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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

2010

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calend	ar year, or tax year beginning $07/01$, 2010, and endir	ng	06/30 , 20 11
B Check if applicable	C Name of organization		D Employer identification number
Address change	EDUCATION FOUNDATION OF DOWNERS GROVE		
Name change	DISTRICT 58		30-0101074
Initial return	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
Termination	P.O. BOX 662		(630) 854-8837
Amended return	City or town, state or country, and ZIP + 4		F Group Exemption
Application pending	DOWNERS GROVE, IL 60515		Number >
	Cash Accrual Other (specify) ► H	Check I	X if the organization is not
Website: ► WWW.D	G58EF.COM	equire	to attach Schedule B
Tax-exempt status (check only one) -	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527	(Form 9	90, 990-EZ, or 990-PF)
K Check ▶If the org	anization is not a section 509(a)(3) supporting organization and its gross receipts are i	normally	not more than \$50,000 A
Form 990-EZ or Form to file a return, be sure	990 return is not required through Form 990-N (e-postcard) may be required (see instruito file a complete return	ctions)	But if the organization chooses
	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II		
	\$500,000 or more, file Form 990 instead of Form 990-EZ		s 71,885.
	xpenses, and Changes in Net Assets or Fund Balances (see t		·
	organization used Schedule O to respond to any question in this Part		
	gifts, grants, and similar amounts received		70 000
	ce revenue including government fees and contracts		
	ues and assessments		
	ome		
	from sale of assets other than inventory	⋯⊨	
•	ther basis and sales expenses	-	
	from sale of assets other than inventory (Subtract line 5b from line 5a)	5	
	indraising events	· · 💍	
· ·	from gaming (attach Schedule G if greater than		
\$15,000) b Gross income from fundraisi	from fundraising events (not-including \$ of contributions	\dashv	
from fundraisi	ng events reported on infer Lettach Schedule G if the		
	ross income and contributions exceed \$15,000) 6b		
	penses garning and fundraising events 6c	\dashv	
d Not magne or	(loss) from genting and fundraising events (add lines 6a and 6b and subtract		
			<u>.</u>
7 9 Cross soles of	Inventory Leas Teturas rand allowarces 7a	6	<u>a</u>
h Loss sales of	inventory less returns and allowances 7a pools sold 0 7b	_	
Cross profit of	(loss) from asias of investory (Subtreet line 7b from line 7a)	₇	
	(loss) from sales of inventory (Subtract line 7b from line 7a)		
9 Total revenue	(describe in Schedule O). e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
	nilar amounts paid (list in Schedule O) o or for members		
	o or for members		
	ees and other payments to independent contractors		
14 Occupancy, re			
15 Printing, public	nt, utilities, and maintenance	1	
16 Other expense	ations, postage, and shipping	1	
17 Total expense	As Add lines 10 through 16	• • ⊢ –	
40 5	es. Add lines 10 through 16	1:	
18 Excess or (def	und balances at beginning of year (from line 27, column (A)) (must agree with	· · ' '	17,140.
			139,657.
	ure reported on prior year's return)	19	
	In net assets or fund balances (explain in Schedule O)	. 21	150 505
	Act Notice see the senarate instructions	<u>▶ 2</u>	Form 990-F7 (2010

Pa	rt II Balance Sheets. (see the instructions for Part II)						=	_
	Check if the organization used Schedule O to re-	spond to any	questio	n in this Part II..			X	·
			(A) Beginning of year		(В) End of year	
22	Cash, savings, and investments ATTACHMENT. 3	3		138,132		22	152,397.	
23	Land and buildings			275		23	150.	
24	Other assets (describe in Schedule O) ATTACHMENT 4			38,250		24	33,250.	_
25	Total assets	[176,657		25	185,797.	
26	Total liabilities (describe in Schedule O) ATTACHMENT .5	S <i></i> [37,000		26	32,000.	
27	Net assets or fund balances (line 27 of column (B) must agree w	ith line 21)		139,657		27	153,797.	
Pa	rt III Statement of Program Service Accomplishme	•		·			xpenses	
	Check if the organization used Schedule O to respon	nd to any quest	on in thi	s Part III,,,,,	Χ.		red for section (3) and 501(c)(4)	
Wh	at is the organization's primary exempt purpose? ATTACHME	NT 6					zations and section	
	cribe what was achieved in carrying out the organization's exempt p		ar and co	oncise manner, descr	ıbe	_)(1) trusts, optional	
the	services provided, the number of persons benefited, and other releva	ant information fo	r each pr	ogram title		for other	ers)	
28	ATTACHMENT 7							
					_			
		-						
	(Grants \$ 83.) If this amount include	s foreign grants, o	heck her	e		28a	83	
	REACHING NEW HEIGHTS GRANTS - PROGRAM I							_
	SCHOOLS WITHIN DISTRICT 58 TO CONDUCT E	DUCATIONAL	PRO	GRAMS THAT				
	WOULD NOT BE AVAILABLE DUE TO BUDGET CO	NSTRAINTS.	,					
	(Grants \$ 6,500.) If this amount include	s foreign grants, o	heck her	e b		29a	6,500	
30	SELECT 58 - PROGRAM RECOGNIZES 58 STUDE				 S			
	WHO HAVE SHOWN THEMSELVES TO BE GOOD CI							
	MODELS.			- u.				
	(Grants \$ 801.) If this amount include:	s foreign grants, d	heck her	e		30a	801	
	Other program services (attach schedule)ATTACHMENT					-004		-
	(Grants \$ 30,172.) If this amount include:			•	ij	31a	30,172	
	Total program service expenses (add lines 28a through 31a)				$\overline{}$	32	37,556	
	irt IV List of Officers, Directors, Trustees, and Key Emplo				(see			_
	Check if the organization used Schedule O to respon	-						7
	(a) Name and address	(b) Title and a hours per w	verage	(c) Compensation (If not paid,	emr) Contributions to		
	(a) Name and address	devoted to po		enter -0)	de	ferred compensatio		,
						_		
	ATTACHMENT 9			-0-	ļ	-0-	-0-	_
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Form 99	0-EZ (2010) 30-01010	74		Page 3
Part '	Other Information (Note the statement requirements in the instructions for Part V)			
	Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			1
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ	Ì	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	.		1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	1	1	
b	Gross receipts, included on line 9, for public use of club facilities	4		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			-
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			-
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been			x
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	 -	 ^ -
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
d	4955, and 4958			
ű	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	transaction? If "Yes," complete Form 8886-T	40e	ľ	x
41	List the states with which a copy of this return is filed $ ightharpoonup$ IL,		1	
42a	The organization's books are in care of ▶BRIAN KRAJEWSKI Telephone no ▶ 630-85	4-88	37	
	Located at ▶P.O. BOX 662 DOWNERS GROVE, IL ZIP+4 ▶ 60515		••	
b	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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign county ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		-	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
4.5	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	· []
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			V	NI-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	Yes	No
77 a	completed instead of Form 990-EZ	110		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		+**
	completed instead of Form 990-EZ	44b	· · · ·	- X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		
	explanation in Schedule O	44d	[
		om 99	0-EZ	(2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13) 27 May 1		and the state of t						
meaning of section 512(b)(13)* If "Yes," Form 990 and Schedule R must be completed instead of Form 990-E2 46 Dut the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	a Di	any related organization a controlled entity of the	e organization within the m	eaning of secti	on 512(b)(13)?	45	<u> </u>	Х
45 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	u D	d the organization receive any payment from or	engage in any transaction	with a controlle	ed entity within the			
46 Dot the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 1947(a)(1) nonexempt charitable trusts must answer questions 47-49t and 52, and complete the lables for lines 50 and 51 Check if the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 1700(f)(1)(A)(iii)* If "Yes," complete Schedule E 48 49a Did the organization as school as described in section 570(f)(1)(A)(iii)* If "Yes," complete Schedule E 48 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees on employees) who each received more than \$100,000 of compensation from the organization in the organization in the organization in the organization in the organization of the organization in the organization of the organization in the organization in the organization in the organization in the organization of organization	m	eaning of section 512(b)(13)? If "Yes," Form 9	990 and Schedule R mus	t be complete	d instead of Form			
to candidates for public office? If "es", complete Schedule C, Part I Soction 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49t and 52, and complete the tables for lines 50 and 51 Check if the organization as described in section 1947(a)(1) nonexempt charitable trusts must answer questions 47-49t and 52, and complete the tables for lines 50 and 51 Check if the organization as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule C. Part II 47 18 Is the organization a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E. 48 19 If "Yes," was the related organization a section 527 organization? 10 If "Yes," was the related organization a section 527 organization? 10 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees an employees) who each received more than \$100,000 of compensation from the organization if there is none if the response of the organization is 100,000 of compensation from the organization is other allows 10 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is first an average devoted to posterior 10 Total number of other employees paid over \$100,000. 11 Complete this table for the organizations five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if five is none; and section \$100,000 of compensation from the organization if we highest compensated independent contractors who each received more \$100,000 of compensation from the organization if we highest compensated independent contractors who each received more \$100,000 of compensation from the organization if we highest compensated independent contractors who each received more than \$100,000 of compensation from	98	90-EZ				45a		
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S01(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49t and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this part VI 17 Did the organization a school as described in section 170(b)(1)(A)(ii) if l'Yes, complete Schedule C. Part II 18 Is the organization as school as described in section 170(b)(1)(A)(ii) if l'Yes, complete Schedule E	to	candidates for public office? If "Yes," complete S	chedule C, Part I			46		X
S01(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49t and 52, and complete the tables for fines 50 and 51 Check if the organization used Schedule O to respond to any question in this part VI 17 Did the organization a school as described in section 170(b)(11)(A)(9) If "Yes," complete Schedule C. Part II 18 Is the organization as school as described in section 170(b)(11)(A)(9) If "Yes," complete Schedule E	Part VI	Section 501(c)(3) organizations and se	ection 4947(a)(1) none	xempt charit	able trusts only.	All se	ction	
Check if the organization used Schedule O to respond to any question in this part VI 147 148 159 150 150 150 150 150 150 150 150 150 150	-	501(c)(3) organizations and section 4947	7(a)(1) nonexempt charı	table trusts m	ust answer questic	ons 4	7-49t)
Yes		and 52, and complete the tables for lines	s 50 and 51					
Yes		Check if the organization used Schedule	O to respond to any que	estion in this p	art VI			. [
d Total number of other employees paid over \$100,000 . ► 1 Total number of other employees paid over \$100,000 . ► 1 Total number of other independent contractors five highest compensated independent contractors who each received more \$100,000 of compensation from the organization in the organization if there is none, enter "None" (a) Name and address of each employees paid over \$100,000 . ► 1 Total number of other employees paid over \$100,000 . ► 1 Total number of other independent contractors five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each employees paid more than \$100,000 of compensation from the organization if there is none, enter "None" 1 Total number of other employees paid over \$100,000 . ► 1 Complete this table for the organizations five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractors five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" (b) Type of service (c) Compensation from the organization of the enter "None" (a) Name and address of each independent contractors pad more than \$100,000 (b) Type of service (c) Compensation from the organization of the enter "None" (b) Type of service of the enter independent contractors receiving over \$100,000 (c) Type of service of the enter independent contractors receiving over \$100,000 (c) Type of service of the enter independent contractors receiving over \$100,000 (c) Type of service of the enter independent contractors receiving over \$100,000 (c) Type of service of the enter independent contractors receiving over \$100,000 (c) Type of print name and tile "Prints		Oliock in the oliganization accessoring	. с то тоороли то сто, че					No
the transparation as school as described in section 170(b)(1)(A)(v)? If "Yes," complete Schedule E 48 as a bit the organization make any transfers to an exempt non-charidable related organization? 49 b If "Yes," was the related organization a section 527 organization? 49 b If "Yes," was the related organization as section 527 organization? 49 b If "Yes," was the related organization as section 527 organization organization in the organization organization in the organization in the organization in the organization organization in the organization organization in the organization in the organization organizati	4. D.	d the committee angles in labelium activities?	If "Vee " complete Cohodul	o C. Dort II		47	163	X
19a Did the organization make any transfers to an exempt non-charitable related organization? 19b If "Yes," was the related organization a section 527 organization? 19c Omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 19c Total number of other employees paid over \$100,000. NONE 19c Total number of other employees paid over \$100,000. 19c Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" 19c Total number of other employees paid over \$100,000. 19c Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" 19c Total number of other independent contractors five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" 19c Total number of other independent contractors received more \$100,000 of compensation from the organization if there is none, enter "None" 19c Total number of other independent contractors received more \$100,000 of compensation from the organization if there is none, enter "None" 19c Total number of other independent contractors received more \$100,000 of compensation from the organization from the organization in the organization in the organization of the organization of the organization from the								X
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employees) who each received more than \$100,000 of compensation from the organization in if there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 of compensation (a) the property of the employee bands plans is deferred compensation (b) Tayle of service (c) Compensation (d) C						$\overline{}$	<u></u>	
(a) Name and address of each employee paid more hours per week deverted to position NONE f Total number of other employees paid over \$100,000 .	5 0 Co	omplete this table for the organization's five high	hest compensated employ	ees (other than	officers, directors,	truste	es an	d ke
(a) Name and address of each employee paid more hours per week devoted to position NONE f Total number of other employees paid over \$100,000 . ▶ Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the paid of the	er	nployees) who each received more than \$100,00	00 of compensation from t	he organization	If there is none, ent	ter "No	one "	
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f Total number of other employees paid over \$100,000								
f Total number of other employees paid over \$100,000		than \$100,000	devoted to position		dererred compensation	Other	anowa	11003
f Total number of other employees paid over \$100,000	NONE		4					
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	NONE NONE d To 52 Di no Inder penalue, correct Sign Here	omplete this table for the organization's five his 100,000 of compensation from the organization (a) Name and address of each independent contractor paid otal number of other independent contractors record the organization complete Schedule A? Note: A onexempt charitable trusts must attach a completities of perjury. I declare that I have examined this return, inclusion, and complete Declaration of preparer (other than officer) is be a signature of officer. BRIAN PROVIDED TO THE POLITER OF THE POLITER AND TO THE POLITER OF	ghest compensated indep If there is none, enter "Nor I more than \$100,000 Ceiving over \$100,000 All section 501(c)(3) organited Schedule A····· uding accompanying schedules an ased on all information of which president and the section of the se	zations and 494 d statements, and teparer has any know	e of service 47(a)(1) to the best of my knowled viedge 2//0//2 Check fremployed P Firm's EIN 36-27 Phone no 630-9	X Yed tige and 100095834	s belief, i	No it is
SA 10 030 Form 990-EZ (NONE NONE d To 52 Di no inder penalue, correct Sign Here	complete this table for the organization's five his 100,000 of compensation from the organization (a) Name and address of each independent contractor paid of the organization complete Schedule A? Note: A prexempt charitable trusts must attach a completities of perjury, I declare that I have examined this return, including and complete Declaration of preparer (other than officer) is because of print to prepare the prepare the print to prepare the print to prepare the prepared to prepared the prepared to prepar	ghest compensated indep If there is none, enter "Nor I more than \$100,000 Ceiving over \$100,000 All section 501(c)(3) organited Schedule A uding accompanying schedules an assed on all information of which proceed the section of the secti	zations and 494 d statements, and teparer has any know	e of service 47(a)(1) to the best of my knowled viedge 2//0//2 Check fremployed P Firm's EIN 36-27 Phone no 630-9	X Yed tige and 100095834	s belief, i	No it is

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Open to Public Inspection

Name of	the organization EDU	CATION FOUND	ATION OF DOWNERS	GROV	Æ			Emplo	yer iden	tification number
DI	STRICT 58		· · · · · · · · · · · · · · · · · · ·							-0101074
Part I	Reason for Publ	ic Charity Status	s (All organizations mu	st cor	nplete	this pa	art) Se	e instr	uctions	
1 📋	A church, convention	on of churches, or	cause it is (For lines 1 the association of churches of	describ	-	•		•		
2			(1)(A)(ii). (Attach Schedul	-						
3	•		ervice organization descri			-				
4 🔛			erated in conjunction wi	th a r	ospita	ıl descr	ibed in	sectio	n 170(t	o)(1)(A)(iii). Enter the
<u>-</u> —	hospital's name, cit	·	and of a college or ways							
5	section 170(b)(1)(A		nefit of a college or univi Part II)	ersity	ownec	or ope	erated t	by a go	vernme	entar unit described in
6			or governmental unit des	cribed	ın seci	tion 170	(b)(1)(A)(v).		
7 X	An organization that	at normally receive	es a substantial part of it						nt or fro	om the general public
	described in sectio									
8	•		on 170(b)(1)(A)(vi). (Com							
9	-	•	es (1) more than 331/3%							•
	· · · · · · · · · · · · · · · · · · ·		exempt functions - subj							
			ome and unrelated busin				-		n 511	tax) from businesses
			e 30, 1975 See section					•		
10		•	ted exclusively to test for	•	-				•	
11	=	-	rated exclusively for the							· ·
			pported organizations de es the type of supporting							
	a Type I	b Type						111103 1	d [¬ i
е	<u> </u>		the organization is not			-	_	rectly		
	-	-	gers and other than one			-		-	-	
	509(a)(1) or section		9			,		3		
f			n determination from the	e IRS	that it	ıs a T	vpe I. T	Type II.	or Typ	e III supportina
	organization, check					•			•	· · · · · ·
g			nization accepted any gift	or co	ntribut	on from	any of	the		
	following persons?									
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogeth	er with	person	s desc	ribed in	Yes No
	and (III) below,	the governing boo	ly of the supported organ	ıızatıon	?					11g(ı) X
	(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii) X
	(iii) A 35% controll	led entity of a pers	on described in (i) or (ii) a	bove?						[11g(ııi)] X
<u>h</u>	Provide the following	ng information abo	ut the supported organiza	ation(s)					
(i) N	lame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in	1	ou notify		ls the	(vii) Amount of
	organization		above or IRC section	col (ı)	listed in overning		anization		zation in rganized	support
			(see instructions))	docu	ment?	<u> </u>	ipport?		US?	
				Yes	No	Yes	No	Yes	No	
(A)								ĺ		
(D)										
(B)			******	<u> </u>					<u></u>	
(C)										
(D)										
(E)										
T-4-1										
Total		<u> </u>	<u></u>	L	L	<u> </u>	L		L	L

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	53,645.	55,604.	93,172.	102,562.	70,826.	375,809.
2	Tax revenues levied for the organization'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	53,645.	55,604.	93,172.	102,562.	70,826.	375,809.
5	The portion of total contributions by each		· · · · · · · · · · · · · · · · · · ·			- , '-	
_	person (other than a governmental unit or		i		*	-	
	publicly supported organization) included	Chr.		1 /			
	on line 1 that exceeds 2% of the amount	·					
	shown on line 11, column (f)	١	, ,	-	٠,		
6	Public support. Subtract line 5 from line 4	j - , , , , , , , , , , , , , , , , , ,	,	, ,	-		375,809.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	53,645.	55,604.	93,172.	102,562.	70,826.	375,809.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,867.	14,561.	2,688.	1,777.	1,059.	24,952.
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	· , .			<u> </u>	<u></u>	400,761.
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>	· · · · · · · · ·				
<u>Sec</u>	tion C. Computation of Public Sup	•				T T	
14	Public support percentage for 2010 (I	•	•			14	93.77%
15	Public support percentage from 2009					15	94.50%
16a	331/3% support test - 2010. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2009. If the						
	check this box and stop here. The org		-	-			
17a	10%-facts-and-circumstances test - 2	-					
	or more, and if the organization m					-	•
	Part IV how the organization meets			•	•	•	upported
	organization						, ▶ 🔲
þ	10%-facts-and-circumstances test -		•		-		
	15 is 10% or more, and if the org						•
	Explain in Part IV how the organization				~		publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization						
	instructions	<u> </u>		<u> </u>		<u> </u>	▶∟
						Schedule A (Form 9	

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)

	tion A. Public Support	(2) 2006	(F) 2007	(a) 2000	(4) 2000	(6) 2040	/A T-4-1
Ca	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				İ		İ
	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 business under section 513						
4	Tax revenues levied for the organization's	,					
•	benefit and either paid to or expended on					i	
	its behalf						
5	The value of services or facilities				<u> </u>		
•	furnished by a governmental unit to the						
	, ,						
	organization without charge					 	
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3				•		
h	received from disqualified persons 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						
С	Add lines 7a and 7b					ļ <u></u>	
8	Public support (Subtract line 7c from						
	line 6)					L,	
Sect	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends,				ļ		
	payments received on securities loans, rents, royalties and income from similar						
	sources						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business		İ				
	activities not included in line 10b,				}	1	
	whether or not the business is regularly						
	carried on		··			 	
2	Other income Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part IV)		 				
3	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u></u>	<u></u>	L	J	
4	First five years. If the Form 990 is for						
	organization, check this box and stop here			· · · · · · · · ·		· · · · · · · · · · · ·	<u></u> ▶
ect	tion C. Computation of Public Sup					11	
		. column (f) divid	ed by line 13, colur			15	·
5	Public support percentage for 2010 (line 8					16	
5 6	Public support percentage from 2009 Sche	edule A, Part III, III	ne 15		····		
5 6	Public support percentage from 2009 Schettion D. Computation of Investmen	edule A, Part III, lu nt Income Per	centage				
5 6	Public support percentage from 2009 Schetion D. Computation of Investmer Investment income percentage for 2010 (In	edule A, Part III, lii nt Income Per ne 10c, column (ne 15 centage (f) divided by line 1	3, column (f))		17	
5 6 ect	Public support percentage from 2009 Schettion D. Computation of Investmen	edule A, Part III, lii nt Income Per ne 10c, column (ne 15 centage (f) divided by line 1	3, column (f))		17	
6 Gec1 7	Public support percentage from 2009 Schetion D. Computation of Investmer Investment income percentage for 2010 (In	edule A, Part III, lu nt Income Per ne 10c, column (Schedule A, Part	ne 15 centage (f) divided by line 1	3, column (f))		17	and line
6 Gec1 7	Public support percentage from 2009 Schetion D. Computation of Investment Investment income percentage for 2010 (Investment income percentage from 2009)	edule A, Part III, lunt Income Per ne 10c, column (Schedule A, Part ganization did n	centage (f) divided by line 1 III, line 17 ot check the box	3, column (f))	J line 15 is mor	17 18 e than 331/3 %, a	
6 6 6 7 8 9	Public support percentage from 2009 Schetton D. Computation of Investment Investment income percentage for 2010 (Investment income percentage from 2009 331/3% support tests - 2010. If the organization of the support is not more than 331/3%, check the	edule A, Part III, lunt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto	centage (f) divided by line 1 III, line 17 ot check the box p here The orga	3, column (f))	d line 15 is mor	17 18 e than 331/3 %, a supported organi	zation 🕨 [
6 6 6 7 8 9	Public support percentage from 2009 Schetion D. Computation of Investmer Investment income percentage for 2010 (In Investment income percentage from 2009 331/3% support tests - 2010. If the organization of the investment income than 331/3%, check the 331/3% support tests - 2009. If the organization is not more than 331/3%, check the investment income than 331/3%, check the investment in the investment in the investment in the investment in the investment in the investment in the investment in the investment in the investment in the investment in the investment in the investment in the investment investment in the investment investment investment investment in the investment	edule A, Part III, lunt Income Per ne 10c, column (Schedule A, Part ganization did not anization did not anization did not not anization did not	rcentage f) divided by line 1 III, line 17 ot check the box p here The orgonicheck a box on	3, column (f))	d line 15 is mor s as a publicly Da, and line 16 is	17 18 e than 331/3 % a supported organis more than 331/3	zation ► [3 %, and
6 6 6 7 8 9	Public support percentage from 2009 Schetton D. Computation of Investment Investment income percentage for 2010 (Investment income percentage from 2009 331/3% support tests - 2010. If the organization of the support is not more than 331/3%, check the	edule A, Part III, lunt Income Per ne 10c, column (Schedule A, Part ganization did not so anization did not this box and so this box and so	centage (f) divided by line 1 III, line 17 ot check the box p here The orgo check a box on top here The or	3, column (f)) con line 14, and anization qualified line 14 or line 19 ganization qualified ganization qualified processors.	d line 15 is mor s as a publicly Da, and line 16 is	te than 331/3 %, a supported organis more than 331/3 supported organis	zation ► [3 %, and zation ► [

Page 4

Schedule A (Form 990 or 990-EZ) 2010

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12 Also complete this part for any additional information (See

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**10**

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.

Open to Public Inspection

,059

Department of the Treasury Internal Revenue Service Name of the organization

TOTAL

EDUCATION FOUNDATION OF DOWNERS GROVE

Employer identification number 30-0101074

DISTRICT 58

DESCRIPTION INTEREST INCOME

ATTACHMENT 1

AMOUNT 1,059.

ATTACHMENT 2 FORM 990EZ, PART I - OTHER EXPENSES DEPRECIATION 250. ASSOCIATION MEMBERSHIP DUES 250. BANK FEES 736. COMPUTER DATABASE COSTS 564. INSURANCE 1,190. CIRCUS CONTRIBUTION EXPENSES 10,230. SPRING SHOW CONTRIBUTION EXPENSES 6,279. MISCELLANEOUS EXPENSE 250. WEBSITE EXPENSE 440. TOTAL 20,189.

	ATTACHM	ENT 3
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SAVINGS INVESTMENTS - SECURITIES	25. 80,185. 57,922.	25. 93,572. 58,800.
TOTALS	138,132.	152,397.

FORM 990EZ, PART II - OTHER ASSETS	ATTACHMENT 4			
Total 930BB, That II Other Mobile	BEGINNING	END		
DESCRIPTION	OF YEAR	OF YEAR		
PLEDGES RECEIVABLE	37,000.	32,000.		
OTHER ASSETS	1,250.	1,250.		
TOTALS	38,250.	33,250.		

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) 2010 Page 2 EDUCATION FOUNDATION OF DOWNERS GROVE Employer identification number DISTRICT 58 30-0101074 ATTACHMENT 5 FORM 990EZ, PART II - TOTAL LIABILITIES BEGINNING END DESCRIPTION OF YEAR OF YEAR 37,000. SUPPORT AND REVENUE FOR FUTURE PERIODS 32,000. TOTALS 37,000. 32,000.

ATTACHMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO RECEIVE AND DISBURSE FUNDS, PROPERTY AND GIFTS OF ANY KIND EXCLUSIVELY FOR THE BENEFIT OF STUDENTS ATTENDING PUBLIC SCHOOLS WITHIN DISTRICT 58, DOWNERS GROVE, IL.

ATTACHMENT 7

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

SNEAK PREVIEW - THE FOUNDATION SPONSORS THIS EXEMPLARY ORIENTATION PROGRAM FOR ALL NEW OR INCOMING 7TH GRADE STUDENTS. THE PROGRAM ALLOWS STUDENTS TO BECOME ACCLIMATED TO THE BUILDING THEY'LL BE ATTENDING, INTRODUCED TO THE STUDENTS THEY'LL BE GOING TO SCHOOL WITH AND AN INTRODUCTION TO THE CLASSES THEY'LL BE TAKING.

ATTACHMENT 8

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS AND ALLOCATIONS

EXPENSES

Name of the organization EDUCATION FOUNDATION OF DOWNERS GROVE DISTRICT 58	' '	dentification number 0101074
FORM 990EZ, PART III - OTHER PROGRAM SERVICES	ATTACHM	ENT 8 (CONT'D)
TORE TORES TAKE THE OTHER PROGRAM SERVICES	GRANTS AND	
DESCRIPTION	ALLOCATIONS	EXPENSES
NEW EMPLOYEE LUNCHEON - NEW EMPLOYEES ARE WELCOMED AT A FOUNDATION SPONSORED LUNCHEON WHERE THEY ARE INTRODUCED TO THE FOUNDATION AS WELL AS TO OTHER COMMUNITY LEADERS. MAXI GRANTS - PROGRAM IS SET UP TO ENCOURAGE AND REWARD CREATIVE TEACHING WHICH WILL DIRECTLY	662.	662.
BENEFIT THE STUDENTS.	28,510.	28,510.
COMMUNITY GRANT - DESTINATION IMAGINATION PROGRAM	1,000.	1,000.
TOTALS	30,172.	30,172.

11:04:53 AMV 10-8.2

ATTACHMENT 9

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ATTACHMENT	

	CONTRIBUTIONS EXPENSE ACCT. TO EMPLOYEE AND OTHER ON BENEFIT PLANS ALLOWANCES	.0 0.0	0.00.0	.0 .0	.0 .0	0. 0. 0.
ST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	PRESIDENT	PRESIDENT EMERITUS	DIRECTOR	SECRETARY
FORM 990EZ, PART IV - LIST OF OFFICERS,	NAME AND ADDRESS	ROBERT AUMENT P.O. BOX 662 DOWNERS GROVE, IL 60515	GREG BEDALOV P.O. BOX 662 DOWNERS GROVE, IL 60515	MARC HAUSMANN P.O. BOX 662 DOWNERS GROVE, IL 60515	LAURA CRAWFORD P.O. BOX 662 DOWNERS GROVE, IL 60515	TANA WILLIAMS P.O. BOX 662 DOWNERS GROVE. II. 60515

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DIRECTOR EX OFFICIO

LIZ DAVIS P.O. BOX 662 DOWNERS GROVE, IL 60515

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DIRECTOR

LIZ O'TOOLE P.O. BOX 662

TRUSTEES AND KEY EMPLOYEES DIRECTORS, - LIST OF OFFICERS, PART IV FORM 990EZ,

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
DOWNERS GROVE, IL 60515				
BARB WYSOCKI P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	Ö	Ö	.0
PAUL ZAANDER P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR EX OFFICIO	Ö	o	.0
TODD GALLENTINE P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	.0	Ö	o
BRIAN KRAJEWSKI P.O. BOX 662 DOWNERS GROVE, IL 60515	VP	Ö	o	o
DEBBIE DREWS P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	Ö	Ö	.0
PAUL LUEKEN P.O. BOX 662 DOWNERS GROVE, IL 60515	TREASURER	.0	.0	.0

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EDUCATION FOUNDATION OF DOWNERS GROVE

FORM 990EZ, PART IV - LIST OF OFFICERS,	DIRECTORS, TRUSTEES AND KEY	EMPLOYEES		
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MIKE BUSSE P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	.0	.0	o
LAURA NEIBERG P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	.0	.0	.0
FRED HABER P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	.0	.0	.0
TOM RIZZI P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	.0	.0	0
JAY STOCKI P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR	.0	.0	.0
MARK MANZI P.O. BOX 662 DOWNERS GROVE, IL 60515	DIRECTOR EX OFFICIO	.0	.0	.0
DIANE PETERSON P.O. BOX 662	DIRECTOR EX OFFICIO	.0		Ö

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EMPLOYEES	
S AND KEY E	
AND	
TR	
OF OFFICERS, DIRECTORS	
OF	
LIST	
- AI	
990EZ,	
FORM	

EXPENSE ACCT. AND OTHER ALLOWANCES			0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		Ö	0
COMPENSATION		Ċ	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	DOWNERS GROVE, IL 60515	DEB KIMMINAU P.O. BOX 662 DOWNERS GROVE, IL 60515	

ATTACHMENT 9

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	e Service	► File a	separate a	pplication for each return.			
If you are	filing for ar	Automatic 3-Month Extension, o	omplete o	only Part I and check this box		▶ X	
				ision, complete only Part II (on pag			
				tomatic 3-month extension on a pre		}	
a corporatio 8868 to req Return for instructions)	n required quest an ex Transfers A For more	to file Form 990-T), or an additior tension of time to file any of the associated With Certain Persona details on the electronic filing of the	nal (not au forms liste I Benefit nis form, vis	ou need a 3-month automatic extentionatic) 3-month extension of time and in Part I or Part II with the excended contracts, which must be sent to sit www.irs.gov/efile.and.click.on.e-f	You can electronically eption of Form 8870, lip the IRS in paper for	ly file Form nformation ormat (see	
Part I Au	tomatic 3	-Month Extension of Time. On	lly submit	original (no copies needed)			
A corporatio	n required	to file Form 990-T and requesting	an automa	atic 6-month extension - check this l	box and complete		
Part I only	·					▶ □	
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use Form 7004 to	request an extension o	of time	
to file incom					•		
Type or		cempt organization EDUCATION F	OUNDAT	ON OF DOWNERS GROVE	Employer identification	number	
print							
	Number street and room or suite no. If a P.O. hoy see instructions						
File by the due date for							
filing your	City town or nost office, state, and ZIP code. For a foreign address, see instructions.						
return See instructions	1	S GROVE, IL 60515					
	DOMEST	5 CHOVE, 12 CCC10			*****		
Enter the Re	eturn code f	for the return that this application	is for (file a	a separate application for each return	0	. 03	
Application			Return	Application		Return	
Is For			Code	Is For		Code	
Form 990			01	Form 990-T (corporation)	-	07	
Form 990-BI		***************************************	02	Form 1041-A		08	
Form 990-E			03	Form 4720		09	
Form 990-PI			04	Form 5227		10	
•		a) or 408(a) trust)	05	Form 6069		11	
		r than above)	06	Form 8870		12	
1 01111 330-1	(trust other	than above)		11 01111 0070		12	
Telephon	e No ▶	care of ► BRIAN KRAJEWSK		FAX No ►		, [—]	
				the United States, check this box		▶ 🔲	
		Return, enter the organization's for			If the		
				art of the group, check this box	▶ i and atta	3CN	
		nd EINs of all members the extensi			•		
	est an autor		-	equired to file Form 990-T) extension			
until			exempt or	ganization return for the organizatio	n named above. The ex	ktension is	
	-	on's return for					
		ear 20 or					
► X	tax year be	eginning 07/0	<u>)1</u> , 20 <u>1</u>	0, and ending	<u>06/30</u> , 20 <u>11</u>		
		ered in line 1 is for less than 12 m ccounting period	onths, che	ck reason Initial return	Final return		
3a If this	application	is for Form 990-BL, 990-PF. 99	0-T, 4720), or 6069, enter the tentative tax	, less any		
		edits See instructions	·		3a \$		
b If this	applicatio	n is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cr			
		ments made Include any prior yea		•	3ь \$		
				ent with this form, if required, by us			
		l Tax Payment System) See instru		, , , , , , ,	3c \$		
				with this Form 8868, see Form 8		379-EO for	
payment ins	-			,			
		Act Notice, see Instructions	• • • • •		Form 8868	(Rev 1-2011)	