ 5,075 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| | GUSTAVO BAZ 30-300 | | |
| | NAUCALPAN CENTRO, ESTADO DE MEXICOCP53000 MX | | |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|-----------------------------------|----------------------------|--|
| 13 | BARGHAUSEN | \$ 7,500 | Person <input checked="" type="checkbox"/> |
| | 18512 72ND AVE S | | Payroll <input type="checkbox"/> |
| | KENT, WA 98032 | | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions) | | | |
| 14 | BLUESCOPE BUILDINGS NORTH AMERICA | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 1540 GENESSEE ST | | Payroll <input type="checkbox"/> |
| | KANSAS CITY, MO 64141 | | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions) | | | |
| 15 | SOUTHEST INDUSTRIAL LLC | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 401 HAMBLLEN AVE | | Payroll <input type="checkbox"/> |
| | MORRISTOWN, TN 37813 | | Noncash <input type="checkbox"/> |
| (Complete Part II for noncash contributions) | | | |