Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

AF	or the	2013 calendar year, or tax year beginning 000 1, 2013 and	enaing t	JON 30, 2014	
B C	heck if oplicable			D Employer identific	cation number
	Addres change	S CENTER FOUNDATION			
	Name change	Doing Business As		36-3	371659
	Initial return Termin ated	,	Room/suite		761-1501
	Amend return			G Gross receipts \$	87,550.
	Application	CHICAGO, IL 60626-4062		H(a) Is this a group re	
	pendin	F Name and address of principal officer: KEVIN LIMBECK		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		e:▶ WWW.ANIXTER.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1985 N	N State of legal domicile: IL
Pa		Summary			
ĕ	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{LEAS}}$	ES PRO	OPERTY TO LE	STER AND
Activities & Governance	-	ROSALIE ANIXTER CENTER, A RELATED CHARITA			
ern		Check this box if the organization discontinued its operations or dispose	sed of mor		
Gov				3	23
8		Number of independent voting members of the governing body (Part VI, line 1b)			0
ties		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			0
tivi		Fotal number of volunteers (estimate if necessary)			0.
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
	ומ	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
nue		Program service revenue (Part VIII, line 2g)		80,574.	83,948.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		493.	0.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8.	3,602.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		81,075.	87,550.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe		Fotal fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,339.	119,591.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		113,339.	119,591.
. (0	19	Revenue less expenses. Subtract line 18 from line 12		-32,264.	-32,041.
Net Assets or und Balances			В	eginning of Current Year	End of Year
sse. Bala	20	Fotal assets (Part X, line 16)		3,681,045. 957,612.	3,542,927.
let A Ind	21	Fotal liabilities (Part X, line 26)		2,723,433.	851,535. 2,691,392.
_	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,723,433.	2,091,392.
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the hest of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and bellet, it is
ii ao,	001100	, and complete bookington of proparor (care main choos) to bacca on an information of m	non proparo	I had any kindwidage.	_
Sigr	,	Signature of officer		Date	
Her		JAMES P. NOGA, VICE PRESIDENT FINANCE	/CFO		
		Type or print name and title	-		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		HARRY STEINDLER Harry A. Steindler, CPA Date: 2015.01.15	5 11:03:42	12/15/14 if self-employ	
Prep	arer	Firm's name ► SS&G, INC.		Firm's EIN	34-1945695
Use	Only	Firm's address 1665 ELK BOULEVARD			
		DES PLAINES, IL 60016-4776		Phone no.84	7-824-4000
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDE PERSONS WITH DISABILITIES WITH FACILITIES AND SERVICES
	DESIGNED TO MEET THEIR PHYSICAL, SOCIAL, AND PSYCHOLOGICAL NEED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 119,591 • including grants of \$) (Revenue \$ 83,948 •)
-	THE ORGANIZATION PROVIDES AND ASSISTS OTHER CHARITABLE ORGANIZATIONS
	WITH FACILITIES SPECIFICALLY DESIGNED TO MEET THE NEEDS OF PERSONS WITH
	DISABILITIES.
41-	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 119,591.

332002 10-29-13

Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
00	If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			200	

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		X
b	If "Yes," enter the name of the foreign country: ▶	[
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	L	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	L	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly for goods and servic	ayor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	L	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	3-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ır?	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a	\dashv			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	126		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	\dashv			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	\dashv	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	····	14a 14b		
D	ii res, has it lieu a Forth (20 to report these payments?)). No, provide an explanation in Schedule O			990	(2012)

CENTER FOUNDATION 36-3371659 Form 990 (2013) Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? *If* "No," *go to line 13* 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

47	. I takaka araka antiki milataka araka araki araki Fanna 600 tahu antina darak dariki arita 🖿		
7/	I IST THE STATES WITH WINICH A CONVINT THIS FORM YOUR IS REALITED TO HE THEA	- 1	_
• •	List the states with which a copy of this Form 990 is required to be filed	_	_

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAMES P. NOGA-V. P. FINANCE/CFO - 773-761-1501 6610 N. CLARK STREET, CHICAGO, IL 60626-4062

Form **990** (2013)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

C ELAINE D COTTEY	(A)	(B)	(C)						(D)	(E)	(F)
Officer and agreective transfer (list any) Hours for related organizations Deliver the organizations Hours for related organizations	Name and Title			(do not check more than one						· ·	
Nour for related organization Nour form for the organization and related organization Nour form for form for form for the organization Nour form for for for form for for for for for for for form for for for for for for									· '	· ·	
Delow Delo		,	rector								
Delow Delo			e or di	tee			sated			(W-2/1099-MISC)	
1			truste	al trus		yee	mpen		(** 27 1033 141100)		•
(1) JOANNA HORSHAIL DOADNA HORSHAIL DARD CHAIR DARD CHA		below	vidual	itution	ser	emplc	hest co oloyee	ner			organizations
DOARD CHAIR	(1) TOWN HODGWITE	,	lpul	lust	0#i	Key	E High	Por			
C ELAINE D COTTEY	, - ,		x		x				0.	0	0
FORMER BOARD CHAIR				\vdash		\vdash		\vdash	•	0.	0.
(3) ERIC GASTEVICH			X		х				0.	0.	0.
(4) STEVE GILSON											
TREASURER	CHAIR-ELECT	1.00	Х		Х				0.	0.	0.
SECRETARY	(4) STEVE GILSON										
SECRETARY	TREASURER		Х		Х				0.	0.	0.
Column C	(5) BRIAN BULGER										
Director 1.00 X 0.00	SECRETARY		Х		X				0.	0.	0.
Color	(6) JASON ADESS		1								_
Director			X						0.	0.	0.
Carretage Carr											
DIRECTOR 1.00 X 0.00			X						0.	0.	0.
O			ļ,,						_		0
DIRECTOR 1.00 X 0.00			X						0.	0.	0.
Total Content Conten			. ,						0		0
Tormer Director 1.00 X 0.00			A	_	_				0.	0.	0.
Columbia Curtis			- V						0	0	0
DIRECTOR 1.00 X 0.00			^	<u> </u>	\vdash	\vdash			0.	0.	0.
DIRECTOR			x						0.	0.	0.
DIRECTOR 1.00 X 0.00						\vdash			•	•	
DIRECTOR			X						0.	0.	0.
DIRECTOR 1.00 X 0.00	(13) HILLARY A. EBACH										
O	DIRECTOR		Х						0.	0.	0.
Column	(14) RICKEY FREEMAN	0.00									
DIRECTOR 1.00 X 0. 0. 0. 0.	DIRECTOR	1.00	Х						0.	0.	0.
(16) MICHAEL HARTMAN 0.00 DIRECTOR 1.00 (17) LAUREN K. HILL 0.00 DIRECTOR 1.00 X 0.00 DIRECTOR 0.00	(15) LISA GUTIERREZ										
DIRECTOR 1.00 X 0.0.0.0. (17) LAUREN K. HILL 0.00 X 0.0.0. DIRECTOR 1.00 X 0.0.0.	DIRECTOR								0.	0.	0.
(17) LAUREN K. HILL 0.00 X 0. 0. 0.	(16) MICHAEL HARTMAN										
DIRECTOR 1.00 X 0. 0.			Х		$ldsymbol{ld}}}}}}$				0.	0.	0.
											_
		1.00	X						0.	0.	

332007 10-29-13

Form **990** (2013)

Form 990 (2013) CENTER FO	Form 990 (2013) CENTER FOUNDATION 36-3371659 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	١,,		Posi				Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	heck ss pe	rson i	is bot	h an	· ·	compensatio	n	an	nount	of
	week	offic	cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	ation
	hours for	or dir	۰			ated		organization	(W-2/1099-MIS	SC)		om th	
	related organizations	stee	truste			bens		(W-2/1099-MISC)			_	anizat	
	below	nal tru	onal t		oloye	com						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	OHS
(18) SUSAN JUN	0.00	드	드	0	호	王吉	굔						
DIRECTOR	1.00	Х						0.		0.			0.
(19) JOSEPH M. LEVY	0.00			Н			\vdash						
DIRECTOR	1.00	Х						0.		0.			0.
(20) CHRISTOS LINARDAKIS	0.00			Н	\vdash		┢			•			
DIRECTOR	1.00	Х						0.		0.			0.
(21) WILLIAM MACK	0.00	^	\vdash	Н			├			0.			
DIRECTOR	1.00	Х						0.		0.			0.
(22) LARRY MARKIN	0.00	^	\vdash	Н			├			0.			
DIRECTOR	1.00	Х						0.		0.			0.
(23) MARY M. MCDONNELL	0.00		\vdash	Н			├			0.			
DIRECTOR	1.00	Х						0.		0.			0.
(24) CAROL NEIGER	0.00		\vdash	Н			├			0.			- 0 •
DIRECTOR	1.00	X						0.		0.			0.
(25) ADAM SCHAEFFER	0.00			Н			\vdash						
DIRECTOR	1.00	Х						0.		0.			0.
(26) JAMES SISK	0.00		\vdash	Н			├			0.			- 0 •
DIRECTOR	1.00	x						0.		0.			0.
4h Cub total		77						0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI								0.	725,39		3	0 7	83.
								0.	725,39				83.
d Total (add lines 1b and 1c)							20 5	1				0,,	05.
compensation from the organization	ot iiiiiited to ti	1036	IISt	su ai	JUVE	<i>=)</i> wi	10 1	eceived more than \$100	,000 or reportable	C			0
Compensation from the organization												Yes	No
2 Did the appropriation list any fewer worldings	-l:	4								1		103	110
3 Did the organization list any former officer,											2		x
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	ucri iriaiviauai						ا				3		
									the organization		4	X	
and related organizations greater than \$150											4	21	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		Х
Section B. Independent Contractors	piete Scriedui	e	OI S	исп	pers	SOII .					5		
·	mnoncotod in	done	d	nt o	onti	ro ot c	t	that received more than	\$100,000 of com		otion t	iro no	
1 Complete this table for your five highest countries the organization. Report compensation for	-									iperis	alion	TOITI	
	irie caleridar y	ear	enui	ng w	VILII	OI W	ILI III		year.		10	*1	
(A) Name and business	address	NC	NC	7				(B) Description of s	ervices	С	ompe		n
		111	7141	_			\dashv						
							\dashv						
							\dashv						
							\dashv						
2 Total number of independent contractors (ii	ncludina but n	ot li	mite	d to	tho	se li	l	d above) who received m	ore than				
\$100,000 of compensation from the organiz		J. 111		J 10)	ادتاد	a abovo, who received h	.5.5 (1)411				
SEE PART VII, SECTION		rin	NU2	AT]			SH	EETS			Form	990 ((2013)

Form 990 CENTER FO	DONDATIO	אזע							30-337	1033
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(cl			that apply)			compensation	compensation	amount of
	per	(5)	T				,,, 	from	from related	other
	wook					90		the	organizations	compensation
	(liet any	jo				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	lirect				l em		(W-2/1099-MISC)	(***2/1099*181130)	organization
	rolated	0.00	ee			satec		(***-2/1099*****100)		and related
	related	nste	Institutional trustee		gg .	neu				
	organizations	lal tr	onal		Key employee	COU				organizations
	pelow	ivid	i i i i	Officer	em /	hest	Former			
	(list any hours for related organizations below line)	Pul	lus	0Hf	Ke	Hig	Fo			
(27) KEVIN LIMBECK	1.00									
PRESIDENT/CEO ANIXTER CENT	40.00	1		Х				0.	167,250.	13,434.
(28) JAMES P. NOGA	1.00	┢	\vdash	Ε	\vdash	\vdash	┢		207/2001	20,1010
				,,					147 204	0
VP FINANCE/CFO	40.00			Х				0.	147,304.	0.
(29) CHERYL SMITH	1.00									
V.P. PROGRAMS - ANIXTER CE	40.00	1			Х			0.	162,237.	6,657.
(30) CHRISTOPHER MATH	1.00			Н		\vdash			·	,
DIRECTOR OF SALES	40.00					х		0.	108,634.	8,047.
		_	_	\vdash	<u> </u>		_	0.	100,034.	0,047.
(31) ROSEMARY BURKE	1.00					l			400 0-4	
VP EXTERNAL RELATIONS	40.00					X		0.	139,971.	2,645.
		1								
		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			
		1								
		ł								
		<u> </u>	┢	<u> </u>	\vdash	-	<u> </u>			
		1								
		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			
		<u> </u>			<u> </u>					
		1								
				П						
		l								
		_	┢	\vdash	\vdash	-	 			
		1								
				Н	\vdash		\vdash			
		1								
	-	_	\vdash	\vdash	\vdash	_	<u> </u>			
		L	L		L	L	L			
		1								
	1	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			
Total to Part VII, Section A, line 1c									725,396.	30,783.
									,	,

Form	199	0 (2	2013) CENT E	ER FOUNDA	TION			36-3371	.659 Page 9
Pa	rt V	/	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ts, (Am			Fundraising events						
Gif ilar			Related organizations						
ns, Sim			Government grants (contribut	· —					
utio Ier (f	All other contributions, gifts, gran						
r Ott			similar amounts not included abo						
Son			Noncash contributions included in lines						
<u> </u>			Total. Add lines 1a-1f		Business Code				
Φ	2	а	RENTAL INCOME		532000	83,948.	83,948.		
vic vic	_	b		_		00,72201	00,75200		
Sel		С		_					
Program Service Revenue		d							
ogr B		е							
P.		f	All other program service reve	enue					
_		g	Total. Add lines 2a-2f			83,948.			
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of ta		1				
	5		Royalties	(i) Real					
	6	2	Gross rents	``	(ii) Personal				
	Ü		Less: rental expenses	1					
			Rental income or (loss)						
			Net rental income or (loss)	•					
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
	_		Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraisin						
ver			including \$contributions reported on line						
Re			Part IV, line 18	•					
the		b	Less: direct expenses						
0			Net income or (loss) from fund						
	9	а	Gross income from gaming ac	ctivities. See					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		>				
	10	а	Gross sales of inventory, less						
		L	and allowances						
			Less: cost of goods sold Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	а	MISCELLANEOUS		900099	3,602.			3,602.
	•	b				,			, , , , , ,
		С							
		d	All other revenue						
			Total. Add lines 11a-11d			3,602.			
33000	12		Total revenue. See instructions.		>	87,550.	83,948.	0.	
33200 10-29	-13								Form 990 (2013)

Pai	rt IX Statement of Functional Expen	ses			_
Secti	ion 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. All otl	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 000	1 000		
С	Accounting	1,000.	1,000.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	118,590.	118,590.		
23	Insurance	,			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	25.	25.		
b	BUILDING AND EQUIPMENT	-24.	-24.		
С					
d					
е		440 501	440 501		
25	Total functional expenses . Add lines 1 through 24e	119,591.	119,591.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			

Check here

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20,038.	1	510.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
	-	trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit		_			
	•	section 4958(f)(1)), persons described in section		,			
		employers and sponsoring organizations of sect	•	~ ~ ~			
S		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	5				9	
	1	Land, buildings, and equipment: cost or other	l I				
	100	hasis Complete Part VI of Schedule D	10a	5.751.306.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	2.208.889.	3,661,007.	10c	3,542,417.
	11	Investments - publicly traded securities	100			11	0,011,111
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		3,681,045.	16	3,542,927.	
	17	Accounts payable and accrued expenses			1,000.	17	1,000.
	18	Grants payable			,	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
liqe		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D		•	956,612.	25	850,535.
	26	Total liabilities. Add lines 17 through 25			957,612.	26	851,535.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an		·			
nce	27	Unrestricted net assets			2,723,433.	27	2,691,392.
ala	28	Temporarily restricted net assets				28	
В	29					29	
필		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			2,723,433.	33	2,691,392.
	34	Total liabilities and net assets/fund balances			3,681,045.	34	3,542,927.
							Form 990 (2013)

Form **990** (2013)

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	7,5	50.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	9,5	91.	
3	Revenue less expenses. Subtract line 2 from line 1	3			41.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,723,433			
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2,69	1,3	92.	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2013)	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{WWW.irs.gov/form8868}$.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form).		
	complete Part II unless you have already been granted a nic filing (e-file). You can electronically file Form 8868 if y					oration
required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an ex	tension
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated With Cer	tain
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	ctronic filing of this f	orm,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		
Part I or	nly					
All other	corporations (including 1120-C filers), partnerships, REM					
to file in	come tax returns.			Enter file	er's identifying num	ber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	er (EIN) or
print						
	CENTER FOUNDATION				36-337165	9
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 6610 N CLARK STREET	ee instruc	tions.	Social se	curity number (SSN)	
return. See						
IIISI UCIOII	s. City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60626-4062	oreign add	ress, see instructions.			
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	,	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	00-T (trust other than above)	06	Form 8870			12
	JAMES P. NOGA-V					
• The h	books are in the care of 6610 N. CLARK			626-4	062	
	phone No. ► 773-761-1501		Fax No.			
	organization does not have an office or place of business	s in the Ur				
	s is for a Group Return, enter the organization's four digit					heck this
box >		1				
	equest an automatic 3-month (6 months for a corporation				CIO LITO OXIONOIONIO	101.
	FEBRUARY 15, 2015, to file the exemp				The extension	
is	for the organization's return for:	9				
•	calendar year or					
	X tax year beginning JUL 1, 2013	. an	d ending JUN 30, 2014			
		,			_ ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	inal retur	n	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax loss any			
	onrefundable credits. See instructions.	JI 0009,	onto the terrialive tax, less arry	3a	¢	0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	onter en	v rofundable credits and	Ja	\$	
				26	¢	0.
_	stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa			3b	\$	
	alance due. Subtract line 3b from line 3a. Include your pa / using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.
	I. If you are going to make an electronic funds withdrawal					
Judition	, sa are going to make an electronic funds withdrawar	(an oot de	2.5, and i dilli dodd, dod i dilli d	.oo Lo ai	.a . 51111 557 5 LO 10	Paymont

instructions.

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOUNDATION

Employer identification number 36 – 3371659

Dort	Doggon		FOUNDALION							0-337	1033	
Part I			ity Status (All organiz					tructions.				
		-	because it is: (For lines	-		-	-					
1 📙			s, or association of chur			ection 170	(b)(1)(A)(i)).				
2			'0(b)(1)(A)(ii). (Attach Sc									
3 🖳			tal service organization			,						
4 📖			operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospit	al's nan	ne,
	city, and stat											
5 📖	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a governi	mental un	it describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	on 170(b)(1)(A)(v).					
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	e general	public des	cribed	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembersh	ip fees, a	and gross r	eceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ions, and (2) no more	than 33 1	1/3% of its	s support	t from gros	s inves	tment
	income and u	unrelated business to	axable income (less sec	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	anization	after June	30, 19	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	ion organized and op	perated exclusively to te	st for publ	lic safety. S	See sectio	n 509(a)(4	4).				
11 X	An organizat	ion organized and op	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the	e purposes	of one	or
	more publicly	supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509((a)(3). Ch	eck the bo	x that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	n 11h.						
	a X Type	I b Ty	ype II	ype III - Fu	inctionally	integrated		ј 🔲 Тур	oe III - No	n-function	ally inte	grated
e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other the							an					
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50)9(a)(2).	
f			ten determination from									
	_	rganization, check th			-							
g		•	organization accepted ar									
J			lirectly controls, either al							<i>/</i> .	Yes	No
			upported organization?									X
			n described in (i) above?									X
			person described in (i)									X
h			about the supported or							[1.3(.71	
	1 101140 1101	onewing information	about the supported of	garnzanon	.(0).							
(i) Nama	of aupported	(ii) EIN	(iii) Type of organization	(iv) Is the (organization	(v) Did vo	u notify the	(vi) !	s the	(vii) Amou	nt of mo	notoni
	of supported	(II) EIN	(iii) Type of organization (described on lines 1-9		sted in your		ion in col.	lorganizati	on in col.	(vii) Amou	iii oi iilo ipport	netary
organization (described on lines 1-9 line of the first of				(i) organiz U.S	2eu III 111e 5.?	31	pport					
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
LESTE	R AND				1.10	1.55		1.00	1			
		36-2244895	7	X								0.
100111	111 111111	50 2211055	,	1 21					+			
				1								
				1		 	 	1				
				1				-	1			
	1											0
Total	1									I		0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	6 Public support. Subtract line 5 from line 4.									
Sec	Section B. Total Support									
Cale	alendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total									
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business	···								
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
organization, check this box and stop here										
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%			
15	11 1 9					15	%			
16a	33 1/3% support test - 2013. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2012. If the									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□			
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the				
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17						
					Sch	dule A (Form 990	or 990-E7\ 2012			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1		1		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			1	1	1	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6					1	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					-	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	ne organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public			(6)		Tae I	
Public support percentage for 2013 (lin						
16 Public support percentage from 2012 Section D. Computation of Invest					16	
17 Investment income percentage for 201:			ne 13 column (fl)		17	
IN Investment income percentage for 20 in					18	
19a 33 1/3% support tests - 2013. If the o	•		on line 14, and line			7 is not
more than 33 1/3%, check this box and	-					, 13 HOL
b 33 1/3% support tests - 2012. If the o						 and
line 18 is not more than 33 1/3%, chec	•			•		
20 Private foundation. If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOUNDATION

Employer identification number 36-3371659

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(b) Funda and ablance accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		16.1
5	Did the organization inform all donors and donor advisors in v	_	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor of	• • •	
Par		enization analysed "Ves" to Form 000	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		ataria allu imma artant landa arra
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
0	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the transport	led conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of concentation accoments		
	Total garage restricted by conservation easements		
	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure.		
	Number of conservation easements included in (c) acquired a		
u			
3	listed in the National Register		
0	year	eased, extiliguished, of terminated by th	le organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
			L 1
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
			_

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a						
a Public exhibition						
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the organization and part IV. It is a part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII and complete the following table: Amount Complete the following table: Amount Complete the organization answered "Yes" to Form 990, Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships Contributions Con						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves						
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves						
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No						
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the arrangement in Part XIII and complete the following table: C						
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c						
Amount It It It It It It It						
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
b Contributions						
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs						
d Grants or scholarships e Other expenditures for facilities and programs						
e Other expenditures for facilities and programs						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:						
a Board designated or quasi-endowment \(\bigcup \)%						
b Permanent endowment \(\bigcup_{\text{\tinite\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tex{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tilit{\text{\tinit}\\ \tint{\text{\text{\tilit{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texitil{\text{\text{\texit{\texi{\text{\texi}\tint{\texi}\tiint{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti						
c Temporarily restricted endowment ▶%						
The percentages in lines 2a, 2b, and 2c should equal 100%.						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization						
by: Yes No						
(i) unrelated organizations 3a(i)						
(ii) related organizations 3a(ii)						
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?						
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation						
1 040 360						
4 740 007 0 000 0 0 700 040						
c Leasehold improvements						
d Equipment						
e Other						

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 CENTER FOUN	DATION	3	6-3371659 _{Page}
Part VII Investments - Other Securities.			, ago
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 000 Port IV li	no 11d Soo Form 000 Port V line 15	
	Description	rie 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			+
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		
Part X Other Liabilities.	o 10./		<u>· 1</u>
Complete if the organization answered "Yes"	to Form 990. Part IV li	ne 11e or 11f. See Form 990. Part X-line 2	25.
1. (a) Description of liability		(b) Book value	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ANIXTER CENTER	850,535.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	850,535.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	, _ cos rage
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1		·	
1	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1	87,550
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С				
d				
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	87,550
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			87,550
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		enses per Return.	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1			110 501
1	Total expenses and losses per audited financial statements		1	119,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	/ /			0
е	Add lines 2a through 2d			110 501
3	Subtract line 2e from line 1		3	119,591
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			110 501
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	119,591
	rt XIII Supplemental Information.	2	Dest V. Beer A. Dest V. I	: 0. D+ VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part X, I	ine ∠; Part XI,
PAI	RT X, LINE 2:			
rv:	PLANATION: THE ORGANIZATION IS EXEMPT FRO	ом тисоме па	VEC IINDED C	ECTTON
EA	FLANATION: THE ORGANIZATION IS EXEMPT FRO	OM INCOME IA	XES UNDER S	ECTION
50	1(C)(3) OF THE INTERNAL REVENUE CODE, EX	CEPT FOR NET	INCOME DER	IVED FROM
UNI	RELATED BUSINESS ACTIVITIES. IN ADDITION	, THE ORGANI	ZATION QUAL	IFIES FOR
тні	E CHARITABLE CONTRIBUTION DEDUCTION UNDE	R SECTION 17	O AND HAS B	EEN
	CIMALITABLE CONTRIBUTION DEDUCTION ONDER	R BECTION 17	O MIND IMAG D	
CL	ASSIFIED AS AN ORGANIZATION OTHER THAN A	PRIVATE FOU	NDATION UND	ER IRC
SE	CTION 509(A).			
тн1	E ORGANIZATION'S INCOME TAX FILINGS ARE	SUBTECT TO A	IIDTT BY VAR	TOUS
	KING AUTHORITIES GENERALLY FOR THREE YEAR			
TH	E ORGANIZATION'S ACTIVITIES, MANAGEMENT	BELIEVES ITS	POSITION O	F

TAX-EXEMPT STATUS IS BASED UPON CURRENT FACTS AND CIRCUMSTANCES AND THERE

Schedule D (Form 990) 2013

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CENTER FOUNDATION

Employer identification number 36-3371659

Yes No No No No No No No N	Pa	rt I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Written employment contract Compensation committee Written employment contract Compensation committee Written employment contract Compensation or or related organizations Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? Aparticipate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? A to such that the applicable amounts for each item in Part III. The organization? A to such that the applicable amounts for each item in Part III. The organization of the revenues of: The organization?	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 8 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments					
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	b				
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2	_		1b		
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Ormpensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X	2				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X		trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X	2				
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X	3				
Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X					
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X					
Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A					
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X					
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X		Approval by the board of compensation committee			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X	4	During the year, did any person listed in Form 990, Part VII. Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A X	-				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X	а		4a		Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5a X			4b		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X			4c		X
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X					
contingent on the revenues of: a The organization? 5a X		Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
a The organization? 5a X	5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
1 1		· ·			
h Any related organization?					
2 7 thy rotated digatilization.	b	Any related organization?	5b		X
If "Yes" to line 5a or 5b, describe in Part III.		·			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	6				
contingent on the net earnings of:					v
a The organization? 6a X b Any related organization? 6b X			<u> </u>		
, ,	D		GD		-
If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	·			
	′		7		x
not described in lines 5 and 6? If "Yes," describe in Part III	Q				-22
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	J		8		Х
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9				
Regulations section 53.4958-6(c)?	•		9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Do not list any individuals that are not listed on Form 990, Part VII.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) KEVIN LIMBECK	(1)	0	0	0	0	0	0	0
SI	€	166,73	0	516.		13,434.	180,684.	0
(2) CHERYL SMITH	Ξ		0	0		0	0	0
V.P. PROGRAMS - ANIXTER CE	(E)	157,051.	50.	5,136.	0	6,657.	168,894.	0
	Ξ							
	Ξ							
	(<u>:</u>)							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	≘							
	Ξ							
	(ii)							
	(i)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	≘							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(i)							
	Ξ							
	(i)							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

2013
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTER FOUNDATION

Employer identification number 36-3371659

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: CENTER FOUNDATION IS A WHOLLY OWNED SUBSIDIARY OF LESTER AND ROSALIE ANIXTER CENTER ("ANIXTER CENTER"). CENTER FOUNDATION'S BY-LAWS INDICATE THAT ANIXTER CENTER SHALL CONTROL AND MANAGE THE DAY-TO-DAY OPERATIONS OF CENTER FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: ANIXTER CENTER IS THE SOLE MEMBER OF CENTER FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE GOVERNING BODY OF CENTER FOUNDATION IS THE BOARD OF

DIRECTORS OF ANIXTER CENTER. AS SUCH, ANIXTER CENTER, THROUGH ITS BOARD OF

DIRECTORS, ELECTS CENTER FOUNDATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE GOVERNING BODY OF CENTER FOUNDATION IS THE BOARD OF

DIRECTORS OF ANIXTER CENTER. AS SUCH, ALL DECISIONS OF THE GOVERNING BODY

ARE MADE BY ANIXTER CENTER, ACTING THROUGH THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EXPLANATION: IT IS THE POLICY OF THE ORGANIZATION THAT THE IRS FORM 990 BE
PROVIDED AND REVIEWED PRIOR TO ITS SUBMISSION. A DRAFT IS SENT TO THE
AUDIT AND GOVERNANCE COMMITTEES OF ANIXTER CENTER ASKING THE MEMBERS TO
REVIEW THE RETURN. ANY QUESTIONS OR COMMENTS ARE FORWARDED TO THE VICE
PRESIDENT FINANCE/CFO OF ANIXTER CENTER. IF IT IS AN ITEM THAT NEEDS
DISCUSSION, IT IS FORWARDED TO ALL COMMITTEE MEMBERS. AFTER THE REVIEW IS

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

CENTER FOUNDATION

Employer identification number 36-3371659

COMPLETED, A FINAL VERSION OF THE RETURN IS SENT TO THE ENTIRE ANIXTER

CENTER BOARD FOR COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST STATEMENT ANNUALLY. AT ALL BOARD MEETINGS CONFLICTS ARE

DOCUMENTED AND INTERESTED PARTIES ARE REQUESTED TO RECUSE THEMSELVES FROM

VOTING ON THE MATTER AT HAND.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: COMPENSATION FOR THE CEO OF ANIXTER CENTER IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS.

COMPARABLE DATA IS CONSIDERED IN THE REVIEW PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: CENTER FOUNDATION'S AND ANIXTER CENTER'S GOVERNING DOCUMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONSOLIDATED FINANCIAL

STATEMENTS OF ANIXTER CENTER ALONG WITH ANIXTER CENTER'S CONFLICT OF

INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC. SEPARATE FINANCIAL

STATEMENTS OF CENTER FOUNDATION ALONE ARE NOT MADE AVAILABLE TO THE PUBLIC.

THE FORM 990 AND ANNUAL REPORT OF ANIXTER CENTER ALONG WITH THE FORM 990 OF

CENTER FOUNDATION ARE AVAILABLE ON THE ANIXTER CENTER WEBSITE.

FORM 990, PART XII, LINE 2C:

EXPLANATION: ANIXTER CENTER HAS AN AUDIT COMMITTEE RESPONSIBLE FOR THE
REVIEW OF THE ANNUAL AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTING
FIRM. THE COMMITTEE HAS BEEN IN EXISTENCE FOR A NUMBER OF YEARS WITH

NO CHANGE IN RESPONSIBILITIES/PROCESSES FROM THE PRIOR YEAR.

09-04-1

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 9	990-EZ) (2013)		Page 2
Name of the organization		FOUNDATION	Employer identification number 36-3371659

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

CENTER FOUNDATION

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

► See separate instructions.

2013	Open to Public Inspection
------	---------------------------

OMB No. 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990

Employer identification number 36-3371659

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year.	ations Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one	or more related tax-exem	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No	ed ?
LESTER AND ROSALIE ANIXTER CENTER - 36-2244895, 6610 N. CLARK STREET, CHICAGO, IL 60626	OPERATES PROGRAMS WHICH ASSIST PEOPLE WITH DISABILITIES TO BE	ILLINOIS	501(C)(3)	LINE 9	N/A		×
CENTER APARTMENTS FOR THE DISABLED - 36-3305087, 6610 N. CLARK STREET, CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS CHICAGO, IL 60626

Schedule R (Form 990) 2013

ANIXTER CENTER

LINE 7

501(C)(3)

ILLINOIS

HUD HOUSING PROJECT

×

ANIXTER CENTER

LINE 7

501(C)(3)

ILLINOIS

HUD HOUSING PROJECT

DISABILITIES - 36-3755662, 6610 N. CLARK HOUSING OPPORTUNITIES FOR PERSONS WITH

CRYSTAL COURTS - 36-3880333 STREET, CHICAGO, IL 60626

6610 N. CLARK STREET

CENTER FOUNDATION

36-3371659

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

	-						
(a)	(q)	(c)	(p)	(e)	(£)	(a)	067/10
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	L(D), 13) Illed Ition?
				501(c)(3))		Yes	N _o
HALSTED APARTMENTS, NFP - 04-3636582							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
CHASE APARTMENTS - 45-4486329							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
CLARK STREET APARTMENTS - 45-4486428							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
ANIXTER VILLAGE - 01-0627466							
6610 N. CLARK STREET							
	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
	T						
	T						
332222 05-01-13		30					

CENTER FOUNDATION

Page 2

36-3371659

Schedule R (Form 990) 2013

.25% General or Percentage managing ownership 区 managing partner? Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income $\mathbf{\Xi}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** RELATED (d) (Direct controlling | N/A Legal domicile (state or foreign country) 급 MANAGING MEMBER Primary activity OF A PROPERTY DEVELOPMENT DEVELOPMENT 9 INCLUDING ROPERTY LLC 김 DEVELOPMENT 666 DUNDEE RD. C/O BRINSHORE 26-3572338, C/O BRINSHORE Name, address, and EIN of related organization SUITE 1102, NORTHBROOK, HAIRPIN LOFTS MANAGER, HAIRPIN LOFTS, LLC 26-3572853, Part III

.25%

N/A

RELATED

N/A

님

LOW-INCOME

SUITE 1102, NORTHBROOK, IL DEVELOPMENT 666 DUNDEE RD.

INCLUDING

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

<u>(i</u>	o)(13) olled ity?	å								
)	512(b)(13) controlled entity?	Yes								
(h)	Percentage ownership									
(6)	of ear	dssets								
	Share of total income									
(e)	Type of entity (C corp, S corp,	Or truety								
(p)	Direct controlling entity									
(၁)	Legal domicile (state or foreign	country)								
 (q)	Primary activity									
(a)	Name, address, and EIN of related organization									

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2013

332162 09-12-13

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	9
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more r	elated organizations listed	in Parts II-1V?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				9	_	×
				19		×
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				*		×
						ı
				פֿ	1	: 5
h Purchase of assets from related organization(s)				ŧ		◁
i Exchange of assets with related organization(s)				;		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×	Ш
k Lease of facilities, equipment, or other assets from related organization(s)				¥	n	×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			된		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두		×
o Sharing of paid employees with related organization(s)				9		×
				1		×
Damburgamant paid by related organization(s) for expenses				2 5		: ×
d neillibal selliellt bald by leiated olganization(s) for expenses				2	<u>'</u>	ا؛
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	/olved		
(1) LESTER AND ROSALIE ANIXTER CENTER	凶	850,535.	CASH VALUE			
(2) LESTER AND ROSALIE ANIXTER CENTER	þ	83,948.	948. CASH VALUE/COST			
(3)						
(4)						
(5)						
(9)						
332163 09-12-13	32		Schedule R (Form 990) 2013	R (Form	990) 2C	73

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

) ntage ship					2013
(k) Percent owners					(066 1
(j) General or managing partner? Yes No					(Forn
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					Schedule R (Form 990) 2013
(h) Disproportionate an allocations? O					
(g) Share of Dend-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.?					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LESTER AND ROSALIE ANIXTER CENTER

PRIMARY ACTIVITY: OPERATES PROGRAMS WHICH ASSIST PEOPLE WITH DISABILITIES

TO BE SUCCESSFUL

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HAIRPIN LOFTS MANAGER, LLC

EIN: 26-3572338

C/O BRINSHORE DEVELOPMENT 666 DUNDEE RD. SUITE 1102

NORTHBROOK, IL 60062

PRIMARY ACTIVITY: MANAGING MEMBER OF A PROPERTY DEVELOPMENT INCLUDING

LOW-INCOME HOUSING

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HAIRPIN LOFTS, LLC

EIN: 26-3572853

C/O BRINSHORE DEVELOPMENT 666 DUNDEE RD. SUITE 1102

NORTHBROOK, IL 60062

PRIMARY ACTIVITY: PROPERTY DEVELOPMENT INCLUDING LOW-INCOME HOUSING

Form	990-T	E	xempt Organization Bus and proxy tax und	sine	ss Income	e Tax Returr	า	OMB No. 1545-0687	
					00.40				
		For cal	endar year 2013 or other tax year beginning $\overline{\mathtt{JUL}\ 1}$,	20	13 , and ending	JUN 30, 201	. <u>4</u> .	2013	
Depar	tment of the Treasury		Information about Form 990-T and its instruc	ctions is	s available at _{WWW.}	irs.gov/form990t.		Open to Public Inspection for	
_	al Revenue Service		Do not enter SSN numbers on this form as it may		<u> </u>	(/ (/		Open to Public Inspection for 501(c)(3) Organizations Only oyer identification number	
A L	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions	.)	(Emp	loyees' trust, see uctions.)	
	xempt under section	Print	CENTER FOUNDATION					6-3371659	
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	k, see in	structions.		E Unrel (See i	ated business activity codes nstructions.)	
Ļ	408(e) 220(e)	''	6610 N CLARK STREET				1		
]408A		City or town, state or province, country, and ZIP o $CHICAGO$, IL $60626-406$		n postal code				
C Bo	ok value of all assets	F Group	exemption number (See instructions.)						
_ 3	, 542, 927.	G Check	c organization type 🕨 🔃 501(c) corporation	n L	501(c) trust	401(a) trust		Other trust	
H De	scribe the organizatio	n's prima	ary unrelated business activity. NONE						
		-	oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled grou	ıp?▶ [Ye	es X No	
			tifying number of the parent corporation.						
			JAMES P. NOGA-V. P. FIN	ANC		lephone number > 7			
			de or Business Income		(A) Income	(B) Expenses	S	(C) Net	
	Gross receipts or sale								
_	Less returns and allo		c Balance	1c					
2			A, line 7)	3					
3	Gross profit. Subtrac		om line 1c h Form 8949 and Schedule D)	4a					
			art II, line 17) (attach Form 4797)	4b					
5		apital loss deduction for trusts 4c come (loss) from partnerships and S corporations (attach statement) 5							
6				6					
7	Unrelated debt-finance	ced incor	ne (Schedule E)	7					
8			and rents from controlled organizations (Sch. F)	8					
9		-	on 501(c)(7), (9), or (17) organization (Schedule G)	9					
10			me (Schedule I)	10					
11			e J)	11					
12	Other income (See in	struction	s; attach schedule.)	12					
			gh 12	13		0.			
Pa			ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected						
14			rectors, and trustees (Schedule K)			<u> </u>	14	<u> </u>	
15							15		
16							16		
17							17		
18							18		
19	Taxes and licenses						19		
20	Charitable contribut	ions (See	e instructions for limitation rules.)				20		
21			562)						
22			Schedule A and elsewhere on return				22b		
23	Depletion						23		
24			mpensation plans				24		
25	Employee benefit pr	ograms	Shadula IX				25		
26 27	Excess exempt expe	nete (Sa	chedule I)				26		
28			hedule J) nedule)				28		
20 29			es 14 through 28				29	0.	
30			ncome before net operating loss deduction. Subtrac				30	0.	
31			(limited to the amount on line 30)				31		
32			ncome before specific deduction. Subtract line 31 fr				32	0.	
33			/ \$1,000, but see instructions for exceptions.)				33	1,000.	
34			income. Subtract line 33 from line 32. If line 33 is						
	line 32						34	0.	

Par		Tax Computation										
3	-	anizations Taxable as Corpora			-							
	Con	trolled group members (section	is 1561 and 15	63) check here 🕽		See instruction	ns and:					
	a Ente	er your share of the \$50,000, \$2	5,000, and \$9,	925,000 taxable	income I	orackets (in that	order):					
	(1)	\$	(2) \$			(3) \$						
	b Ente	er organization's share of: (1) A	dditional 5% ta	x (not more than	\$11,750) \$						
	(2)	Additional 3% tax (not more that	an \$100,000)			\$						
		ome tax on the amount on line 3							35c			0.
36		<mark>sts Taxable at Trust Rates</mark> . See										
		Tax rate schedule or	Schedule D (Fo	rm 1041)					36			
37	7 Pro	xy tax. See instructions							37			
38		rnative minimum tax										
39	9 Tota	al. Add lines 37 and 38 to line 3	5c or 36, which	ever applies					39			0.
Par	t IV	Tax and Payments										
40	Oa Fore	eign tax credit (corporations atta	ach Form 1118;	trusts attach Fo	rm 1116)	40a					
		er credits (see instructions)										
		eral business credit. Attach Fori										
		dit for prior year minimum tax (a										
		al credits. Add lines 40a throug							40e			
4		tract line 40e from line 39										0.
42	2 Oth	er taxes. Check if from: Fo	rm 4255 🔲	Form 8611	Form	8697 Fori	n 8866 Other	(attach schedule	42			
4	3 Tota	al tax. Add lines 41 and 42							43			0.
4	4 a Pay	ments: A 2012 overpayment cr										
		3 estimated tax payments										
		deposited with Form 8868										
	d Fore	eign organizations: Tax paid or v	vithheld at sour	ce (see instruction	ons)		44d					
		kup withholding (see instruction										
		dit for small employer health ins										
				0.400								
		Form 4136		orm 2439 ther		Total	▶ 44g					
4	5 Tota	al payments. Add lines 44a thro	ugh 44g						45			
40	6 Esti	mated tax penalty (see instruction	ons). Check if F	orm 2220 is atta	ched >				46			
47		due. If line 45 is less than the to										0.
48		erpayment. If line 45 is larger tha							48			0.
49		er the amount of line 48 you war					1	efunded	49			
Par	t V	Statements Regarding	ng Certain	Activities	and O	ther Inform	nation (see instru	uctions)				
1 A	t any ti	me during the 2013 calendar ye	ar, did the orga	nization have an	interest	in or a signature	or other authority o	ver a financial a	account (bank,	Yes	No
S	ecuritie	s, or other) in a foreign country	? If YES, the or	ganization may h	nave to fi	le Form TD F 90-	22.1, Report of Fore	ign Bank and F	inancial			
Α	ccount	s. If YES, enter the name of the	foreign country	here 								X
2 If	ouring the YES, see	e tax year, did the organization receive e instructions for other forms the orga	e a distribution fro inization may have	m, or was it the gra to file.	ntor of, or	transferor to, a fore	ign trust?					X
3 E	nter the	e amount of tax-exempt interest	received or acc	rued during the	tax year	\$						
Sch	edule	A - Cost of Goods S	old. Enter m	ethod of invent	tory val	uation 🕨 🛚 N	I/A					
1 1	nventor	y at beginning of year	1		6 li	nventory at end o	of year		6			
2 P	urchas	es	2		7 (ost of goods so	ld. Subtract line 6					
3 C	Cost of I	abor	3		fı	om line 5. Enter	here and in Part I, li	ne 2	7			
4a A	dditional	I section 263A costs (att. schedule)	4a		8 0	o the rules of se	ction 263A (with res	pect to			Yes	No
b 0	Other co	sts (attach schedule)	4b		1 p	roperty produce	d or acquired for res	sale) apply to				
5 1		dd lines 1 through 4b	5		tl tl	ne organization?						
	Ţ	Under penalties of perjury, I declare the	nat I have examine	d this return, includ	lina acces	nancina aabadulaa	and statements and to	the best of my le	nowledge	and belief, it is	s true,	
Sign		correct, and complete. Declaration of	preparer (other the	iii taxpayei) is base	u on an in	VIČE	PRESIDENT	rage.	May the IF	RS discuss thi	s return v	with
Here	•					FINAN	ICE/CFO		-	er shown belo		
		Signature of officer		Date		Title			instruction	ns)? X Y	es 🔃	No
		Print/Type preparer's name		Preparer's sign	nature		Date	Check	if PT	IN		
Paid	Н			Harry A. Steindle		nte: 2015.01.15		self- employe				
	a parer	. HARRY STEINDL		nany A. Steindle	11	:05:38 -06'00'	12/15/14			00258		
	Only	, Firm's name $\triangleright SS\&G$,						Firm's EIN	3	4-194	569	5
230	- J.III	166		BOULEVAR								
		Firm's address ▶ DES	PLAINE	ES, IL 6	0016	<u>5-4776</u>		Phone no.	847-	824-4	000	
	12-12-1									Form 9	90-T	(2013)

Schedule C - Rent Incon 1. Description of property	ile (Froill Neal	Property and	u Personai	Property	Lease	eu willi neal Fi	ope	rty)(300 mstructions)
(4)								
(1) (2)								
(3)								
(4)								
(1)	2. Rent receiv	ed or accrued						
(a) From personal property (if the rent for personal property is 10% but not more than	more than	` 'of rent for p	and personal proper personal property ex nt is based on profit	xceeds 50% or	ntage if	3(a) Deductions direc columns 2(a)	tly con and 2(l	nected with the income in b) (attach schedule)
(1)								
(2)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of colun here and on page 1, Part I, line 6, col	umn (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0
Schedule E - Unrelated [Debt-Financed	I Income (see	instructions)					
		,				3. Deductions directly co		
1. Description of de	ebt-financed property		2. Gross indocable financed	e to debt-	(a)	to debt-fina Straight line depreciation (attach schedule)	inced p	(b) Other deductions (attach schedule)
(1)			+		+		\dashv	
(2)			+		+		\dashv	
(3)			+		+		\dashv	
(4)			+		+		\dashv	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or a debt-fina		adjusted basis allocable to inced property n schedule)	6. Column by colu		7. Gross income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			+	%	+		\dashv	
(1) (2)			†	%	+		\dashv	
(3)			1	%	+		+	
(4)			1	%	+		+	
(4)	l			70		iter here and on page 1, art I, line 7, column (A).	\top	Enter here and on page 1, Part I, line 7, column (B).
Totals				•	•	(0.	0.
Total dividends-received deduction								0.
Schedule F - Interest, An	nuities, Roya	ties, and Rei	nts From C	ontrolled	d Orgai	nizations (see in	struc	tions)
			ot Controlled C					
1. Name of controlled organization	Employer id num	entification Net u	3. nrelated income (see instructions)	Total of	4. specified nts made	5. Part of column 4 included in the controrganization's gross in	olling	6. Deductions directly connected with income in column 5
(1)		1		1				
(2)								
(3)								
(4)								
Nonexempt Controlled Organizat	tions	•				•		•
7. Taxable Income	8. Net unrelated incom (see instructions		otal of specified pay made	/ments 1	in the cont	olumn 9 that is included rolling organization's ross income		Deductions directly connected with income in column 10
(1)								
(2)								
(3)								
(4)		İ				1		
		•			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ente	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals						0.		0 .
323721 12-12-13						1		Form 990-T (2013

Schedule G - Investme (see insti		Section	501(c)(<i>1</i>), (9), or (1 <i>7</i>) Or	ganızatıo	on		
1. Desc	cription of income			2. Amount of income	3. Deduct directly con- (attach scho	nected 4	Set-asides	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
				0.				0.
Schedule I - Exploited (see instru		ty Income	, Other	Than Advertisi	ng Incom	ne		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly con with prod of unrel- business i	nnected uction ated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross in from activity is not unrel business in	y that lated	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,					Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisi	ng Income (see	instructions)					
Part I Income From	Periodicals Re	ported on	a Cons	solidated Basis				
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circul incon		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	▶	0.	0 .					0.
	Periodicals Report 7 on a line-by-line b		a Sepa	rate Basis (For e	ach periodi	cal listed in P	art II, fill in	
	2. Gross			4. Advertising gain	_			7. Excess readership
1. Name of periodical	advertising income		Direct ising costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circul incon		Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I		0.	0 .	•				0.
	Enter here and page 1, Part line 11, col. (I, page	nere and on e 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶	0.	0.					0.
Schedule K - Compen	sation of Office	ers, Direc	tors, an	d Trustees (see	instructions	s)		
1. N	Name			2. Title	1	3. Percent of time devoted to business		ensation attributable related business
(1)						9/	, 0	
(2)						9/	+	
(3)						9/	+	
(4)						9/	+	
Total. Enter here and on page 1, F	Part II, line 14					>	+	0.
5 6 6 111	,						1	Farra 990-T (0010)

323731 12-12-13

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

LHA 323841 12-31-13

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{WWW.irs.gov/form8868}$.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex					▶ 📙	
,	complete Part II unless you have already been granted	,		,	rm 8868		
	nic filing $_{(e-file)}$. You can electronically file Form 8868 if y					corporation	
	to file Form 990-T), or an additional (not automatic) 3-mo						
-	o file any of the forms listed in Part I or Part II with the ex		•		· ·		
	I Benefit Contracts, which must be sent to the IRS in pap	•	· ·				
			(see instructions). For more details	on the elec	ctroriic iiiirig o	i tilis ioiiii,	
Part I	w.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no conjes ne	eded)			
	ration required to file Form 990-T and requesting an autor						
•						ightharpoons X	
Part I on							
	corporations (including 1120-C filers), partnerships, REM	iios, and t	rusts must use Form 7004 to reques				
	1			1	er's identifyin	•	
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	dentification	number (EIN) or	
print	GENEED HOLDING MICH				26 225	11.650	
File by the	CENTER FOUNDATION		36-337				
due date fo		ee instruc	tions.	Social se	curity numbe	r (SSN)	
iling your eturn. See	6610 N CLARK STREET						
nstructions	oity, town or poot office, clate, and Eli code. For a n	oreign add	lress, see instructions.				
	CHICAGO, IL 60626-4062						
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 7	
Applicat	tion	Return	Application				
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
	JAMES P. NOGA-V						
• The h	books are in the care of 6610 N. CLARK			626-4	062		
	hone No. > 773 - 761 - 1501		Fax No. ▶				
-	organization does not have an office or place of business	e in the Llr					
	is for a Group Return, enter the organization's four digit					chook this	
		7			-		
	. If it is for part of the group, check this box				ers the exten	SIOTI IS TOT.	
I Ire	equest an automatic 3-month (6 months for a corporation MAY 15, 2015 to file the exemp				The second second second	_	
.		it organiza	tion return for the organization name	ed above.	The extension	1	
IS	for the organization's return for:						
	calendar year or		TIIN 20 201 <i>4</i>				
	X tax year beginning JUL 1, 2013	, an	id ending JUN 30, 2014				
_							
2 If 1	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n		
	Change in accounting period				T		
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•	
no	nrefundable credits. See instructions.			3a	\$	0.	
b If t	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_	
es	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.	
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution	. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO aı	nd Form 8879	-EO for payment	
nstructi			•			: -	

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form AG990-IL

	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attornous Congress LISA MADICAN State of III		Revised 3/0
PMT	Attorney General LISA MADIGAN State of III Charitable Trust Bureau, 100 West Rando		# 01-016649
	11th Floor, Chicago, Illinois 60601	.p.i. 00	Check all items attached:
AMT	Report for the Fiscal Period:	X	
AIVII	·	Make Checks X	Audited Financial Statements
		Payable to	Copy of Form IFC
INIT		the Illinois 🕱	\$15.00 Annual Report Filing Fee
HVIII		Charity Bureau Fund	\$100.00 Late Report Filing Fee
Feder	al ID# 36-3371659	Duicau i unu	MO DAY YR
		ganization was create	
7.100	LEGAL	Year-end	1
	NAME CENTER FOUNDATION	amounts	
	MAIL	A) ASSETS	A) \$ 3,542,927
I AI	DDRESS 6610 N CLARK STREET	B) LIABILITIES	B) \$ 851,535
	STATE CHICAGO, IL	C) NET ASSETS	C) \$ 2,691,392
	P CODE 60626-4062	,	
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	95.886%	D) \$ 83,948
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	4.114%	F) \$ 3,602
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 87,550
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	100.000%	H) \$ 119,591
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	100.000%	J) \$ 119,591
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	Г	
	TO ODANITO TO OTHER CHARITARI E ORGANIZATIONO		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	IV TOTAL QUADITADLE DROODAM OFFINIOF EVENINITIES (ADD. 1.0 K)	100.000%	L) \$ 119,591
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	100.000%	L) \$ 119,591
	M) MANAGEMENT AND GENERAL EXPENSE	%	M/ &
	M) MANAGEMENT AND GENERAL EXPENSE	70	M) \$
	N) FUNDRAISING EXPENSE	%	N) \$
	N) TONDITAIONA EN ENOE	70	Ν) ψ
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 119,591
l			σ, φ === , σ = =
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS;		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS;		
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0 a
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
	T) NAME, TITLE:N/A - NO EMPLOYEES		T) \$
1	U) NAME, TITLE:		U) \$
	V) NAME, TITLE:		V) \$
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	ED)	List on back side of instructions
1-13			CODE
02-0	W) DESCRIPTION: FURNISHED SERVICES OR FACILITIES TO OTHER	1EK ORGS	W)# 151
398091 05-01-13	X) DESCRIPTION:		X) #
39	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	FIRST BANK AND TRUST 820 CHURCH STREET EVAONSTON IL 60201			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JAMES P. NOGA-V. P. FINANCE/CFO - 7	73-	761-	1501
AII	ATTACHMENTS MIIST ACCOMPANY THIS REPORT - SEE INSTRICTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

KEVIN LIMBECK

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE

JAMES P. NOGA

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

Harry A. Steindler, CPA Date: 2015.01.15 11:04:33 HARRY STEINDLER PREPARER (PRINT NAME) **SIGNATURE** DATE



Des Plaines Office

1665 Elk Boulevard

Des Plaines, IL 60016

847-824-4000

fax: 847-824-4012

www.SSandG.com

December 15, 2014

Office of the Attorney General Charitable Trust Bureau Attn: Annual Report Section 100 West Randolph Street

11th Floor

Chicago, Illinois 60601-3175

Re: Center Foundation FEIN 36-3371659

Ladies and Gentlemen:

We are writing to request an extension of time to file the Illinois Charitable Organization Annual Report Form AG990-IL for the year ended June 30, 2014. Due to additional time being needed to compile the necessary financial information, we will be unable to process the form by the due date of December 31, 2014. As a result, we are requesting an extension of 60 days to March 2, 2015.

Thank you for your consideration.

Please contact us should you require additional information.

Very truly yours,

SS&G, INC.

Member of the AICPA

Providing the

services that bring solutions

Registered with the PCAOB

Founding member of LEA Global

Dirk Ahlbeck, CPA, CVA

Director

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public

<u>A</u>	For the	e 2013 calendar year, or tax year beginning 000 1, 2015 and	enaing L	<u>JUN 30, 2014</u>	<u> </u>		
В	Check if applicable	C Name of organization		D Employer identif	ication number		
	Addre	CENTER FOUNDATION					
	Name chang	Doing Business As		36-3371659			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 er		
	Terminated				761-1501		
	Amen			G Gross receipts \$	87,550.		
	Application	^a CHICAGO, IL 60626-4062		H(a) Is this a group r	eturn		
	pendi	F Name and address of principal officer: KEVIN LIMBECK		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)		
		te: WWW.ANIXTER.ORG		H(c) Group exemption	on number 🕨		
		organization: X Corporation Trust Association Other	L Year	of formation: 1985	M State of legal domicile: IL		
P	art I	Summary					
-ω	1	Briefly describe the organization's mission or most significant activities: ${ t LEAS}$	ES PRO	OPERTY TO LE	STER AND		
Activities & Governance		ROSALIE ANIXTER CENTER, A RELATED CHARIT	ABLE (ORGANIZATION	I.		
rus	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.		
ŏ,	3	Number of voting members of the governing body (Part VI, line 1a)		3	23		
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23		
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0		
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	0		
Ċ		Total unrelated business revenue from Part VIII, column (C), line 12					
_		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)		0.			
nu.	9	Program service revenue (Part VIII, line 2g)		80,574.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		493.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8.	- /		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		81,075.	87,550.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	_		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
od X	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,339.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		113,339.			
	19	Revenue less expenses. Subtract line 18 from line 12		-32,264.	-32,041.		
SOF			В	eginning of Current Year	End of Year		
set	20	Total assets (Part X, line 16)		3,681,045.	3,542,927.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		957,612.	851,535.		
	22	Net assets or fund balances. Subtract line 21 from line 20		2,723,433.	2,691,392.		
$\overline{}$	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is		
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.			
		Signature of officer		Doto			
Sig		, · · · · · · · · · · · · · · · · · · ·	/000	Date			
He	re	JAMES P. NOGA, VICE PRESIDENT FINANCE Type or print name and title	/CFO				
_				Date Check	II PTIN		
De!		Print/Type preparer's name Preparer's signature		OHOOK L			
Pai		HARRY STEINDLER	-	L2/15/14 if self-employ	P00258025 34-1945695		
	parer	Firm's name SS&G, INC.		Firm's EIN	34-1343033		
USE	Only	Firm's address 1665 ELK BOULEVARD DES DIAINES II 60016-4776		Di 0 A	7-824-4000		
_		DES PLAINES, IL 60016-4776		Phone no. 8 4			
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
3320	001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ions.		Form 990 (2013)		

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE PERSONS WITH DISABILITIES WITH FACILITIES AND SERVICES
	DESIGNED TO MEET THEIR PHYSICAL, SOCIAL, AND PSYCHOLOGICAL NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 119,591. including grants of \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4 e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses • 119,591.

332002 10-29-13

Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18

Form **990** (2013)

20a

Х

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		- 1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
00	If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			200	

Form 990 (20	O13) CENTER FOUNDATION	36-3371659	Page :
Part V	Statements Regarding Other IRS Filings and Tax Compliance		

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ib °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
_	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account, or other financial account.		4a		х
h	If "Yes," enter the name of the foreign country:	account)?	44		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 00		
-	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<u> </u>
8	$ Sponsoring \ organizations \ maintaining \ donor \ advised \ funds \ and \ section \ 509(a)(3) \ supporting \ organizations. \ Discontinuous \ donor \ advised \ funds \ and \ section \ 509(a)(3) \ supporting \ organizations. \ Discontinuous \ donor \ advised \ funds \ and \ section \ 509(a)(3) \ supporting \ organizations. \ Discontinuous \ donor \ dono$	* * * * * * * * * * * * * * * * * * * *			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	المعا			
	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11b			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			
14a		100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			-		

CENTER FOUNDATION 36-3371659 Form 990 (2013) Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 23 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? *If* "No," *go to line 13* 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

6610 N. CLARK STREET, CHICAGO, IL 60626-4062

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

C ELAINE D COTTEY	(A)	(B)	liga		((C)		isat	(D)	(E)	(F)
Officer and agreective transfer (list any) Hours for related organizations Deliver the organizations Hours for related organizations	Name and Title			not c	heck	more	than		•	· ·	
Nour for related organization Nour form for the organization and related organization Nour form for form for form for the organization Nour form for for form for for form for for for for for for for form for for for for for for									· '	· ·	
Delow Delo		,	rector								
Delow Delo			e or di	tee			sated			(W-2/1099-MISC)	
1			truste	al trus		yee	mpen		(** 27 1033 141100)		•
(1) JOANNA HORSHAIL DOADNA HORSHAIL DARD CHAIR DARD CHA		below	vidual	itution	ser	emplc	hest co oloyee	ner			organizations
DOARD CHAIR	(1) TOWN HODGWITE	,	lpul	lust	0#i	Key	E High	Por			
C ELAINE D COTTEY	, - ,		x		x				0.	0	0
FORMER BOARD CHAIR			125	\vdash		\vdash		\vdash	•	0.	0.
(3) ERIC GASTEVICH			X		х				0.	0.	0.
(4) STEVE GILSON											-
TREASURER	CHAIR-ELECT	1.00	Х		Х				0.	0.	0.
SECRETARY	(4) STEVE GILSON										
SECRETARY	TREASURER		Х		Х				0.	0.	0.
Column C	(5) BRIAN BULGER										
Director 1.00 X 0.00	SECRETARY		Х		X				0.	0.	0.
Color	(6) JASON ADESS		1								_
Director			X						0.	0.	0.
Carretage Carr											
DIRECTOR 1.00 X 0.00			X						0.	0.	0.
O			ļ,,						_		0
DIRECTOR 1.00 X 0.00			X						0.	0.	0.
Total Content Conten			. ,						0		
Tormer Director 1.00 X 0.00			A	_	_				0.	0.	0.
Columbia Curtis			- V						0	0	0
DIRECTOR 1.00 X 0.00			^	<u> </u>	\vdash	\vdash			0.	0.	0.
DIRECTOR			x						0.	0.	0.
DIRECTOR 1.00 X 0.00						\vdash			•	•	
DIRECTOR			X						0.	0.	0.
DIRECTOR 1.00 X 0.00	(13) HILLARY A. EBACH										
O	DIRECTOR		Х						0.	0.	0.
Column	(14) RICKEY FREEMAN	0.00									
DIRECTOR 1.00 X 0.0.0 0.0.0 (16) MICHAEL HARTMAN 0.00 X 0.00 0.0 0.00 0.0 DIRECTOR 1.00 X 0.00 0.0 0.00 0.0 DIRECTOR 1.00 X 0.00 0.0 0.00 0.0	DIRECTOR	1.00	Х						0.	0.	0.
(16) MICHAEL HARTMAN 0.00 DIRECTOR 1.00 (17) LAUREN K. HILL 0.00 DIRECTOR 1.00 X 0.00 DIRECTOR 0.00	(15) LISA GUTIERREZ										
DIRECTOR 1.00 X 0.0.0.0. (17) LAUREN K. HILL 0.00 X 0.0.0. DIRECTOR 1.00 X 0.0.0.	DIRECTOR								0.	0.	0.
(17) LAUREN K. HILL 0.00 X 0. 0. 0.	(16) MICHAEL HARTMAN										
DIRECTOR 1.00 X 0. 0.			Х		$ldsymbol{ld}}}}}}$				0.	0.	0.
											_
		1.00	X						0.	0.	

332007 10-29-13

Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	box	not c , unle	ss pe	ition more	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizatior	on amount of other compensa		of	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		fr org and	om the anizat d relate anizatio	e ion ed
(18) SUSAN JUN	1.00	х						0.		0.			0.
DIRECTOR (19) JOSEPH M. LEVY	0.00	Δ			\vdash	\vdash		0.		0.			0.
DIRECTOR	1.00	x						0.		0.			0.
(20) CHRISTOS LINARDAKIS	0.00												
DIRECTOR	1.00	Х						0.		0.			0.
(21) WILLIAM MACK	0.00												
DIRECTOR	1.00	Х					L	0.		0.	<u> </u>		0.
(22) LARRY MARKIN	0.00									•			•
DIRECTOR	1.00	Х	_		<u> </u>	┢		0.		0.	<u> </u>		0.
(23) MARY M. MCDONNELL DIRECTOR	1.00	x						0.		0.			0.
(24) CAROL NEIGER	0.00				\vdash		\vdash	0.		0.			0.
DIRECTOR	1.00	х						0.		0.			0.
(25) ADAM SCHAEFFER	0.00						Т						
DIRECTOR	1.00	Х						0.		0.			0.
(26) JAMES SISK	0.00												
DIRECTOR	1.00	Х						0.		0.	<u> </u>		0.
1b Sub-total								0.	705 2	0.		0 7	0.
c Total from continuation sheets to Part VI								0.	725,3 725,3			0,7 0,7	
d Total (add lines 1b and 1c)							<u> </u>					0,7	03.
2 Total number of individuals (including but no compensation from the organization	ot iiriitea to tr	iose	IISLE	eu ai	DOV	e) wi	101	eceived more than \$100	,000 or reportat	ле			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	•			•	•	•							37
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								•	the organization		4	Х	
5 Did any person listed on line 1a receive or a									idual for services		-		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors												'	
Complete this table for your five highest con-	mpensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for t	the calendar y	ear (endi	ng v	vith	or w	ithii	n the organization's tax	year.				
(A) Name and business	address	NC	INC	7.				(B) Description of s	services		O) Ompe		n
		-110	2141				\dashv						
Total number of independent contractors (ii \$100,000 of compensation from the organize)	-	ot lii	mite	d to		se li:	sted	d above) who received n	nore than				
# 100,000 of compensation from the organiz	Lation					-							

SEE PART VII, SECTION A CONTINUATION SHEETS

	JUNDATI	711							30-337	1000
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average			(C Pos		ı		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)		heck	call t	that		ly)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
27) KEVIN LIMBECK	below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest com	Former			organizations
PRESIDENT/CEO ANIXTER CENT	40.00			х				0.	167,250.	13,434
28) JAMES P. NOGA P FINANCE/CFO	1.00			х				0.	147,304.	C
29) CHERYL SMITH T.P. PROGRAMS - ANIXTER CE	1.00				х			0.	162,237.	6,657
30) CHRISTOPHER MATH	1.00					х		0.	108,634.	8,047
31) ROSEMARY BURKE	1.00					х		0.	139,971.	2,645
P EXTERNAL RELATIONS	40.00					Λ		0.	139,9/1.	2,043
otal to Part VII, Section A, line 1c	<u> </u>					<u> </u>			725,396.	30,783

Form	199	0 (2	2013) CENT E	ER FOUNDA	TION			36-3371	.659 Page 9
Pa	rt V	/	Statement of Rever	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ts, (Am			Fundraising events						
Gif ilar			Related organizations						
ns, Sim			Government grants (contribut	· —					
utio Ier (f	All other contributions, gifts, gran						
r Ott			similar amounts not included abo						
Son			Noncash contributions included in lines						
<u> </u>			Total. Add lines 1a-1f		Business Code				
Φ	2	а	RENTAL INCOME		532000	83,948.	83,948.		
vic vic	_	b		_		00,72201	00,75200		
Sel		С		_					
Program Service Revenue		d							
ogr B		е							
P.		f	All other program service reve	enue					
_		g	Total. Add lines 2a-2f			83,948.			
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of ta		1				
	5		Royalties	(i) Real					
	6	2	Gross rents	``	(ii) Personal				
	Ü		Less: rental expenses	1					
			Rental income or (loss)						
			Net rental income or (loss)	•					
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
	_		Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraisin						
ver			including \$contributions reported on line						
Re			Part IV, line 18	•					
the		b	Less: direct expenses						
0			Net income or (loss) from fund						
	9	а	Gross income from gaming ac	ctivities. See					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		>				
	10	а	Gross sales of inventory, less						
		L	and allowances						
			Less: cost of goods sold Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	а	MISCELLANEOUS		900099	3,602.			3,602.
	•	b				,			, , , , , ,
		С							
		d	All other revenue						
			Total. Add lines 11a-11d			3,602.			
33000	12		Total revenue. See instructions.		>	87,550.	83,948.	0.	
33200 10-29	-13								Form 990 (2013)

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	4 000	4 000		
С	Accounting	1,000.	1,000.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	110 500	110 500		
22	Depreciation, depletion, and amortization	118,590.	118,590.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	25.	25.		
b	BUILDING AND EQUIPMENT	-24.	-24.		
C			_ <u> </u>		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	119,591.	119,591.	0.	0.
26	Joint costs. Complete this line only if the organization		,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20,038.	1	510.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect	•	~ ~ ~			
Ø		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	5				9	
	1	Land, buildings, and equipment: cost or other	l I				
		basis. Complete Part VI of Schedule D	10a	5,751,306.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	2,208,889.	3,661,007.	10c	3,542,417.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal	3,681,045.	16	3,542,927.		
	17	Accounts payable and accrued expenses			1,000.	17	1,000.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa		I			
		parties, and other liabilities not included on lines	•	·	956,612.		850,535.
		Schedule D			957,612.	25	851,535.
	26	Total liabilities. Add lines 17 through 25			931,012.	26	031,333.
"		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		k nere 🚩 🔼 and			
ĕ	07				2,723,433.	27	2,691,392.
lan	27 28	Unrestricted net assets Temporarily restricted net assets			2,123,433	28	2,051,552.
B	29			29			
ŭ	29	Organizations that do not follow SFAS 117 (A		R) check hore		23	
Ē		and complete lines 30 through 34.	30 930	s), check here			
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			2,723,433.	33	2,691,392.
	34	Total liabilities and net assets/fund balances			3,681,045.	34	3,542,927.
	,				, ,	1	Form 990 (2013)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,5			
3	Revenue less expenses. Subtract line 2 from line 1	3			41.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,72	3,4	<u>33.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	1 /						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	2,69	1,3	92.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2013)		

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{WWW.irs.gov/form8868}$.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	X			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form).					
	complete Part II unless you have already been granted a nic filing (e-file). You can electronically file Form 8868 if y					oration			
required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an ex	tension			
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated With Cer	tain			
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	ctronic filing of this f	orm,			
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits								
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).					
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete					
Part I or	nly								
All other	corporations (including 1120-C filers), partnerships, REM								
to file in	come tax returns.			Enter file	er's identifying num	ber			
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	er (EIN) or			
print									
	CENTER FOUNDATION 36-3371659								
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 6610 N CLARK STREET	ee instruc	tions.	Social se	curity number (SSN)				
return. See									
IIISI UCIOII	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60626-4062								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Application Return Application						Return			
						Code			
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07									
Form 99		02	Form 1041-A			08			
	'20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	,	04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	00-T (trust other than above)	06	Form 8870			12			
	JAMES P. NOGA-V								
• The h	books are in the care of 6610 N. CLARK			626-4	062				
	phone No. ► 773-761-1501		Fax No.						
	organization does not have an office or place of business	s in the Ur							
	s is for a Group Return, enter the organization's four digit					heck this			
box >		1							
	equest an automatic 3-month (6 months for a corporation				CIO LITO OXIONOIONIO	101.			
	FEBRUARY 15, 2015, to file the exemp				The extension				
is	for the organization's return for:	9							
•	calendar year or								
	X tax year beginning JUL 1, 2013	. an	d ending JUN 30, 2014						
		,			_ ·				
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	inal retur	n				
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax loss any						
	onrefundable credits. See instructions.	, or ooos,	onto the terrialive tax, less arry	3a	¢	0.			
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	onter en	v rofundable credits and	Ja	\$				
				26	¢	0.			
_	stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa			3b	\$				
	alance due. Subtract line 3b from line 3a. Include your pa / using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.			
	I. If you are going to make an electronic funds withdrawal								
Judition	, sa are going to make an electronic funds withdrawar	(an oot de	2.5, and i dim dddd, ddd i diiii d	.oo Lo ai	.a . 51111 557 5 LO 10	Paymont			

instructions.

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Name of the organization

CENTER FOUNDATION

Employer identification number

36-3371659 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (described on lines 1-9 in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Nο No Yes LESTER AND ROSALIE ANIX|36-2244895|7 0. Х 0. Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	_
	organization, check this box and stor	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	11 1 9					15	%
16a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	dule A (Form 990	or 990-E7\ 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1		1		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			1	1	1	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6					1	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					1	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					-	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	ne organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public			(6)		Tae I	
Public support percentage for 2013 (lin						
16 Public support percentage from 2012 Section D. Computation of Invest					16	
17 Investment income percentage for 201:			ne 13 column (fl)		17	
IN Investment income percentage for 20 in					18	
19a 33 1/3% support tests - 2013. If the o	•		on line 14, and line			7 is not
more than 33 1/3%, check this box and	-					, 13 HOL
b 33 1/3% support tests - 2012. If the o						 and
line 18 is not more than 33 1/3%, chec	•			•		
20 Private foundation. If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number 36-3371659 CENTER FOUNDATION

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		-
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or (Other Similar Assets
ı u	Complete if the organization answered "Yes" to Form 9		other eliminar Addetes.
12	If the organization elected, as permitted under SFAS 116 (ASA		ament and halance sheet works of art
Iu	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		ande of public service, provide, in rait Am,
b	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	estation, or recognition in further arrow of pr	and the service are renowing amounts
	(i) Revenues included in Form 990, Part VIII, line 1		\$
			. .
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		a. 3a, p. 67.66
а	Revenues included in Form 990, Part VIII, line 1		> \$
_	= = = 1 . ==		······································

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a
a Public exhibition
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the organization and part IV. It is a part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII and complete the following table: Amount 1c
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of the arrangement in Part XIII and complete the following table: C
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c
Amount It It It It It It It
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs
d Grants or scholarships e Other expenditures for facilities and programs
e Other expenditures for facilities and programs
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment \(\bigcup \)%
b Permanent endowment \(\bigcup_{\text{\tinite\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tex{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\tex{\tex
c Temporarily restricted endowment ▶%
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by: Yes No
(i) unrelated organizations 3a(i)
(ii) related organizations 3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation
1 040 360
4 740 007 0 000 0 0 500 040
c Leasehold improvements
d Equipment
e Other

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 CENTER FOUN	DATION		36	-3371659	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	l-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"				_	
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end	l-of-year market	value
(1)					
(2)					
(3)				_	
(4)				_	
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		, line 11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)	_				
(2)					
(3)	_				
(4)					
(5)	_				
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ANIXTER CENTER	850,535.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	850,535.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 CENTER FOUNDATION		36-33	71659 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenu		g-
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statement	s	1	87,550
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1		3	87,550
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			87,550
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expen	ses per Return	
Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a.		
Total expenses and losses per audited financial statements		1	119,591
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		_
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1		3	119,591
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	119,591
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		art V, line 4; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.		
DADE V IINE 2.			
PART X, LINE 2:			
	T FROM INCOME TAY	FC IINDED C	ECTTON.
PART X, LINE 2: EXPLANATION: THE ORGANIZATION IS EXEMP	r from income tax	ES UNDER S	ECTION
EXPLANATION: THE ORGANIZATION IS EXEMP			
EXPLANATION: THE ORGANIZATION IS EXEMPTED 101(C)(3) OF THE INTERNAL REVENUE CODE	, EXCEPT FOR NET	INCOME DER	IVED FROM
EXPLANATION: THE ORGANIZATION IS EXEMP	, EXCEPT FOR NET	INCOME DER	IVED FROM
EXPLANATION: THE ORGANIZATION IS EXEMP 501(C)(3) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDIT	, EXCEPT FOR NET	INCOME DER	IVED FROM
EXPLANATION: THE ORGANIZATION IS EXEMPTED 101(C)(3) OF THE INTERNAL REVENUE CODE	, EXCEPT FOR NET	INCOME DER	IVED FROM
EXPLANATION: THE ORGANIZATION IS EXEMPTED SOLUTION OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION	, EXCEPT FOR NET FION, THE ORGANIZ	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN
EXPLANATION: THE ORGANIZATION IS EXEMP 501(C)(3) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDIT	, EXCEPT FOR NET FION, THE ORGANIZ	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN
EXPLANATION: THE ORGANIZATION IS EXEMPTED 101(C)(3) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION TO CLASSIFIED AS AN ORGANIZATION OTHER THE	, EXCEPT FOR NET FION, THE ORGANIZ	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN
EXPLANATION: THE ORGANIZATION IS EXEMPTED SOLUTION OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION	, EXCEPT FOR NET FION, THE ORGANIZ	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN
EXPLANATION: THE ORGANIZATION IS EXEMPTED 101(C)(3) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION TO CLASSIFIED AS AN ORGANIZATION OTHER THE	, EXCEPT FOR NET FION, THE ORGANIZ	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN
EXPLANATION: THE ORGANIZATION IS EXEMPTED 101(C)(3) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION TO CLASSIFIED AS AN ORGANIZATION OTHER THE	, EXCEPT FOR NET FION, THE ORGANIZ	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN
EXPLANATION: THE ORGANIZATION IS EXEMPTED 101(C)(3) OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION TO CLASSIFIED AS AN ORGANIZATION OTHER THE	, EXCEPT FOR NET FION, THE ORGANIZ UNDER SECTION 170	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN ER IRC
EXPLANATION: THE ORGANIZATION IS EXEMPTED SOLUTION OF THE INTERNAL REVENUE CODE UNRELATED BUSINESS ACTIVITIES. IN ADDITION THE CHARITABLE CONTRIBUTION DEDUCTION OF CLASSIFIED AS AN ORGANIZATION OTHER THE SECTION 509(A).	, EXCEPT FOR NET FION, THE ORGANIZ UNDER SECTION 170	INCOME DER ATION QUAL AND HAS B	IVED FROM IFIES FOR EEN ER IRC

TAXING AUTHORITIES GENERALLY FOR THREE YEARS AFTER FILING. IN EVALUATING THE ORGANIZATION'S ACTIVITIES, MANAGEMENT BELIEVES ITS POSITION OF

TAX-EXEMPT STATUS IS BASED UPON CURRENT FACTS AND CIRCUMSTANCES AND THERE Schedule D (Form 990) 2013

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

CENTER FOUNDATION

Employer identification number 36-3371659

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		L
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:	_		37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
2	The organization?	5a		х
	Any related organization?	5b		X
J	If "Yes" to line 5a or 5b, describe in Part III.	35		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	0.5		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) KEVIN LIMBECK	Ξ	0	0	0	0	0	0	0
PRESIDENT/CEO ANIXTER CENT	:	166,734.	0	516.	0	13,434.	180,68	
(2) CHERYL SMITH	Ξ			ΙI		0		
V.P. PROGRAMS - ANIXTER CE	▣	157,051.	20.	5,136.	0	6,657.	168,894.	
	(<u>i</u>)							
	<u>=</u>							
	(i)							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							
	<u> </u>							
	(iii)							
	(<u>i</u>)							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	<u>:</u>							
	Ξ							
	<u></u>							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							

3	332113 09-13-13
Schedule J (Form 990) 2013	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Froviac

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

QU 13
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTER FOUNDATION

Employer identification number 36-3371659

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: CENTER FOUNDATION IS A WHOLLY OWNED SUBSIDIARY OF LESTER AND ROSALIE ANIXTER CENTER ("ANIXTER CENTER"). CENTER FOUNDATION'S BY-LAWS INDICATE THAT ANIXTER CENTER SHALL CONTROL AND MANAGE THE DAY-TO-DAY OPERATIONS OF CENTER FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: ANIXTER CENTER IS THE SOLE MEMBER OF CENTER FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE GOVERNING BODY OF CENTER FOUNDATION IS THE BOARD OF

DIRECTORS OF ANIXTER CENTER. AS SUCH, ANIXTER CENTER, THROUGH ITS BOARD OF

DIRECTORS, ELECTS CENTER FOUNDATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE GOVERNING BODY OF CENTER FOUNDATION IS THE BOARD OF

DIRECTORS OF ANIXTER CENTER. AS SUCH, ALL DECISIONS OF THE GOVERNING BODY

ARE MADE BY ANIXTER CENTER, ACTING THROUGH THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EXPLANATION: IT IS THE POLICY OF THE ORGANIZATION THAT THE IRS FORM 990 BE
PROVIDED AND REVIEWED PRIOR TO ITS SUBMISSION. A DRAFT IS SENT TO THE
AUDIT AND GOVERNANCE COMMITTEES OF ANIXTER CENTER ASKING THE MEMBERS TO
REVIEW THE RETURN. ANY QUESTIONS OR COMMENTS ARE FORWARDED TO THE VICE
PRESIDENT FINANCE/CFO OF ANIXTER CENTER. IF IT IS AN ITEM THAT NEEDS
DISCUSSION, IT IS FORWARDED TO ALL COMMITTEE MEMBERS. AFTER THE REVIEW IS

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

CENTER FOUNDATION

Employer identification number 36-3371659

COMPLETED, A FINAL VERSION OF THE RETURN IS SENT TO THE ENTIRE ANIXTER

CENTER BOARD FOR COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST STATEMENT ANNUALLY. AT ALL BOARD MEETINGS CONFLICTS ARE

DOCUMENTED AND INTERESTED PARTIES ARE REQUESTED TO RECUSE THEMSELVES FROM

VOTING ON THE MATTER AT HAND.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: COMPENSATION FOR THE CEO OF ANIXTER CENTER IS REVIEWED AND

APPROVED BY THE EXECUTIVE COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS.

COMPARABLE DATA IS CONSIDERED IN THE REVIEW PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: CENTER FOUNDATION'S AND ANIXTER CENTER'S GOVERNING DOCUMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONSOLIDATED FINANCIAL

STATEMENTS OF ANIXTER CENTER ALONG WITH ANIXTER CENTER'S CONFLICT OF

INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC. SEPARATE FINANCIAL

STATEMENTS OF CENTER FOUNDATION ALONE ARE NOT MADE AVAILABLE TO THE PUBLIC.

THE FORM 990 AND ANNUAL REPORT OF ANIXTER CENTER ALONG WITH THE FORM 990 OF

CENTER FOUNDATION ARE AVAILABLE ON THE ANIXTER CENTER WEBSITE.

FORM 990, PART XII, LINE 2C:

EXPLANATION: ANIXTER CENTER HAS AN AUDIT COMMITTEE RESPONSIBLE FOR THE REVIEW OF THE ANNUAL AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTING FIRM. THE COMMITTEE HAS BEEN IN EXISTENCE FOR A NUMBER OF YEARS WITH NO CHANGE IN RESPONSIBILITIES/PROCESSES FROM THE PRIOR YEAR.

09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 9	90-EZ) (2013)			Page 2
Name of the organization		FOUNDATION		Employer identification number 36-3371659

SCHEDULE R (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions. Attach to Form 990.

2013

OMB No. 1545-0047

Employer identification number 36 - 3371659Open to Public Inspection

▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990

CENTER FOUNDATION

Name of the organization

Department of the Treasury Internal Revenue Service

(g) Section 512(b)(13) ŝ × × × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling ANIXTER CENTER ANIXTER CENTER entity End-of-year assets N/A **e** status (if section Public charity 501(c)(3)) **e** LINE 7 LINE 9 LINE 7 Total income Exempt Code ত্ section 501(C)(3) 501(C)(3) 501(C)(3) ত Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Trinois CLLINOIS CLLINOIS OPERATES PROGRAMS WHICH Primary activity Primary activity HUD HOUSING PROJECT HUD HOUSING PROJECT ASSIST PEOPLE WITH DISABILITIES TO BE <u>@</u> 36-2244895, 6610 N. CLARK STREET, CHICAGO, 36-3305087, 6610 N. CLARK STREET, CHICAGO, DISABILITIES - 36-3755662, 6610 N. CLARK HOUSING OPPORTUNITIES FOR PERSONS WITH Name, address, and EIN (if applicable) CENTER APARTMENTS FOR THE DISABLED LESTER AND ROSALIE ANIXTER CENTER Name, address, and EIN of related organization of disregarded entity STREET, CHICAGO, IL 60626 IL 60626 IL 60626 Part I Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

CRYSTAL COURTS - 36-3880333

6610 N. CLARK STREET

CHICAGO, IL 60626

332161 09-12-13 LHA

Schedule R (Form 990) 2013

ANIXTER CENTER

LINE 7

501(C)(3)

ILLINOIS

HUD HOUSING PROJECT

CENTER FOUNDATION

36-3371659

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(a)	(e)	(£)	(g) Section 512(b)(13)	2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	lled
ol feated olganization		roreign country)		501(c)(3))	ellility	Yes	2
HALSTED APARTMENTS, NFP - 04-3636582							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
CHASE APARTMENTS - 45-4486329							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
CLARK STREET APARTMENTS - 45-4486428							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
ANIXTER VILLAGE - 01-0627466							
6610 N. CLARK STREET							
CHICAGO, IL 60626	HUD HOUSING PROJECT	ILLINOIS	501(C)(3)	LINE 7	ANIXTER CENTER		×
332222 05-01-13		33					

CENTER FOUNDATION

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Page 2

36-3371659

Primary activity acti		(q)	(0)	(p)	(e)	(f)	(6)	Ð	(<u>i</u>)	()	(K)
- MANAGING MEMBER - MANAGING MEMBER - DE A BROPERTY DEVELOPMENT INCLUDING IN	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
DEVELOPMENT INCLUDING INCLUDING LOW-INCOME INCLUDING LOW-INCOME INCLUDING LOW-INCOME INCLUDING I			country)		sections 512-514)			-	K-1 (Form 1065)	Yes No	
DEVELOPMENT N/A RELATED X N/A X N/CA X N/CA		MANAGING MEMBER									
DEVELOPMENT IL N/A RELATED X N/A X N/CONTROL N/CONTROL N/A RELATED N/CONTROL	C/O BRINSHORE	OF A PROPERTY									
INCLUDING	DEVELOPMENT 666 DUNDEE RD.	DEVELOPMENT									
SHORE DEVELOPMENT EE RD. INCLUDING OK, IL LOW-INCOME IL N/A RELATED X N/A X N/A X N/A X N/A X	SUITE 1102, NORTHBROOK, IL	INCLUDING	Ϊ́	N/A	RELATED			×	N/A	×	. 25%
DEVELOPMENT LINCLUDING LOW-INCOME LOW-INCOME LOW-INCOME TINAA X N/A X N/A X N/A X N/A X	HAIRPIN LOFTS, LLC -	PROPERTY									
INCLUDING LOW-INCOME L	26-3572853, C/O BRINSHORE	DEVELOPMENT									
IL LOW-INCOME IL N/A RELATED X N/A N		INCLUDING									
	IL	LOW-INCOME	I	N/A	RELATED			×	N/A	×	. 25%

organizations treated as a corporation or trust during the tax year.

ı					l		l		l		l	
	(E)	512(b)(13) controlled entity?	Yes No						L		L	
-		9 C	Ye		L							
	(F)	Percentage ownership										
	(a)	Share of end-of-year	433013									
	(£)	Share of total income										
Ì	(e)	Type of entity (C corp, S corp,	0 1 431									
	(g)	Direct controlling Type of entity Signature (C corp. S corp.										
	(0)	Legal domicile (state or foreign	country)									
•	(q)	Primary activity										
	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2013

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				9		×
(8)				ပ		×
Loans or loan quarantees to or for related organization(s)				19		×
				;	×	
e Loans of loan guarantees by related organization(s)				<u>e</u>	4	
f Dividends from related organization(s)				÷	Г	×
(ii				10		×
				9 4		×
					\dagger	4
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Έ	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related ord	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			된		×
Sharing of facilities, equipment, mailing lists, or other assets with relate	tion(s)			무		×
				9		×
p Reimbursement paid to related organization(s) for expenses				ا		×
Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				÷	Г	×
s Other transfer of cash or property from related organization(s)				15	Г	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.		1	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) LESTER AND ROSALIE ANIXTER CENTER	E	850,535.	535. CASH VALUE			
(2) LESTER AND ROSALIE ANIXTER CENTER	Ŋ	83,948.	CASH VALUE/COST			
(8)						
(4)						
(5)						
(9)						
332163 09-12-13	35		Schedule R (Form 990) 2013	3 (Form	(066	2013

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

80 <u>0</u>]	1]		I	13
(k) ercentaç wnershi							990) 20-
al or P ging o							orm (
General or managing partner?							B (F
Code V-UBI General or Percentage amount in box 20 partner? ovnership (Form 1065) Yes No							Schedule R (Form 990) 2013
Disproportionate allocations?							
Disp tio alloca							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all partners sec. 501(c)(3) orgs.? Yes No							
ne pa							
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)							
ile ign							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(b) nary a							
Prin							
(a) Name, address, and EIN of entity							
ss, an							
(a addre	$ \ \ \ \ $						
ame, :	$ \ \ \ \ $						
Z	$ \ \ \ \ $						

332164 09-12-13

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LESTER AND ROSALIE ANIXTER CENTER

PRIMARY ACTIVITY: OPERATES PROGRAMS WHICH ASSIST PEOPLE WITH DISABILITIES

TO BE SUCCESSFUL

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HAIRPIN LOFTS MANAGER, LLC

EIN: 26-3572338

C/O BRINSHORE DEVELOPMENT 666 DUNDEE RD. SUITE 1102

NORTHBROOK, IL 60062

PRIMARY ACTIVITY: MANAGING MEMBER OF A PROPERTY DEVELOPMENT INCLUDING

LOW-INCOME HOUSING

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HAIRPIN LOFTS, LLC

EIN: 26-3572853

C/O BRINSHORE DEVELOPMENT 666 DUNDEE RD. SUITE 1102

NORTHBROOK, IL 60062

PRIMARY ACTIVITY: PROPERTY DEVELOPMENT INCLUDING LOW-INCOME HOUSING

2013 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2013, write your fiscal tax year here.	Write the emount year are in
Tax year beginning $\frac{\text{JUL 1,}}{\text{month}}$ $\frac{1}{\text{day}}$ $\frac{1}{\text{year}}$, ending $\frac{\text{JUN 30}}{\text{month}}$ $\frac{30}{\text{day}}$ $\frac{1}{\text{year}}$	Write the amount you are paying.
month day year month day ye	\$
Step 1: Identify your exempt organization A Write your complete legal business name.	D Write your federal employer identification no. (FEIN). $36-3371659$
If you have a name change, check this box.	E Check if you are taxed as a corporation.
Name: CENTER FOUNDATION	F Check if you are taxed as a trust.
B Write your mailing address.	. S.
If you have an address change or this is a first return, check this box.	G Provide the nature of your unrelated trade or business. NONE
Mailing address: 6610 N CLARK STREET	H Check this box if you attached Illinois
City: CHICAGO State: IL ZIP: 60626-406	Schedule 1299-D, Income Tax Credits.
C Check the applicable box if one of the following applies. First return Final return (If final, write the date.	Write your North American Industry Classification System Code (NAICS), if applicable. See instructions.)
Step 2: Figure your base income or loss	
1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	_
Attach a copy of Page 1 of your U.S. Form 990-T.	1
2 Illinois income and replacement tax deducted in arriving at Line 1.	2
3 Base income or loss. Add Lines 1 and 2.	3
A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You	
B If any portion of the amount on Line 3 is derived outside Illinois, check this See instructions.	s box and complete all lines of Step 3.
Step 3: Figure your income allocable to Illinois (Complete only if you	ou checked the box on Line B, above.)
4 Trust, estate, or non-unitary partnership business income or loss included in	n Line 3. 4 .0
5 Business income or loss. Subtract Line 4 from Line 3.	5 .0
6 Total sales everywhere. This amount cannot be negative.	6
7 Total sales inside Illinois. This amount cannot be negative.	7
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9
10 Trust, estate, or non-unitary partnership business income or loss apportional	able to Illinois. 100
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11
Step 4: Figure your net replacement tax	
12 Net income or loss from Line 3 or Line 11.	12
ច្ចុំ 13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts mu	
14 Recapture of investment credits. Attach Schedule 4255.	14
15 Replacement tax before investment credits. Add Lines 13 and 14.	15
16 Investment credits. Attach Form IL-477.	16
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is neg	
Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts mu Recapture of investment credits. Attach Schedule 4255. Replacement tax before investment credits. Add Lines 13 and 14. Investment credits. Attach Form IL-477. Net replacement tax. Subtract Line 16 from Line 15. If the amount is neg	

NS DR___

Step	5: Figure your net income ta	x (see instruc	tions)			
18	Net income or loss from Line 12.			18	.00	
19	Income Tax.					
	Corporations: multiply Line 18 by 7%	o (.07).				
	Trusts: multiply Line 18 by 5% (.05).	. ,		19	.00	
20	Recapture of investment credits. Atta	ch Schedule 425	5.		.00	
21	Income tax before credits. Add Lines				.00	
22	Income tax credits. Attach Schedule	1299-D.		22	.00	
23			amount is negative, write "0."	23	0 .00	
Step	6: Figure your refund or bala	nce due				
24	Net replacement tax from Line 17.			24	.00	
25	Net income tax from Line 23.			25		
26	Compassionate Use of Medical Cann	abis Pilot Progran	n Act Surcharge. Fiscal filers only. See instr.	26	.00	
27	Total net income and replacement			27	.00	
28	Payments					
	a Credit from 2012 overpayment.		28a	.00		
	b Total estimated payments.		28b			
	c Form IL-505-B (extension) paymen	t.	28c	.00		
	d Gambling withholding. Attach Form	n(s) W-2G.		.00		
29	Total payments. Add Lines 28a through	gh 28d.		 29	.00	
30	Overpayment. If Line 29 is greater th	an Line 27, subtra	act Line 27 from Line 29.	30	.00.	
31	Amount to be credited to 2014.			≜ 31	.00	
32	Refund. Subtract Line 31 from Line 3	0. This is the amo	ount to be refunded.	32	.00.	
20	Commission to dissert descriptions as	fr al			_	
33	Complete to direct deposit your re	tuna				
	Routing Number		Checking or Savings			
	Account Number					
24	Tax Due. If Line 27 is greater than Lir	o 20. subtract Lin	20 from Line 27	_		
04	This is the amount you owe.	ie 25, Subtract Lir	ie 23 nom Line 27.	34	.00	
	This is the amount you owe.			J-T	.00	
,		Revenue" and at	cher, Form IL-990-T-V, make your check payable ttach them to the first page of this form. ◀ of your payment on the top of Page 1 in the space		rtment of	
Step	7: Sign here					
Under	penalties of perjury. I state that I have	examined this retu	urn and, to the best of my knowledge, it is true, con	rect, and complete		
	,		VICE PRESIDENT	,		
			FINANCE/CFO 773-761-150)1		
Signature of authorized officer Date			Check this		s box if we may	
3			the preparer show			
Signature of preparer Date			Preparer's Social Security number or firm's FEIN this step.			
SS&0	G, INC.		1665 ELK BOULEVARD DES PI			
	er's firm name (or yours, if self-employe	ed)	Address	Phone		
٠						

- If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009
- If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

Form 990-1		Exempt Organization Business Income Tax Return					ו ן	OMB No. 1545-0687
	(and proxy tax under section 6033(e))						.	00.40
	For calendar year 2013 or other tax year beginning ${\color{red}JUL~1,~2013}$, and ending ${\color{red}JUN~30,~20}$						<u>4</u> .	2013
Depart	Information about Form 990-T and its instructions is available at www.irs.gov/form990						Onen to Public Inspection for	
$\overline{}$	Il Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)		_ (Emp	oyer identification number loyees' trust, see uctions.)
B Ex	xempt under section Print CENTER FOUNDATION						36-3371659	
X] 501(c)(3)	Or Turns	Number, street, and room or suite no. If a P.O. box	, see in	structions.		E Unrelated business activity codes (See instructions.)	
	408(e) 220(e) Type 6610 N CLARK STREET] `	
	408A530(a)		City or town, state or province, country, and ZIP or		n postal code			
\bot]529(a) CHICAGO, IL 60626-4062							
C Boo	ilu ui yeai .		exemption number (See instructions.)	<u> </u>				
			corganization type X 501(c) corporation	1 L	501(c) trust	401(a) trust	L	Other trust
			ary unrelated business activity. NONE				1.,	37
			oration a subsidiary in an affiliated group or a parer	ıt-subsi	diary controlled group?	▶ L	Ye	es X No
			tifying number of the parent corporation. JAMES P. NOGA-V. P. FIN	Z NIC.	F/CEO Talanh	one number $ ightharpoonup 7$	72_	761_1501
	e books are in care of		de or Business Income	ANC.	(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale		de of Busiliess Ilicome	$\overline{}$	(A) moonic	(B) Expenses	,	(0) NC
	Less returns and allo		c Balance	1c				
			A, line 7)	2				
	Gross profit. Subtrac			3				
			h Form 8949 and Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			ets	4c				
			ips and S corporations (attach statement)	5				
				6				
			ne (Schedule E)	7				
			and rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
			me (Schedule I)	10				
	Advertising income (Schedule J)			11				
			ns; attach schedule.)	12				
			gh 12	13	0.			
Pa			ot Taken Elsewhere (See instructions found to the utions, deductions must be directly connected to the utions.)					
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16							16	
17	Bad debts						17	
18							18	
19	Taxes and licenses							
20			e instructions for limitation rules.)				20	
21	Depreciation (attach	Form 48	562)		21		l	
22			n Schedule A and elsewhere on return				22b	
23	Depletion	orrod oo	managatian plana				23	
24 25							24	
25 26	1 / 1 V							
27								
28			27					
29								0.
30								0.
31								
32								0.
33								1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or							
line 22								ı

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{WWW.irs.gov/form8868}$.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box				
•	are filing for an Additional (Not Automatic) 3-Month Ex			,			
	omplete Part II unless you have already been granted a						
	ic filing _(e-file) . You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-mo		•		•		
	file any of the forms listed in Part I or Part II with the exc	•	•				
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	ctronic filing of thi	s form,	
	r.irs.gov/efile and click on e-file for Charities & Nonprofits			1 1			
Part I	Automatic 3-Month Extension of Time		<u> </u>				
	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		T	
Part I onl	•					X	
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques			_	
					er's identifying n		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	Employer identification number (EIN) or		
print	CENTER FOUNDATION				36 2271650		
ile by the					36-3371659		
due date for iling your					Social security number (SSN)		
eturn. See nstructions.			luana ana inaku sakiana				
risti detions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60626-4062						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 7	
Applicati	on	Return	Application			Return	
ls For		Code	Is For	Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				
Form 990)-BL	02	Form 1041-A				
Form 472	20 (individual)	03	Form 4720 (other than individual)				
Form 990-PF			Form 5227				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990	0-T (trust other than above)	06	Form 8870				
	JAMES P. NOGA-V						
	ooks are in the care of 5610 N. CLARK S	STREE!	r - CHICAGO, IL 60	626-4	062		
	none No. ► 773 – 761 – 1501		Fax No.				
	organization does not have an office or place of business					▶ □	
	is for a Group Return, enter the organization's four digit						
	. If it is for part of the group, check this box				ers the extension	is for.	
1 I re	quest an automatic 3-month (6 months for a corporation						
		t organiza	tion return for the organization name	ed above.	The extension		
is f	or the organization's return for:						
	calendar year or						
	X tax year beginning JUL 1, 2013	, an	d ending JUN 30, 2014		<u> </u>		
0 1641		l l		Eine al materia	_		
2 If th	ne tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Final retur	n		
20 15.41	Change in accounting period	or 6000	ontor the tentative toy less say				
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	20	e	0.			
	nrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6069	3a	\$				
	ins application is for Forms 990-PF, 990-1, 4720, or 6069 imated tax payments made. Include any prior year overp			26	•	0.	
	imated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa			3b	\$		
	using EFTPS (Electronic Federal Tax Payment System).	3c	s	0.			
	If you are going to make an electronic funds withdrawal				T		
nstructio		, 3.1. 302 00	, a o o.oo, ooo i o c	00 LO ai	5 557 5 EO	.s. paymont	

LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)