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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2011

Open to Public Inspection

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

June 30 July 1 2011, and ending 20 12 For the 2011 calendar year, or tax year beginning C Name of organization Elmhurst District 205 Foundation for Educational Excellence D Employer identification number В Check if applicable 36-3626419 Address change Doing Business As E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 162 South York Road 630-617-2328 City or town, state or country, and ZIP + 4 Terminated Elmhurst, IL 60126 G Gross receipts \$ Amended return F Name and address of principal officer Lisa Fanelli H(a) Is this a group return for affiliates? Thes Wo Application pending 162 S. York Road, Elmhurst, IL 60126 H(b) Are all affiliates included? Yes No. If "No," attach a list (see instructions) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or **✓** 501(c)(3) www elmhurst205.org/foundation H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ M State of legal domicile L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities. To serve as a vehicle for soliciting, receiving and allocating gifts, grants and bequests of money, property or services to enhance Activities & Governance and enrich the programs, activities and facilities of Elmhurst CUSD #205 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 4 22 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 0 Net unrelated business taxable income from Form 990-T, line 34 7h Current Year Contributions and grants (Part VIII, line 1h). 309,441 183,238 Program service revenue (Part VIII, line 29). 9 o Investment income (Part VIII, column (A); lines 3, 4, and 7d) 3,760 4,127 10 Other revenue (Part VIII, Column (A), lines 5, 6d, 86–9c, 10c, and 11e). Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 71,431 69,723 384,632 257,088 12 Grants and similar amounts paid (Part IX, column (A) lines 1-3) . 13 186.735 330.830 Benefits paid to or for members (Part IX, column (A), line 4) .
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14 15 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,274 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 27,617 214,352 372,104 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) (115,016) 170.280 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 381,617 272,668 21 Total liabilities (Part X, line 26) 54,713 40,251 22 326,904 Net assets or fund balances. Subtract line 21 from line 20 232,417 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge m Sign Here Date Print/Type preparer's name Preparer's signature Paid Check Trif 2141 13 Preparer Firm's name **Use Only** Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

CANNED MAR 1 4 2013

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Yes No
Form **990** (2011)



Part	Checklist of Required Schedules		V	- N-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	✓	<b>-</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>▼</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	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	10	<b>✓</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>✓</b>
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		<b>√</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		<b>√</b>
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</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	14b		<b>→</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	16		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>√</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	, 99n	(2011)
		1 (1)		(4.011)

Part	Checklist of Required Schedules (continued)			
04	Delilion and the state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	
22	Did the organization report more than \$5,000 of grants and 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		1
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		1
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 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		√ √
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>√</b>
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		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ·
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		· •
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		<u>·</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	34	<b>✓</b>	•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	<b>√</b>	<b>√</b>
			. 000	

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Part				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	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		1
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 return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓
	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?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?	4a		✓
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? .	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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 services provided to the payor?	7a	✓	Ĺ
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?	7c		✓
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		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
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?	8		<b>  √</b>
9	Sponsoring organizations maintaining donor advised funds.			١,
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a		<b>/</b>
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
10-	· · · · · · · · · · · · · · · · · · ·	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<del>                                     </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which		,	
U	All and the state of the state			
С	the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
14a		14b		<del>  •</del>
b	1 105, has it lied a 1 offit 720 to report these payments. If two, provide all explanation in schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins		
Section	on A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	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?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>√</b>
6	Did the organization have members or stockholders?	6		<b>✓</b>
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?	7a		<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	<b>/</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	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.	9	/- )	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae ) Yes	No
40.	Delite annual de la contraction de la contractio	10a	165	<b>√</b>
10a b	Did the organization have local chapters, branches, or affiliates?	10a		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?  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?	14	<b>✓</b>	
_	The organization's CEO, Executive Director, or top management official	15a		<b>/</b>
a b	Other officers or key employees of the organization	15b		1
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	· · · ·	<u> </u>	<del>                                     </del>
16a		16a		1
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			
C = 24.	organization's exempt status with respect to such arrangements?	16b	l	Ь
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ Illinois		-	
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	only)
19	Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	

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

Check if Schedule O contains a response to any question 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.

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

✓ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A)	(B)	/40.0	at ab	Pos		, than a		(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (describe	오코	5	Q	~	ĜΞ	T,	from the	related organizations	other compensation
	hours for	함	ŝ	Officer	97 6	핥	Former	organization	(W-2/1099-MISC)	from the
	related	ecto	ğ	۳	큥	st c	۳ ا	(W-2/1099-MISC)		organization
	organizations	~ =	ם		Key employee	3				and related
	in Schedule O)	Individual trustee or director	Institutional trustee		ď	) en				organizations
	-′	"	ee			Highest compensated employee		ļ		
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Part VII Section A. Officers, Directors, Tru (A)	(B)			(e Pos	C) ition			(D)	(E)		(F)	
Name and title	Average hours per week (describe	(do not check more than box, unless person is bo officer and a director/tru					Reportable compensation		Reportable compensation from related organizations	an an	timated nount of other pensat	of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org and	perisation the anization of the control of the cont	e on ed
(15)		<u>-</u>										
(16)												
(17)												
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(24)							-	<u> </u>				
(25)					_							
1b Sub-total	rt VII, Sectio	on A	<u>.</u>		 ·	•	<b>&gt; &gt; &gt;</b>					
Total number of individuals (including be reportable compensation from the organization)			ose	list	ed :	above	e) w	ho received m	ore than \$100,0	00 of		
3 Did the organization list any former employee on line 1a? If "Yes," complete	officer, direc	tor, c					emp	oloyee, or high	est compensat	ed 3	Yes	s No
4 For any individual listed on line 1a, is to organization and related organization individual	he sum of re s greater th	portal an \$1	ble ( 150,	con	nper	nsatio				he ch		
5 Did any person listed on line 1a receive for services rendered to the organization	or accrue co	ompe	nsat	tion	fro				zation or individi	ual 5		-
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highes compensation from the organization R year.</li> </ol>												tax
(A) Name and business a	ddress							(B) Description of s	ervices	(C Comper		
										<u></u>		
2 Total number of independent contract received more than \$100,000 of competitions.							th	ose listed abo	ove) who			

Part	VIII	Statement of Revenue				-	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, ĕ	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					,
ion	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	183,238				
ntri d O	g	Noncash contributions included in lines 1a-1f \$					
Co	h	Total. Add lines 1a-1f	>	183,238			
ne			Business Code				
Program Service Revenue	2a						
æ	b		1				
vice	С						
Ser	d						
틅	е						
ogr	f	All other program service revenue.					
_놉	9	Total. Add lines 2a-2f .					
	3	Investment income (including divi		-			
		•		4,127			4,127
	4	Income from investment of tax-exempt	·				
	5	Royalties	▶				
	_	<del></del>	(II) Personal				
	6a	Gross rents			*		
	b	Less: rental expenses			•		
	C.	Rental income or (loss)	<u> </u>				
	d	Net rental income or (loss)	(v) Othor			•	
	7a	Gross amount from sales of (i) Securities assets other than inventory	(II) Other				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss)			5		
	d		▶	11	<u> </u>		
evenue	8a	Gross income from fundraising					
Œ		events (not including \$ of contributions reported on line 1c)		4			
Other		See Part IV, line 18	a 112,789				
₹	b		b 43,066				
		Net income or (loss) from fundraising		69,723	· · · · · · · · · · · · · · · · · · ·		69,723
	9a	Gross income from gaming activities.					
		See Part IV, line 19			e Ne	'	
			b		.7		
		Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less returns and allowances			, st		
	b c	Less. cost of goods sold Net income or (loss) from sales of in	bventory ▶				
	_ <u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue		•			
	е	Total. Add lines 11a-11d	>			* A 10	
	12	Total revenue. See instructions .	🕨	257,088			73,850

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a respon t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	se to any question i (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States See Part IV, line 21	330,830	330,830		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			`k	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
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 8	Other salaries and wages  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):	26 901		26,891	
a b	Management	26,891		20,091	
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
. g	Other	4,145		4,145	
12	Advertising and promotion .				
13 14	Office expenses				·
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				
22 23	Depreciation, depletion, and amortization Insurance				
23 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 O)				
а	Membership & Dues	125		125	
b	Fundraising Costs(merchandise)	10,008		10,008	
c					<del></del>
d					
е	All other expenses Miscellaneous	105		105	
25	Total functional expenses. Add lines 1 through 24e	372,104	330,830	41,274	
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				
	following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet	<u> </u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	279,710	2	164,696
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		l	
ţs		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a		40.	
		Less accumulated depreciation [10b]	404.007	10c	107.972
	11	Investments—publicly traded securities	101,907	11	107,972
	12	Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11.		13	
	13 14	· -		14	
	15	Intangible assets		15	<u></u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	381,617	16	272,668
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	54,713	18	40,251
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.			
ā		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties [		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	54,713	26	40,251
sec		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	224,997	27	124,445
Ba	28	Temporarily restricted net assets	·	28	
힏	29	Permanently restricted net assets	101,907	29	107,972
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			•
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· <del>-</del>
t A	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Z	33	Total net assets or fund balances	381,617	-	272,668
	34	Total liabilities and net assets/fund balances	381,617	34	272,668 Form <b>990</b> (2011)
					FORD ************************************

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-age	-1	~

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26	3,155
2	Total expenses (must equal Part IX, column (A), line 25)	2		37	2,104
3	Revenue less expenses. Subtract line 2 from line 1	3		(108	3,949)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		38	1,617
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		27	2,668
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		·		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	✓_	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n		
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wer	e		
	issued on a separate basis, consolidated basis, or both:		į		}
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		! }
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u> </u>
			Forr	n <b>990</b>	(2011)

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047

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

Open to Public Inspection

36-3626419

Department of the Treasury Internal Revenue Service

Elmhurst District 205 Foundation for Educational Excellence

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

Pai	t I Reason f	or Public Cha	rity Status (All orga	ınızatıon	s must c	omplete	this pa	rt.) See ı	nstructio	ns.		
The o	organization is not	a private founda	ation because it is (Fo	or lines 1	through 1	1, check	only one	e box )				
1	A church, con	vention of churc	hes, or association of	churche	s describ	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	i).			
2	A school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section	170(b)(1)	(A)(iii).				
4	A medical res	earch organization	on operated in conjun	ction with	n a hospit	al descri	bed in se	ction 17	0(b)(1)(A)	(iii). Ente	r the	
	hospital's nan	ne, city, and stat	e·									
5	☐ An organization	on operated for	the benefit of a colle	ae or uni	versity o	wned or	operated	by a go	vernment	al unit d	escribe	d in
		)(1)(A)(iv). (Com		J				.,				
6	· ·		nment or government	al unit de	scribed in	n section	170(b)(1	11( <b>Δ</b> )(v)				
7			receives a substantia						at or from	the ner	neral ni	ıblıc
•	_	•	(A)(vi). (Complete Par	•	ns suppe	ort monn	a govern	incina a	01 11011	i inc goi	iciai pe	10110
0				•								
8			n section 170(b)(1)(A		-							
9			receives (1) more that									
			d to its exempt funct									
			ent income and unre						n 511 ta	x) from	busines	sses
		-	ifter June 30, 1975 Se				-					
10	_	_	l operated exclusively		-	-						
11			nd operated exclusive									
	• •	•	olicly supported organ				,				ee <b>sec</b>	tion
		eck the box that	describes the type of	supportir	ng organia	zation an	d comple	ete lines 1	1e throug	gh 11h.		
	a 🗌 Type I	b □	Type II c	☐ Type	III-Funct	ionally in	tegrated		d 🗀	] Type II	I-Other	-
е	By checking t	his box, I certify	that the organization	is not co	ntrolled o	lirectly or	r indirectl	y by one	or more	disqualifi	ed pers	sons
	other than fou	ındatıon manage	ers and other than on	e or more	e publicly	support	ed organ	izations d	described	in section	on 509(	a)(1)
	or section 509	)(a)(2).										
f	If the organiz	ation received a	a written determination	on from	the IRS 1	that it is	а Туре	I, Type	II, or Typ	e III sup	porting	3
	organization,	check this box						•				
g	Since August	17, 2006, has t	he organization acce	pted any	gift or co	ontributio	n from a	iny of the	•			
	following pers	ons?										
	(i) A person	who directly or i	ndirectly controls, eit	her alone	or toget	her with	persons	describe	d ın (iı) ar	nd	Yes	No
	(iii) below,	the governing be	ody of the supported	organızat	ion?					11g(ı)		
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(u)		
		· · · · · · · · · · · · · · · · · · ·	a person described in		above?			•		11g(m)	t	
h		•	on about the support			•		•			<del></del>	
	Name of supported	(ii) EIN	(iii) Type of organization	T -	organization	(W.Did.)	ou notify	(vi) I	s the	(viii) A	mount of	
(1)	organization	(11) = 114	(described on lines 1–9		sted in your		nization in		tion in col		pport	
			above or IRC section	governing	document?		of your port?		zed in the S ?			
			(see instructions))	Yes	No	Yes	No.	Yes	No			
	***	1		165		165	110	163	140			-
(A)												
	· <del></del>	<b></b>				<u> </u>						
(B)												
(C)												
						ļ	<u> </u>					
(D)												
	,						ļ					
(E)												
<del></del>												
								١٠- ,				
			1									

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.)

Secti	on A. Public Support			-			
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,545	413,343	261,754	285,737	167,859	1,163,238
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	34,545	413,343	261,754	285,737	167,859	1,163,238
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.						1,163,238
	on B. Total Support	·					_
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	34,545	413,343	261,754	285,737	167,859	1,163,238
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,802	516	4,198	3,760	4,127	26,403
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)		7,703	700	133	0	8,536
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop her	ie organization	's first, secon	d, third, fourth	-		1,198,177 3,239 in 501(c)(3)
Secti	on C. Computation of Public Suppor			,		-	
14	Public support percentage for 2011 (line 6	<del></del>		1, column (f))		14	97 1 %
15	Public support percentage from 2010 Sch		-			15	96 0 %
16a	• • • • • • • • • • • • • • • • • • • •				line 14 is 331	3% or more, c	heck this
	box and stop here. The organization qual	·		-	•		. 🕨 🗸
b	331/3% support test—2010. If the organicheck this box and stop here. The organi					15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, . ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	and-circumstai	nces" test, che	ck this box an	d <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the	"facts-and-cir	rcumstances"	test, check th	is box and st	op here
10	supported organization	d not chack a b	oov on line 12	16a 16b 17a	or 17b, chast	thie boy and	S00
18	instructions	u not check a t	JOX OII IIIIE 13,	, 10a, 10b, 17a	, or tru, check	K IIIIS DOX AIIU	. ▶ 🗍

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

(Complete on	ly if you checked the box or	line 9 of Part I or if the organization failed to qualify under Pa	art II.
If the organiza	ation fails to qualify under th	e tests listed below, please complete Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge				ļ. <del></del>	<del> </del>	
6	Total. Add lines 1 through 5.					-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· ·				<del>  - ··</del>	<del> </del>	
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			}			
С	Add lines 7a and 7b	<del></del>	-				
8	Public support (Subtract line 7c from				·		
	line 6)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	ļ	ļ		<u> </u>		
b	Unrelated business taxable income (less						Ì
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .	<u></u>		1			
	Add lines 10a and 10b		ļ		<del></del>		
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on	İ					
12	Other income. Do not include gain or		<del> </del>				
12	loss from the sale of capital assets	1					
	(Explain in Part IV.)	1				1	
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re		<u> </u>		· ·	· •
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line	8, column (f) d	livided by line 1	3, column (f))		15	<u>%</u>
16	Public support percentage from 2010 Sc			<u> </u>	·	16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (			-		10	<u>%</u>
18	Investment income percentage from 201						% and line
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box	and stop bero	The organizati	x on mie 14, a on qualifies as	no ine 15 is fi a publicky euro	iore man 331/3 iorted organizat	%, and line lon ►
L	33 <sup>1</sup> / <sub>3</sub> % support tests—2010. If the organization						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

	Cumplemental Information Complete this part to provide the conference account by Dort II line 10
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II-Line	10-Other Income
Miscellane	ous
2008-\$7,70	3
2009-\$700	
2010-\$133	
Total \$8,53	16

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

► 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. ► See separate instructions.

Open to Public Inspection Employer identification number

Elmhu	rst District 205 Foundation for Educational Exc	36-3626419	
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
_	organization answered "Yes" to F		
		(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		Lald in deap advand
5	Did the organization inform all donors and funds are the organization's property, subje		
_	- · · · · · · · · · · · · · · · · · · ·		
6	Did the organization inform all grantees, do only for charitable purposes and not for the		
	conferring impermissible private benefit?		Yes No
Par		olete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		10 7 01111 000, 1 411 14, 11110 7
ı	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contribu-	tion in the form 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		2a
b	Total acreage restricted by conservation ea	sements	. 2b
С	Number of conservation easements on a ce	ertified historic structure included in (a)	2c
d	Number of conservation easements include	, , ,	t on a
	historic structure listed in the National Regis		2d
3	Number of conservation easements modified tax year ▶	ed, transferred, released, extinguished, or te	erminated by the organization during the
4	Number of states where property subject to Does the organization have a written po		anneation handling of
5	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monitor		
U	Start and volunteer flours devoted to monitor	orning, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring	inspecting and enforcing conservation ea	sements during the year
•	►\$	, mopodaling, and dimording democration od	comente damig the year
8	Does each conservation easement reported	d on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization r	eports conservation easements in its reven-	ue and expense statement, and
	balance sheet, and include, if applicable, th		
	organization's accounting for conservation	easements	
Part	III Organizations Maintaining Coll	ections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	wered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted userks of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition,	education, or research in furtherance of
	(i) Revenues included in Form 990, Part VII	I, line 1	► \$ ► \$
	(ii) Assets included in Form 990, Part X	•	<b>\$</b>
2	If the organization received or held works following amounts required to be reported to	s of art, historical treasures, or other simil under SFAS 116 (ASC 958) relating to these	ar assets for financial gain, provide the items
а	Revenues included in Form 990, Part VIII, lii		. \$
b	Assets included in Form 990, Part X .		. • \$

Page	2
raue	_

Part						
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, chec	k any of the follo	wing that are a sig	inificant use of its
а	☐ Public exhibition		d 🗀 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organization	ion's collections a	and explain how t	hey further the org	ganization's exemp	ot purpose in Part
	XIV.					
5	During the year, did the organization					
	assets to be sold to raise funds rather					☐ Yes ☐ No
Part				janization answe	red "Yes" to For	m 990, Part IV,
	line 9, or reported an amoun					_
1a	Is the organization an agent, trustee, included on Form 990, Part X?				r other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the following t	able.	Δm	ount
_	Designation halance			1		- Iount
C	Beginning balance	•		10		
d	Additions during the year . Distributions during the year	•		16		
e f	Ending balance			. 11	<del></del>	
2a	Did the organization include an amoun	t on Form 990 Pa	art X line 212			☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa		arr, 1110 2 1 1 .	• •	•	
Par			ation answered	"Yes" to Form 9	90, 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	101,907	87,874	77,583	84,816	
b	Contributions		7,000	0	0	
С	Net investment earnings, gains, and					
	losses	6065	7,033	10,291	(7,233)	
d	Grants or scholarships	0	0	0	0	
е	Other expenditures for facilities and					
	programs	0	0	0	0	
f	Administrative expenses	0	0	0	0	
g	End of year balance	107,972	101,907	87,874	77,583	
2	Provide the estimated percentage of the	ne current year en	d balance (line 1g	ı, column (a)) held	as	
а	Board designated or quasi-endowmen	t ▶ 100	<u>)</u> %			
b	Permanent endowment ▶	0 %				
С	Temporarily restricted endowment ▶	0 %				
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	possession of th	e organization the	at are held and ac	lministered 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 organic Describe in Part XIV the intended uses					3b
4						
Part					Assumulated	(d) Book value
	Description of property	(a) Cost or oth		1	Accumulated epreciation	(a) Book value
1a	Land					
b	Buildings		<del></del>			
C	Leasehold improvements					
d	Equipment					
e	Other		00 Deat V 1	(D) Inc. 10(1)	<del></del>	
i otal.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	ου, Part X, column	1 (B), IINE 10(C) )	<u> </u>	

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives			··
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)	•••••			· · · · ·
(D)	•••••			·
(E)				
(F)	••••••			
(G)				<del></del>
(H)				
(1)				
	b) must equal Form 990, Part X, col (B) line 12)	d Cas Farm 000 Dark V	( leng 12	
Part VIII	Investments - Program Related		T	
	a) Description of investment type	(b) Book value	(c) Method of va	
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)			<del></del>	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			+	
(10)				
Total. (Column (	b) must equal Form 990, Part X, col (B) line 13)			····
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(6	a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				<del>-</del> ,
(6)				
(7)				
_(8)				
(9)	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
(10)	mn (b) must equal Form 990, Part X, c	ol (P) line 15 )		
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes	(5) 55511 12155	<b>-</b>	
(2)			┪	
(3)	<del>-</del>		1	
(4)			7	
(5)			┪,	
(6)	•		<b>-</b>	
(7)			<del>-</del>	
(8)			7	
(9)			7	
(10)			1	
(11)			7	
Total. (Column (I	n) must equal Form 990, Part X, col. (B) line 25)		7	
2. FIN 48 (AS	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial states	nents that reports the
organization	's liability for uncertain tax positions u	nder FIN 48 (ASC 740).		

Page	4

Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5	257,088 372,104 (115,016) 6,065
<ul> <li>Excess or (deficit) for the year. Subtract line 2 from line 1</li> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Investment expenses</li> </ul>	3	(115,016)
<ul> <li>4 Net unrealized gains (losses) on investments</li> <li>5 Donated services and use of facilities</li> <li>6 Investment expenses</li> </ul>	4	
<ul> <li>4 Net unrealized gains (losses) on investments</li> <li>5 Donated services and use of facilities</li> <li>6 Investment expenses</li> </ul>		6.065
5 Donated services and use of facilities	5	0,003
6 Investment expenses		
· · · · · · · · · · · · · · · · · · ·	6	"
	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	6,065
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	(108,951)
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Re	turn
1 Total revenue, gains, and other support per audited financial statements	1	306,220
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments . 2a 6,06	5	
b Donated services and use of facilities	7	
c Recoveries of prior year grants	7	
d Other (Describe in Part XIV)	7	
e Add lines 2a through 2d	7 26	e 6,065
3 Subtract line 2e from line 1	3	
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 XIV)  4b (43,066	)	
c Add lines 4a and 4b	40	c (43,066)
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er F	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments	7	
c Other losses	┪	
d Other (Describe in Part XIV.)	7	
e Add lines 2a through 2d	26	e (43,066)
3 Subtract line 2e from line 1	3	
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	1	
b Other (Describe in Part XIV)	1	
c Add lines 4a and 4b .	40	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		<u> </u>
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comany additional information.  PartV Line 4-Educational grants for future years		
Part XII-Line 4B-Fundraising Expenses \$43,066		
Part XIII-Line 2D-Fundraising Expenses \$43,066		

# **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Elmhu	urst District 205 Foundation for Edu	cational Exceller	nce			36-	3626419
Part	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV, I	ine 17
	Form 990-EZ filers are n	<u> </u>	<del></del>	<del></del>	<del></del>		
1	Indicate whether the organizatio  Mail solicitations	n raised funds t			-		
a			e L		on of non-govern		
b	Internet and email solicitation  Phone solicitations	is			on of governmen	•	
C	_		g Ŀ	_ Special i	fundraising events	5	
d 2a	<ul><li>In-person solicitations</li><li>Did the organization have a writ</li></ul>	ten or oral agre	oment with	any individ	dual (including off	ficare directore true	tees
24	or key employees listed in Form						
b	If "Yes," list the ten highest paid		-			-	
-	compensated at least \$5,000 by			araisers, p	arsaani to agreen	nonto andor winon tr	
	,	J					
			4.10.44			(v) Amount paid to	() A
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entity (landraiser)		contrib	outions?	""	col (i)	organization
•		-	Yes	No			
1					1		
2							
				ļ			
3							
			ļ	ļ			
4							
5			<del> </del>				
5							
6	<del></del>				· · · · · · · · · · · · · · · · · · ·		
•							
7			<u> </u>				
8				}	†		
9							
10							
10							
Total				•			
3	List all states in which the organ	nization is regis	tered or lic	ensed to s	olicit contribution	s or has been notifie	ed it is exempt from
	registration or licensing	J					
		*******					
	•••••	•					•••••

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1 (b) Event #2 (c) Other events (add col. (a) through (add col

		gross receipts greater tha	11 40,000.	· <del></del>		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dinner/Auction	Circus	One	(add col (a) through col (c))
•			(event type)	(event type)	(total number)	
Ę						
Revenue	1	Gross receipts	84,515	21,686	6,588	112,789
æ	2	Less <sup>.</sup> Charitable				<del></del>
		contributions				
	3	Gross income (line 1 minus				
		line 2)	84,515	21,686	6,588	112,789
	4	Cash prizes				
	5	Noncash prizes				
"			-			
Direct Expenses	6	Rent/facility costs .	12,876			12,876
ğ						
Ä	7	Food and beverages				
ᇴ		-				
Ē	8	Entertainment		12,048		12,048
ш						<del>*************************************</del>
	9	Other direct expenses .	14,892		3,250	18,142
				· · · · · · · · · · · · · · · · · · ·		
	10	Direct expense summary Ad				( 43,066 )
	11	Net income summary. Comb	ine line 3, column (d), a	nd line 10	▶ [	69,723
Pa	rt III	Gaming. Complete if the	organization answei	red "Yes" to Form 990	), Part IV, line 19, or r	eported more
		than \$15,000 on Form 99	90-EZ, line 6a.			
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
ě						
Œ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
tΕ						
ec.	4	Rent/facility costs		İ		
۵			·			
	5	Other direct expenses				
			☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor .	☐ No	☐ No	☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	▶	( )
	8	Net gaming income summary	/. Combine line 1, colun	nn d, and line 7 .	<b>&gt;</b>	
9	En	nter the state(s) in which the or	ganızation operates gar	ming activities:		
	a Is	the organization licensed to op-	perate gaming activities	in each of these states?	>	☐ Yes ☐ No
	b If'	"No," explain:				
10	a W	ere any of the organization's g	aming licenses revoked	, suspended or terminat	ted during the tax year?	🗌 Yes 🗌 No
	b If'	"Yes," explain	••••••			

cneau	ie G (Form 990 of 990-E2) 2011		Р	age 3
11	Does the organization operate gaming activities with nonmembers?	_	∕es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entite formed to administer charitable gaming?		∕es 🗌	No
13	Indicate the percentage of gaming activity operated in.	_		
а	The organization's facility	<u> </u>		%
b	An outside facility			_%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	∕es 🗌	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
·				
	Name ►Address ►			• • • • • •
16	Gaming manager information.			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions.  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		∕es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year ▶ \$	r		
Part	Supplemental Information. Complete this part to provide the explanations required by Part columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also c part to provide any additional information (see instructions).			
			••••	
			· · · · · · · · · · · · · · · · · · ·	<i>-</i> -

# **SCHEDULE 1**

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2011	Open to Public Inspection
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**%** □ (h) Purpose of grant Employer identification number or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 36-3626419 ✓ Yes Educational Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of non-cash assistance . Governments, and Individuals in the United States 0 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 00 (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. 330,830 (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. n/a Elmhurst District 205 Foundation for Educational Excellence 36-2799886 (b) EIN 1 (a) Name and address of organization (1) Elmhurst Community Unit or government (2) 162 S. York Road Department of the Treasury Name of the organization School District 205 Elmhurst, 1L 60126 -(Form 990) Part I Part II 6 N ල 2 ₹ 3 9 **®** 5 Ê 8

Schedule I (Form 990) (2011)

Cat No 50055P

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. The Executive Director of the Elmhurst District 205 Foundation must approve all grant purchase requests prior to payment of such requests. An annual evaluation is required of Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance all grant recipients to complete about their grant, at which time an extension of time to spend funds is made if needed. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III က 4 2 9

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Elmhurst District 205 Foundation for Educational Excellence	36-3626419
Part III, Line 2-Program to receive funds for a new lighting project at the high school stadium. Also beg	gan program YSET to offset academic
and extracurricular fees for high school students who demonstrate need.	***************************************
Part V, Line 3b- All income is business related.	
Part VI, Line 11b-Met with the Executive Director of the Foundation to review.	
Part VI, Line 12c-The organization monitors and enforces compliance on an annual basis at a board monitors.	eeting. Conflict of interest policy
is distributed to all board members for review and signature annually.	
Part VI, Line 19-The organization makes its governing documents, conflict of interest policy, and finan-	cial statements available to the
public upon request or at board meetings which are open to the public.	
······································	
······	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Elmhurst District 205 Foundation for Educational Excellence

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

eparate instructions.
See S
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OMB No 1545-0047

Open to Public

Employer identification number 36-3626419

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 (f) Direct controlling entity ŝ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling entity (e) End-of-year assets n/a (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity Education For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization (1) Elmhurst Community Unit School District 205 162 S York Road, Elmhurst, IL 60126 36-2799886 (0) Part I Part II 9 2 ල 4 9 E 2 3 Ξ ₹ 3

(k) Percentage ownership Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets (J) General or managing partner? å (g) Share of Yes (i)
Code V—UBI
amount in box 20 of
Schedule K-1 (f) Share of total income (Form 1065) Type of entity (C corp. S corp. (g) (h)
Share of end-ofyear assets allocations? ŝ or trust) Yes (d)
[ Direct controlling entity (f) Share of total income (c) Legal domicile (state or foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN (1) n/a (4) related organization (2) Part III Part IV (1) n/a € E ල ල 9 3 E 2 (C) 9

Schedule R (Form 990) 2011

Schedule R (Form 9 Part V Tra

			L
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?	s with one or more related organizations listed in	Parts II-IV7	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			> e
<b>b</b> Gift, grant, or capital contribution to related organization(s)			/   q
c Gift, grant, or capital contribution from related organization(s)			<i>&gt;</i>
<b>d</b> Loans or loan guarantees to or for related organization(s)		10	>   P
e Loans or loan guarantees by related organization(s)			> a
f Sale of assets to related organization(s)			<b>&gt;</b>
g Purchase of assets from related organization(s)			> <u>6</u>
h Exchange of assets with related organization(s)			<u>&gt;</u>
i Lease of facilities, equipment, or other assets to related organization(s)		·	` <u> </u>
in a construction of the state		-	
Lease of facilities, equipment, of other assets morn related organizations (s. r. r. r. padomorphisms for related organizations)		· · · · · · · · · · · · · · · · · · ·	
<ul> <li>K Performance of services of membership of fundraising solicitations for related organization(s)</li> <li>Deformance of services or membership of fundraising solicitations by related organization(s)</li> </ul>	inization(s)		> >
Sharpo of facilities equipment mailing lists or other assets with related organization(s)	00(8)		\ \ . E
			\ \ : :
o Reimbursement paid to related organization(s) for expenses			>
p Reimbursement paid by related organization(s) for expenses			> d
<b>q</b> Other transfer of cash or property to related organization(s)			> b
.			\ \ 
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.	tho must complete this line, including covered rel	lationships and transaction t	thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved Method amou	(d) Method of determining amount involved
Elmhurst Community Unit School District 205			
(1)	q	330,830 cash value	lue
ଷ			
(3)			
3			
(5)			
(9)			
		Schedule R (F	Schedule R (Form 990) 2011

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37,) Part VI

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.

כן פרסיבים בקינו של אינה ביותר מין מתובמים ביותר מין מתובמים ביותר מין מתובמים ביותר מין ביותר מין מתובמים ביותר מתובמים ביותר מין מתובמים ביותר מיותר מין מתובמים ביותר מין מתובמים ביותר מין מתובמים ביותר מיותר מין מתובמים ביותר	gariizatiori. Ge		sgai uii ig exciusi	5 .	G	ווועבאווובנוו אס	ruierstiips.				
(a) Name, address, and EIN of entity	Primary activity	(c) Legal domicile	(a) Predominant	(e) Are all partners	artners	(r) Share of	(g) Share of	(n) Disproportic	rate Code V—UBI	(I) General or	
		(state or foreign		section 501(c)(3)	uo (E)	total income	_	allocations?	a c		ownership
		- Marinon	from tax under	organiza	tions?		Cipcop		(Form 1065)		
			section 512-514)	Yes	ž			Yes	S <sub>O</sub>	Yes No	Т.
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ichedule R (	(Form 990) 2011	Page 5
Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Elmhurst District 205 Foundation for Educational Excellence

**Audited Financial Statements** 

For the Year Ended June 30, 2012

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# INDEPENDENT AUDITOR'S REPORT

Board of Directors Elmhurst District 205 Foundation for Educational Excellence Elmhurst, Illinois

We have audited the accompanying statement of assets, liabilities, and net assets – modified cash basis of Elmhurst District 205 Foundation for Educational Excellence (the Foundation) as of June 30, 2012, and the related statements of revenues, expenses, and other changes in net assets -modified cash basis for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note 2, these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of the Elmhurst District 205 Foundation for Education Excellence as of June 30, 2012 and its revenues, expenses, and other changes in net assets for the year then ended on the modified basis of accounting described in Note 2.

Klein Hall & Associates, LLC

Klein, Hall & Associates, LLC Aurora, Illinois January 19, 2013

STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS - MODIFIED CASH BASIS June 30, 2012

	2012
Assets	
Cash and cash equivalents	\$ 164,696
Restricted investments for endowment	107,972
Total assets	\$ 272,668
Net Assets	- ,
Unrestricted:	
Undesignated	124,445
Designated for grants	40,251
Total unrestricted	164,696
Permanently restricted for endowment	107,972
Total net assets	\$ 272,668

# STATEMENT OF REVENUES, EXPENSES, AND OTHER CHANGES IN NET ASSETS - MODIFIED CASH BASIS FOR THE YEAR ENDED JUNE 30, 2012

Receipts and support: Individual Corporate Foundations Memorials Investment income Change in market value Fundraising	UNRES	7,805 6,491 100 950	REST	RICTED -	\$	Total 7,805
Individual Corporate Foundations Memorials Investment income Change in market value	\$	6,491 100 950	\$	-	\$	7,805
Individual Corporate Foundations Memorials Investment income Change in market value	\$	6,491 100 950	\$	-	\$	7,805
Foundations Memorials Investment income Change in market value		100 950		-		
Foundations Memorials Investment income Change in market value		950				6,491
Investment income Change in market value				-		100
Change in market value		4.105		-		950
_		4,127		-		4,127
Fundraising		-		6,065		6,065
i diidiaising		15,379		-		15,379
Special events		112,789		-	-	112,789
Designated revenue - stadium project		40,350		-		40,350
Designated revenue - YSET		72,418		-		72,418
Designated revenue - stadium lighting		39,745		-		39,745
Total receipts and support		300,155		6,065		306,220
Expenses:						
Program						
Stadium project		40,350		-		40,350
YSET		46,516		-		46,516
Stadium lighting		184,695		-		184,695
Grants paid		59,269		-		59,269
Total program		330,830				330,830
Management and general						
Personnel		26,891		-		26,891
Postage		206		-		206
Printing		1,726		-		1,726
Supplies		812		-		812
Telephone		500		_		500
Insurance		600		-		600
Conferences and meetings		104		-		104
Membership and dues		125		_		125
Marketing		197		-		197
Miscellaneous		105		-		105
Total management and general		31,266				31,266
Fundraising						
Fundraising costs		10,008		-		10,008
Special events		43,066		•		43,066
Total fundraising		53,074		-		53,074
Total expenses		415,170		-		415,170
Excess of receipts		(115,014)		6,065		(108,949)
and support over expenses		(113,014)		0,003		(100,749)
Net assets at beginning of year		279,710		101,907		381,617
Net assets at end of year	\$	164,696	\$	107,972	\$	272,668

Notes to Financial Statements June 30, 2012

# **NOTE 1 - ORGANIZATION**

Elmhurst District 205 Foundation for Educational Excellence (the "Foundation") was incorporated on October 4, 1988. The Foundation was established to enrich the educational experience of youth in the Elmhurst Public Schools. Through the use of private funds, the Foundation strives to provide support to Elmhurst Community Unit School District 205 towards the creation of programs, projects and activities for staff and students that will enhance the educational system.

The Foundation is a not-for-profit corporation organized under the laws of the State of Illinois and governed by a voluntary Board of Directors. The Foundation and Elmhurst Community Unit School District 205 are independent of each other.

# NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Foundation maintains its accounting records on the modified cash basis of accounting. Accordingly, revenues are recorded when cash is received and expenses are recorded when cash is disbursed.

The modified cash basis of accounting is an acceptable alternative for reporting. However, the modified cash basis does not recognize receivables, payables, and other accrual items. Accordingly, the statements are not intended to and do not present financial position or results of operations as would be presented on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Contributions are recognized when the Foundation receives the contribution from the donor. Those contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Cash and Cash Equivalents – The Foundation considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. Cash and cash equivalents for purposes of the statement of cash flows exclude permanently restricted cash and cash equivalents.

Concentrations of Credit Risk – The Foundation maintains cash balances at various financial institutions. At June 30, 2012, noninterest bearing accounts were fully insured by the Federal Deposit Insurance Corporation (FDIC) and interest bearing accounts were insured up to \$250,000. The Foundations uninsured cash balance was approximately \$54,000 at June 30, 2012.

Notes to Financial Statements June 30, 2012

# NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments – The Foundation's investments are composed of mutual fund investments and are carried at fair value.

*Net Assets* – Net Assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Foundation are classified and reported as follows:

Unrestricted Net Assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Foundation pursuant to those stipulations. The Foundation had no temporarily restricted net assets at year end.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Foundation.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising – The Foundation's policy is to expense advertising costs when incurred. Advertising expense for the year was \$197.

Subsequent Events – Subsequent events were evaluated through January 19, 2013, which is the date the financial statements were available to be issued.

# **NOTE 3 - FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board (FASB) Accounting Standards Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Foundation uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Foundation measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Notes to Financial Statements June 30, 2012

# NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following methods and assumptions were used to estimate the fair value of the Foundation's investments:

Mutual funds - fair value is based upon quoted net asset values of the shares

The Foundation's investments are reported at fair value in the accompanying statement of assets, liabilities, and net assets-modified cash basis for the fiscal year ended June 30, 2012 as follows:

		Quoted
		Market
		Prices
	Fair Value	(Level 1)
Investments, at fair value:		
Mutual funds	\$ 107,972	\$ 107,972

# **NOTE 4 - DESIGNATED UNRESTRICTED NET ASSETS**

During the year ended June 30, 2012, the Board of Directors of the Foundation designated \$40,251 of the fund balance for future grants. The Foundation awarded grants in the year ended June 30, 2012 of \$59,269.

### **NOTE 5 - INCOME TAXES**

The Internal Revenue Service determined that the Foundation is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code. The federal income tax returns of the Foundation are subject to examination by the Internal Revenue Service, generally for three years after they were filed.

### **NOTE 6 – ENDOWMENT**

The investment endowment of the Foundation is managed by the Vanguard Group. It consists of mutual funds and its primary objective is to provide long-term growth of principal and income without undue exposure to risk. These donor-restricted funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The income from these endowment funds are used to support the Theims Grant Program.

Notes to Financial Statements June 30, 2012

# **NOTE 6 – ENDOWMENT (Continued)**

Changes in endowment net assets for the fiscal year ending June 30, 2012 are as follows:

	2012
Endowment net assets, beginning of year	\$ 101,907
Investment return:	
Net appreciation	6,065
Endowment net assets, end of year	\$ 107,972