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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EVANSTON COMMUNITY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1007 CHURCH STREET NO 108

City or town, state or country, and ZIP + 4
EVANSTON, IL 60201

D Employer identification number
36-3466802

E Telephone number
(847)492-0990

G Gross receipts $ 3,735,438

F Name and address of principal officer
SARA L SCHASTOK
1007 CHURCH STREET NO 108
EVANSTON,IL 60201

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW EVANSTONFOREVER ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HELPING EVANSTON THRIVE NOW AND FOREVER AS A VIBRANT, INCLUSIVE, AND JUST COMMUNITY, THE EVANSTON COMMUNITY FOUNDATION BUILDS, CONNECTS, AND DISTRIBUTES RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE PUBLIC GOOD

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	115
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,767,332	2,050,801
9	Program service revenue (Part VIII, line 2g)	71,895	77,957
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	334,655	479,619
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,923	20,116
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,181,805	2,628,493
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,227,491	1,404,948
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	567,636	580,600
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶130,728		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	317,409	347,555
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,112,536	2,333,103
19	Revenue less expenses Subtract line 18 from line 12	1,069,269	295,390

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,159,134	17,138,221
21	Total liabilities (Part X, line 26)	1,812,930	2,372,136
22	Net assets or fund balances Subtract line 21 from line 20	13,346,204	14,766,085

Net Assets or Fund Balances

Part II 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

Sign Here

****** | 2013-10-14
Signature of officer | Date

SARA L SCHASTOK PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JODY A GAUTHIER				P00660340

Firm's name ▶ WOLF & COMPANY LLP | Firm's EIN ▶ 36-2985665

Firm's address ▶ 1901 S MEYERS RD SUITE 500
OAKBROOK TERRACE, IL 601815209 | Phone no (630) 545-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

HELPING EVANSTON THRIVE NOW AND FOREVER AS A VIBRANT, INCLUSIVE, AND JUST COMMUNITY, THE EVANSTON COMMUNITY FOUNDATION BUILDS, CONNECTS, AND DISTRIBUTES RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE PUBLIC GOOD THE FOUNDATION * BUILDS ENDOWMENTS FOR CURRENT AND FUTURE OPPORTUNITIES * FOSTERS PRIVATE PHILANTHROPY * FOCUSES THE IMPACT OF COLLECTIVE GIVING * FINDS SOLUTIONS TO COMMUNITY CHALLENGES * ALLOCATES GRANTS * PROVIDES LEADERSHIP TRAININGTHE FOUNDATION STRENGTHENS THE COMMUNITY'S NONPROFIT ORGANIZATIONS AND SERVES ITS DONORS THROUGH INNOVATIVE GRANTMAKING AND PARTNERSHIPS WITH OTHER PHILANTHROPIC ORGANIZATIONS AND INDIVIDUALS THE FOUNDATION EVALUATES THE EFFECTIVENESS OF ITS GRANTMAKING THROUGH PERIODIC INTERACTIONS WITH GRANTEES, INCLUDING REVIEW OF THE GRANTEE'S INTERIM AND FINAL REPORTS AND SITE VISITS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,113,023 including grants of $ 563,649) (Revenue $)

THE FOUNDATION'S ENDOWED FUNDS, TOGETHER WITH CURRENT GIFTS FROM DONORS AND PHILANTHROPIC PARTNERS, ENABLE THE FOUNDATION TO BUILD, CONNECT AND DISTRIBUTE RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE GOOD OF EVANSTON IN 2012 THE FOUNDATION MADE GRANTS TO MORE THAN 120 ORGANIZATIONS GIFTS TO THE FOUNDATION'S ENDOWED FUNDS WILL GENERATE FUNDING FOR FUTURE PROGRAM INITIATIVES AND GRANTS

4b (Code) (Expenses $ 633,940 including grants of $ 478,426) (Revenue $ 77,957)

THE ILLINOIS EARLY CHILDHOOD FELLOWSHIP IS AN INITIATIVE DEVELOPED IN 2008 BY A CONSORTIUM OF SIX CHICAGO AREA FUNDERS TO BUILD LEADERSHIP CAPACITY IN THE FIELD OF EARLY CHILDHOOD CARE AND EDUCATION THE FOUNDATION SERVES AS THE FISCAL SPONSOR FOR THE INITIATIVE, PROVIDING PROJECT OVERSIGHT,INCLUDING ADMINISTRATIVE AND FINANCIAL SERVICES, AND RECEIVING GRANTS TO FUND THE PROGRAM OBJECTIVES

4c (Code) (Expenses $ 252,780 including grants of $ 192,836) (Revenue $)

THE COMMUNITYWORKS INITIATIVE, "EVERY CHILD READY FOR KINDERGARTEN, EVERY YOUTH READY FOR WORK" IS THE FOUNDATION'S LARGEST PROGRAM 2012 WAS THE SIXTH FULL YEAR OF THE PROGRAM WHICH FOCUSES ON HOME VISITING AND RELATED SUPPORT SERVICES FOR HIGH RISK FAMILIES OF CHILDREN UNDER THE AGE OF 3, AS A FIRST STEP TOWARD KINDERGARTEN READINESS IN 2012, THE FOUNDATION EXPANDED ITS HOME VISITING SUPPORT FOR AT-RISK FAMILIES OF CHILDREN AGES 3 - 5 AND ADDED A SUMMER READING PROGRAM IN COLABORATION WITH THE EVANSTON PUBLIC LIBRARY AND THE YOUTH JOB CENTER

(Code) (Expenses $ including grants of $ 170,037) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $ 170,037) (Revenue $)

4e **Total program service expenses ▶** 1,999,743

Part IV Checklist of Required Schedules

			Yes	No
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	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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		No
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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		No
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 . .	1a	18		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
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).**				
a	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
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	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	**1a** 24		
	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** 24		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
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**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ JAN FISCHER 1007 CHURCH STREET SUITE 108 EVANSTON, IL (847) 492-0990

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, or 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY AIELLO-FANTUS DIRECTOR	2 00	X		X				0	0	0
(2) LONNIE BAREFIELD DIRECTOR	2 00	X						0	0	0
(3) MICHAEL BRODY SECRETARY	2 00	X		X				0	0	0
(4) JULIE CAPTAIN DIRECTOR	2 00	X						0	0	0
(5) JULIE CHERNOFF DIRECTOR	2 00	X						0	0	0
(6) DIANA COHEN DIRECTOR	2 00	X						0	0	0
(7) MARY FINNEGAN DIRECTOR	2 00	X						0	0	0
(8) JOAN GUNZBERG DIRECTOR, 1ST VICE CHAIR	2 00	X		X				0	0	0
(9) BURGIE HOWARD DIRECTOR	2 00	X						0	0	0
(10) JUDY KEMP PAST CHAIR	2 00	X						0	0	0
(11) BILL LOGAN DIRECTOR	2 00	X						0	0	0
(12) JOHN MCCARTHY TREASURER	2 00	X		X				0	0	0
(13) KEVIN MOTT DIRECTOR	2 00	X						0	0	0
(14) DICK PEACH DIRECTOR	2 00	X						0	0	0
(15) PENELOPE SACHS CHAIR	2 00	X		X				0	0	0
(16) SHABNUM SANGHVI DIRECTOR	2 00	X						0	0	0
(17) RONNA STAMM DIRECTOR, 2ND VICE CHAIR	2 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA ALTENBERND DIRECTOR	2 00	X						0	0	0
(19) ANNE MURDOCH DIRECTOR	2 00	X						0	0	0
(20) KEITH SARPOLIS DIRECTOR	2 00	X						0	0	0
(21) WILLIAM J BLANCHARD DIRECTOR	2 00	X						0	0	0
(22) NAOMI LOVINGER DIRECTOR	2 00	X						0	0	0
(23) ERIC ROBINSON DIRECTOR	2 00	X						0	0	0
(24) SANDRA SHELTON DIRECTOR	2 00	X						0	0	0
(25) SARA SCHASTOK PRESIDENT & CEO	40 00			X		X		120,819	0	33,702
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								120,819	0	33,702

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	76,130			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,974,671			
	g	Noncash contributions included in lines 1a-1f $		326,782			
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,050,801			
Program Service Revenue			Business Code				
	2a	FISCAL SPONSORSHIP FEE	561000	42,100	42,100		
	b	TUITION AND FEES	561000	35,857	35,857		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		77,957			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		529,850			529,850
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,032,472				
	b	Less cost or other basis and sales expenses	1,082,703				
	c	Gain or (loss)	-50,231				
	d	Net gain or (loss) . . . . . ▶		-50,231			-50,231
Other Revenue	8a	Gross income from fundraising events (not including $ 76,130 of contributions reported on line 1c) See Part IV, line 18 . . a	44,358				
	b	Less direct expenses . . . b	24,242				
	c	Net income or (loss) from fundraising events . . ▶		20,116			20,116
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		2,628,493	77,957	0	499,735

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,404,948	1,404,948		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,091	110,577	13,009	6,505
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	320,671	216,489	54,414	49,768
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	97,723	66,842	18,868	12,013
10 Payroll taxes	32,115	23,287	4,814	4,014
11 Fees for services (non-employees)				
a Management	114,756	48,122	65,457	1,177
b Legal				
c Accounting	18,583	13,937	4,646	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	46,192	8,519	21,057	16,616
14 Information technology				
15 Royalties . .				
16 Occupancy	43,922	32,377	5,836	5,709
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,022	13,988		34
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,592	3,796	3,796	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMUNICATIONS	46,192	14,972	5,863	25,357
b ANNUAL REPORT & NEWSLET	40,633	33,337		7,296
c STAFF AND BOARD EXPENSE	9,165	5,371	2,137	1,657
d DUES AND SUBSCRIPTIONS	6,498	3,181	2,735	582
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,333,103	1,999,743	202,632	130,728
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		219,264	1	11,053
	2	Savings and temporary cash investments		1,092,680	2	1,050,368
	3	Pledges and grants receivable, net		34,637	3	41,534
	4	Accounts receivable, net		50,148	4	13,967
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,468	9	11,260
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 162,676			
	b	Less accumulated depreciation	10b 104,690	20,552	10c	57,986
	11	Investments—publicly traded securities		13,728,385	11	15,952,053
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,159,134	16	17,138,221
Liabilities	17	Accounts payable and accrued expenses		52,578	17	64,764
	18	Grants payable		26,275	18	34,595
	19	Deferred revenue		15,120	19	17,493
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		1,698,566	21	2,236,893
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	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		20,391	25	18,391
	26	**Total liabilities.** Add lines 17 through 25		1,812,930	26	2,372,136
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,147,130	27	5,941,046
	28	Temporarily restricted net assets		8,169,882	28	8,795,847
	29	Permanently restricted net assets		29,192	29	29,192
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,346,204	33	14,766,085
	34	Total liabilities and net assets/fund balances		15,159,134	34	17,138,221

Part XI Reconcilliation 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	2,628,493
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,333,103
3	Revenue less expenses Subtract line 2 from line 1	3	295,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,346,204
5	Net unrealized gains (losses) on investments	5	1,324,004
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-199,513
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,766,085

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," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,606,498	1,651,234	2,355,364	2,767,332	2,050,801	14,431,229
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	5,606,498	1,651,234	2,355,364	2,767,332	2,050,801	14,431,229
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						14,431,229

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,606,498	1,651,234	2,355,364	2,767,332	2,050,801	14,431,229
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400,307	177,524	339,563	459,304	529,850	1,906,548
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)						16,337,777

12	Gross receipts from related activities, etc (see instructions)	12	251,244

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	88 330 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	87 910 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	16	
2	Aggregate contributions to (during year)	388,089	
3	Aggregate grants from (during year)	197,736	
4	Aggregate value at end of year	1,249,754	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	12,075,543	11,256,739	9,811,606	9,261,765	7,140,294
b	Contributions	291,161	1,336,931	667,555	120,603	4,904,571
c	Net investment earnings, gains, and losses	1,337,174	-132,485	1,170,945	1,764,949	-1,842,641
d	Grants or scholarships				767,740	732,851
e	Other expenditures for facilities and programs	551,353	385,642	393,367	456,434	125,352
f	Administrative expenses				111,537	82,256
g	End of year balance	13,152,525	12,075,543	11,256,739	9,811,606	9,261,765

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 35 480 %
- b Permanent endowment ▶ 64 300 %
- c Temporarily restricted endowment ▶ 0 220 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		151,851	93,865	57,986
e Other		10,825	10,825	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				57,986

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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CHARITABLE GIFT ANNUITIES PAYABLE	18,391
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	18,391

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,752,984
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,324,004		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-199,513		
e	Add lines **2a** through **2d**			2e	1,124,491
3	Subtract line **2e** from line **1**			3	2,628,493
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,628,493

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,333,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,333,103
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	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,333,103

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	FUNDS HELD AS AGENCY ENDOWMENTS REPRESENT ASSETS OF OTHER NON-PROFIT ORGANIZATIONS THAT HAVE BEEN CONVEYED TO THE FOUNDATION TO ESTABLISH FUNDS FOR THE BENEFIT OF THE ORGANIZATIONS THE ASSETS BECOME A PART OF THE FOUNDATION'S INVESTMENT PORTFOLIO AND RECEIVE AN ALLOCATION OF INVESTMENT RETURNS, AS WELL AS INVESTMENT AND ACCOUNTING EXPENSES THESE FUNDS ARE ALSO ASSESSED AN ADMINISTRATIVE FEE THE FOUNDATION MAY RECEIVE CONTRIBUTIONS TO THESE FUNDS FROM THE GENERAL PUBLIC, AND THE ORGANIZATIONS RECEIVE PERIODIC DISTRIBUTIONS FROM THE FUNDS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	EVANSTON COMMUNITY FOUNDATION BUILDS ENDOWMENTS THAT SUPPORT ITS GRANTMAKING AND PROGRAM INITIATIVES, LEADERSHIP DEVELOPMENT AND RELATED ACTIVITIES FOR THE BENEFIT OF THE PEOPLE OF EVANSTON, ILLINOIS AND SURROUNDING COMMUNITIES, NOW AND IN THE FUTURE PERMANENT ENDOWMENTS HAVE BEEN DESIGNATED BY DONORS TO GROW IN PERPETUITY WHILE GENERATING ANNUAL SPENDING ALLOWANCES TO SUPPORT THE OPERATIONS, GRANTMAKING, AND PROGRAMS OF THE FOUNDATION AND DESIGNATED ORGANIZATIONS BOARD-DESIGNATED ENDOWMENT FUNDS HAVE BEEN EARMARKED BY THE BOARD TO GROW IN PERPETUITY WHILE GENERATING ANNUAL SPENDING ALLOWANCES TO SUPPORT FOUNDATION OPERATIONS, GRANTMAKING AND PROGRAMS
PART XI, LINE 2D - OTHER ADJUSTMENTS		NET INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY ENDOWMENTS -199,513

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 CELEBRATE EVANSTON (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	120,488			120,488
	2 Less Contributions	76,130			76,130
	3 Gross income (line 1 minus line 2)	44,358			44,358
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	9,974			9,974
	8 Entertainment				
	9 Other direct expenses	14,268			14,268
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(24,242)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				20,116

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

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? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IN ORDER TO BE CONSIDERED FOR A GRANT, AN APPLICANT MUST BE A 501(C)3 OR OTHER ORGANIZATION QUALIFIED TO RECEIVE GIFT/GRANTS OR MUST HAVE A FISCAL SPONSOR, CURRENT TAX-EXEMPT STATUS IS VERIFIED USING THE GUIDESTAR CHARITY CHECK SERVICE BEFORE GRANT MONIES ARE DISTRIBUTED, ALL GRANTEES SIGN A GRANT AGREEMENT THAT SPECIFIES HOW THE GRANT FUNDS ARE TO BE USED AND WHEN THE GRANTEE IS REQUIRED TO REPORT ON PROJECT STATUS GRANTS ARE PAID IN TWO INSTALLMENTS THE FIRST INSTALLMENT IS ISSUED UPON THE FOUNDATION'S RECEIPT OF THE SIGNED GRANT AGREEMENT, THE SECOND/FINAL GRANT INSTALLMENT IS RELEASED AFTER THE FOUNDATION HAS RECEIVED AN INTERIM REPORT FROM THE GRANTEE AND HAS DETERMINED THE PROJECT FUNDED BY THE GRANT IS PROGRESSING IN A MANNER CONSISTENT WITH THE GRANT AGREEMENT AS A CONDITION OF RECEIVING THE FIRST INSTALLMENT, GRANTEES AGREE TO CONTACT THE FOUNDATION IF CIRCUMSTANCES ENCOUNTERED IN IMPLEMENTING THE GRANT PROJECT WILL AFFECT THEIR ABILITY TO USE THE GRANT FUNDS AND/OR EXECUTE THE GRANT PROJECT AS STIPULATED IN THE GRANT AGREEMENT THE FOUNDATION CONDUCTS SITE VISITS FOR EVERY GRANT PROJECT, TO CONFIRM GRANT FUNDS ARE BEING SPENT AS INTENDED AND TO ASSESS PROGRESS TOWARD OBJECTIVES DONOR ADVISED FUND GRANTS - GRANTS FROM A DONOR ADVISED FUND MAY BE APPROVED AND ISSUED IF THE FOUNDATION DETERMINES THAT ALL FIVE OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET (1) GRANT DOES NOT REQUIRE THE EXERCISE OF EXPENDITURE AUTHORITY, RECOMMENDED GRANTEES MUST BE 501(C)(3) ORGANIZATIONS, DESCRIBED IN SECTION 170(B)(1)(A), AND NOT BE CLASSIFIED AS SUPPORTING ORGANIZATIONS UNDER THE INTERNAL REVENUE SERVICE CODE SECTION 509 (A)(3) THE FOUNDATION DOES NOT MAKE DISTRIBUTIONS TO ANY TYPE OF SUPPORTING ORGANIZATION (2) GRANT IS CONSISTENT WITH THE PURPOSES AND POLICIES OF THE EVANSTON COMMUNITY FOUNDATION, INCLUDING THE FOUNDATION'S EQUAL ACCESS OPPORTUNITY POLICY (3) NO DISTRIBUTIONS FROM THE FUND MAY BE MADE TO AN INDIVIDUAL, INCLUDING EXPENSE REIMBURSEMENT TO THE DONOR(S), ADVISOR(S) OR RELATED PARTIES NO GRANTS, LOANS, COMPENSATION OR SIMILAR PAYMENTS MAY BE MADE FROM THE FUND TO THE DONOR(S), ADVISOR(S) OR RELATED PARTIES (4) NO DISTRIBUTION FROM THE FUND SHALL BE USED TO SATISFY ANY CHARITABLE PLEDGE OR OTHER PERSONAL FINANCIAL OBLIGATION OF THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES (5) THE EVANSTON COMMUNITY FOUNDATION, AND THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES, WILL NOT RECEIVE ANY TANGIBLE BENEFIT, GOODS OR SERVICES IN EXCHANGE FOR THE RECOMMENDED GRANT(S) TO DETERMINE ORGANIZATION STATUS UNDER THE INTERNAL REVENUE CODE, THE EVANSTON COMMUNITY FOUNDATION SUBSCRIBES TO THE GUIDESTAR CHARITY CHECK SERVICE, AS ALLOWED BY THE IRS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-3466802
Name: EVANSTON COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CNE (CHILDCARE NETWORK OF EVANSTON)1335 DODGE AVENUE EVANSTON,IL 60201	23-7108030	501(C)(3)	12,780				EVERY CHILD READY FOR KINDERGARTEN PROGRAM AND COMMUNITY SCHOLARSHIPS FOR FAMILIES IN CRISIS
CONNECTIONS FOR THE HOMELESS2010 DEWEY 3RD FLOOR EVANSTON,IL 60201	36-3346917	501(C)(3)	108,250				NEXT STEPS TOP 20 PROJECT AND PROGRAM SUPPORT
EVANSTON DAY NURSERY ASSOCIATION1835 GRANT STREET EVANSTON,IL 60201	36-2167059	501(C)(3)	10,000				CAPACITY BUILDING PROJECTS
EVANSTON REBUILDING WAREHOUSE2101 DEMPSTER EVANSTON,IL 60202	27-3797852	501(C)(3)	11,000				CAPACITY BUILDING PROJECTS
EVANSTON TOWNSHIP HIGH SCHOOL1600 DODGE AVENUE EVANSTON,IL 60204	36-6004395	501(C)(3)	7,000				FUNDING FOR SENIOR AWARDS NIGHT SCHOLARSHIPS
EVANSTONSKOKIE SCHOOL DISTRICT 651500 MCDANIEL AVE EVANSTON,IL 60201	36-6007570	501(C)(3)	72,945				EVERY CHILD READY FOR KINDERGARTEN PROGRAM
HEALTH & DISABILITY ADVOCATES205 W MONROE STREET SUITE 200 CHICAGO,IL 60606	36-4042562	501(C)(3)	40,650				ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
HEALTHCONNECT ONE 1436 W RANDOLPH 4TH FLOOR CHICAGO,IL 60607	36-4028076	501(C)(3)	114,673				ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
ILLINOIS ACTION FOR CHILDREN4753 BROADWAY SUITE 1200 CHICAGO,IL 60640	36-2712912	501(C)(3)	82,201				839 - 08/13/13 08 57AM WORKSHEET SCHEDULE I
INFANT WELFARE SOCIETY OF EVANSTON2200 MAIN STREET EVANSTON,IL 60202	36-2167753	501(C)(3)	119,301				EVERY CHILD READY FOR KINDERGARTEN PROGRAM
LATINO POLICY FORUM180 NORTH MICHIGAN AVENUE SUITE 1250 CHICAGO,IL 60601	36-3676873	501(C)(3)	81,647				ILLINOIS EARLY CHILDHOOD FELLOWSHIP
MCGAW YMCA1000 GROVE STREET EVANSTON,IL 60201	36-2169194	501(C)(3)	14,108				PIONEERING HEALTHIER COMMUNITIES EVANSTON PROJECT, ROVING READING PROGRAM, PROJECT SOAR
MIDTOWN EDUCATIONAL FOUNDATION718 SOUTH LOOMIS STREET CHICAGO,IL 60607	36-3417278	501(C)(3)	10,000				2012 CHICAGO URBAN YOUTH AWARDS TO SUPPORT AT RISK YOUTH
NEXT THEATRE CO027 MPYES STREET SUITE 108 EVANSTON,IL 60201	36-3158530	501(C)(3)	20,000				CAPACITY BUILDING AND GENERAL OPERATING SUPPORT
OUNCE OF PREVENTION33 W MONROE SUITE 2400 CHICAGO,IL 60603	36-3186328	501(C)(3)	76,223				ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
PICCOLO THEATRE INC600 MAIN STREET EVANSTON,IL 60202	36-3363432	501(C)(3)	11,000				CAPACITY BUILDING PROJECTS
POSITIVE PARENTING DUPAGE105 S VILLA AVE VILLA PARK,IL 60181	20-3152418	501(C)(3)	83,033				ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
THE TALKING FARMPO BOX 6329 EVANSTON,IL 60204	30-0392847	501(C)(3)	10,000				839 - 08/13/13 09 06AM WORKSHEET SCHEDULE I
WARREN W CHERRY PRESCHOOL1418 LAKE STREET EVANSTON,IL 60201	36-3809526	501(C)(3)	16,600				SUSTAINING QUALITY PRESCHOOL EDUCATION FOR EVANSTON AT-RISK CHILDREN, PRESCHOOL SCHOLARSHIPS FOR AT RISK CHILDREN FROM LOW INCOME FAMILIES
YOU (YOUTH ORGANIZATIONS UMBRELLA)1027 SHERMAN AVENUE EVANSTON,IL 60202	36-2734966	501(C)(3)	12,250				CARING ADULT CONNECTIONS PROGRAM AND SUPPORT FOR GENERAL OPERATIONS
YOUTH JOB CENTER OF EVANSTON INC1114 CHURCH EVANSTON,IL 60201	36-3252809	501(C)(3)	18,500				WILL WOMEN INVESTED IN LEARNING AND LIVELIHOODS
YWCA EVANSTONNORTH SHORE1215 CHURCH STREET EVANSTON,IL 60201	36-2193618	501(C)(3)	8,600				JOB-READINESS AND ECONOMIC LIFE SKILLS COACHING FOR WOMEN & GIRLS AND DONOR DEVELOPMENT PROJECT
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 WEST LAKE STREET 5TH FLOOR CHICAGO,IL 60661	36-2681212	501(C)(3)	7,500				BIG BROTHERS BIG SISTERS EVANSTON COMMUNITY BASED MENTORING PROGRAM
CENTER FOR INDEPENDENT FUTURES743 MAIN STREET EVANSTON,IL 60202	36-4492994	501(C)(3)	17,000				FULL LIFE FUTURES PROGRAM AND CAPACITY BUILDING PROJECT
CHILD CARE CENTER OF EVANSTON1840 ASBURY AVENUE EVANSTON,IL 60201	36-2167017	501(C)(3)	7,611				PROGRAM AND GENERAL OPERATING SUPPORT
CITY OF EVANSTON - EVANSTON PUBLIC LIBRARY1703 ORRINGTON AVENUE EVANSTON,IL 60201	36-6005870	501(C)(3)	13,950				839 - 08/12/13 01 47PM WORKSHEET SCHEDULE I
BARR- HARRIS CHILDREN'S GRIEF CENTER122 S MICHIGAN SUITE 1300 CHICAGO,IL 60603	36-1263210	501(C)(3)	7,500				BARR-HARRIS CHILDREN'S GRIEF CENTER EVANSTON SITE LOW INCOME SERVICES
CHANGING WORLDS329 W 18TH ST SUITE 506 CHICAGO,IL 60616	36-4340874	501(C)(3)	9,000				ARTS, CULTURAL AND LITERACY CONNECTIONS (ACL) AND TEN THOUSAND RIPPLES PROJECT
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY640 ILLINOIS BOULEVARD HOFFMAN ESTATES,IL 60169	36-3711203	501(C)(3)	7,500				COUNSELING FOR CHILD VICTIMS OF SEXUAL ABUSE
CURTS CAFE2922 CENTRAL ST EVANSTON,IL 60201	45-3934105	501(C)(3)	5,000				PROGRAM AND GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANSTON ART CENTER 2603 SHERIDAN ROAD EVANSTON,IL 60201	36-2070116	501(C)(3)	7,000				EVANSTON ART CENTER BUILDING RELOCATION
EVANSTON HISTORY CENTER225 GREENWOOD ST EVANSTON,IL 60201	36-2207924	501(C)(3)	6,100				EVANSTON HISTORY CENTER 150 ANNIVERSAY PROJECTS COORDINATOR AND GENERAL OPERATING SUPPORT
EVANSTON MENTORS1316 MAPLE AVE APT B1 EVANSTON,IL 60201		501(C)(3)	6,000				EVANSTON MENTORS PROGRAM FOR AT RISK YOUTH
EVANSTON SCHOLARSPO BOX 7044 EVANSTON,IL 602047044	90-0685357	501(C)(3)	10,000				CAPACITY BUILDING SUPPORT
FAMILY FOCUS2010 DEWEY AVENUE EVANSTON,IL 60201	36-2884042	501(C)(3)	10,000				CHILD CONNECTIONS PROJECT AND GENERAL OPERATING SUPPORT
FAMILY PROMISE CHICAGO NORTH SHORE 1417 HINMAN AVE EVANSTON,IL 60201	27-0288849	501(C)(3)	8,000				SUPPORT FOR PART-TIME CASE MANAGER
GRANDMOTHER PARK INITIATIVE1801 CRAIN STREET EVANSTON,IL 60202	27-0428637	501(C)(3)	8,000				GRANDMOTHER PARK INITIATIVE
MUDLARK THEATHER COMPANY1417 HINMAN AVE EVANSTON,IL 60201	36-4573236	501(C)(3)	10,000				CAPACITY BUILDING SUPPORT
NORTH SHORE VILLAGE 1603 ORRINGTON AVE EVANSTON,IL 60201	26-3538644	501(C)(3)	5,620				SUPPORT FOR ONGOING OPERATIONS AND LONGER TERM SUSTAINABILITY
REBUILDING TOGETHER NORTH SUBURBAN CHICAGOPO BOX 626 GLENVIEW,IL 60025	36-4111206	501(C)(3)	5,000				REBUILDING HOMES PROJECT IN THE EVANSTON AREA
REGENTS OF THE UNIVERSITY OF MINNESOTANW5957 PO BOX 1450 MINNEAPOLIS,MN 554855957		501(C)(3)	10,000				SUPPORT FOR UNIVERSITY OF MINNESOTA CHILD-PARENT CENTERS EXPANSION INTO EVANSTON
THE HARBOUR INC1440 RENAISANCE DR STE 240 PARK RIDGE,IL 60068	36-2827480	501(C)(3)	5,000				SAFE HARBOUR EMERGENCY SHELTER
THEATRE AND INTERPRETATION CENTER AT NORTHWESTERN UNIVERSITY633 CLARK STREET ROOM 2-502 EVANSTON,IL 602081110	36-2167817	501(C)(3)	7,000				THE EXONERATED CO-PRODUCTION/TIC AND NEXT THEATRE COMPANY
VILLAGE OF SKOKIE5120 GALITZ SKOKIE,IL 60077		501(C)(3)	12,735				COMMUNITY GIVING PROGRAM
CITY OF EVANSTON- GUN BUYBACK PROGRAM1120 WASHINGTON ST EVANSTON,IL 60202		501(C)(3)	5,620				SUPPORT FOR CITY OF EVANSTON GUN BUYBACK PROGRAM

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)SARA SCHASTOK	**(i)**	120,000	0	819	10,091	23,611	154,521	0
PRESIDENT & CEO	**(ii)**	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 3	THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE OF THE FOUNDATION THE COMMITTEE EVALUATES THE PRESIDENT AND CEO EACH SUMMER, CALLING ON BOARD MEMBERS TO SUBMIT WRITTEN INPUT THAT IS THEN SUMMARIZED AND PRESENTED WITHIN THE PERFORMANCE REVIEW SUBSEQUENTLY, THE BUDGET IS DEVELOPED BY STAFF AND REVIEWED BY THE COMMITTEE, THE BOARD APPROVES THE TOTAL STAFF COMPENSATION AMOUNT FOR THE NEXT YEAR'S ANNUAL BUDGET IN 2012, ALL STAFF MEMEBERS, INCLUDING THE PRESIDENT AND CEO, RECEIVED COST OF LIVING ADJUSTMENTS TO SALARY

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	14	326,782	AVERAGE MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	GIFTS OF STOCK ARE SOLD THROUGH THE ORGANIZATION'S INVESTMENT CUSTODIAN

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EVANSTON COMMUNITY FOUNDATION INC

Employer identification number
36-3466802

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT VERSION OF THE FORM 990 IS PRESENTED TO THE AUDIT AND EXECUTIVE COMMITTEES AS REPRESENTATIVES OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FINALIZING FOR FILING THE FULL BOARD IS PROVIDED WITH THE FINAL DRAFT OF THE FORM 990 PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	OUR CONFLICT OF INTEREST POLICY, INCLUDING THE CONFLICT OF INTEREST STATEMENT/FORM, IS DISTRIBUTED TO BOARD MEMBERS AND STAFF ANNUALLY, IN JUNE EVERY BOARD AND STAFF MEMBER IS REQUIRED TO COMPLETE THE CONFLICT OF INTEREST STATEMENT/FORM AND RETURN IT TO THE FOUNDATION OFFICE THE COMPLETED STATEMENTS ARE REVIEWED BY THE PRESIDENT AND CEO, AS WELL AS THE FINANCE MANAGER IF ANY CONFLICTS HAVE BEEN DOCUMENTED, THEY ARE DISCLOSED TO THE FULL BOARD AND ANY WORKING COMMITTEES THAT MIGHT BE AFFECTED BY THE STATED CONFLICT CONFLICT OF INTEREST FORMS ARE ALSO COMPLETED BY COMMITTEE MEMBERS AND OTHER VOLUNTEERS WHO DO NOT SERVE ON THE BOARD
		THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE OF THE FOUNDATION THE COMMITTEE EVALUATES THE PRESIDENT AND CEO EACH SUMMER, CALLING ON BOARD MEMBERS TO SUBMIT WRITTEN INPUT THAT IS THEN SUMMARIZED AND PRESENTED WITHIN THE PERFORMANCE REVIEW SUBSEQUENTLY, THE BUDGET IS DEVELOPED BY STAFF AND REVIEWED BY THE COMMITTEE, THE BOARD APPROVES THE TOTAL STAFF COMPENSATION AMOUNT FOR THE NEXT YEAR'S ANNUAL BUDGET
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY ENDOWMENTS -199,513
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR