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2016

Ohio de Aibini

definition of

06-30 ,2017

**Short Form** 

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990110

Return of Organization Exempt From Income Tax 20 120

07-01 , 2016, and ending

990-EZ

ent of the Treasury

Check if applicable

A For the 2016 calendar year, or tax year beginning

Balance Sheets (see the instructions for Part				
				<b>—</b>
Check if the organization used Schedule O to	respond to any question			
		(A) B	eginning of year	(B) End of year
22 Cash, savings, and investments			119,742 22	<del></del>
23 Land and buildings		• • • • • • • • • • • • • • • • • • • •	0 23	<del></del>
24 Other assets (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	0 24	<del></del>
25 Total assets		• • • • • • • • • • • • • • • • • • • •	119,742 25	
26 Total liabilities (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •	0 26	<del></del>
27 Net assets or fund balances (line 27 of column (B) must agre			119,742 27	93,904
Statement of Program Service Accomplish	•	·	_	Expenses
Check if the organization used Schedule O to				equired for section
What is the organization's primary exempt purpose? SUPPORT	OF WAUKEGAN SCHOOL	OL DISTRICT 6	0 5	1(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for e	each of its three largest pro	oram services	1	janizations, optional for
as measured by expenses. In a clear and concise manner, describe			1 -	ers.)
persons benefited, and other relevant information for each program	title.	<u></u>		
28 GRANTS TO TEACHING STAFF OF WAUKEGAN SC	HOOL DISTRICT 60	FOR		
CURRICULUM DEVELOPMENT, AND TO ENCOURAGE	E NEW IDEAS IN			
LEARNING, TEACHING AND EDUCATION.				1
(Grants \$ ) If this amoun	nt includes foreign grants, c	heck here · · · ·	▶ 🔲   28	a 6,076
29 ASSISTANCE TO STUDENTS OF WAUKEGAN SCHO	OL DISTRICT 60 FO	R		
FURTHERANCE OF THEIR EDUCATION.		<del></del>		
(Grants \$ ) If this amour	nt includes foreign grants, c	heck here	▶ 📗 29	a 125
30 EQUIPMENT, MATERIALS AND SUPPLIES TO WA	UKEGAN SCHOOL			,
DISTRICT 60 TO PROVIDE PROFESSIONAL RES		T		
SERVICES TO TEACHING STAFF, TO ENCOURAGE				
	nt includes foreign grants, c		▶ 🗍 30	a 19,772
~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				
• •	nt includes foreign grants, c	heck here	▶ 🗍 31	a
32 Total program service expenses (add lines 28a through 31a)				2 25,973
Rank W List of Officers, Directors, Trustees, and Key Em				
Check if the organization used Schedule O to respon	• •			
	(h) A	(c) Reportable	(d) Health benefits,	<del></del>
<b>4.5.4</b>			[ [4] Limbin) Patients	1
" (a) Name and title	(b) Average hours per week	compensation	contributions to employee	
* (a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	contributions to employee benefit plans, and	(e) Estimated emount of other compensation
	hours per week		contributions to employee benefit plans, and	', '
BENJAMIN GRIMES	hours per week devoted to position	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and	other compensation
BENJAMIN GRIMES PRESIDENT	hours per week	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation	other compensation
BENJAMIN GRIMES PRESIDENT WES TROMBINO	hours per week devoted to position 0,00	(Forms W-2/1099-MISC (H not peld, enter -0-)	contributions to employed benefit plens, and deferred compensation	ather compensation
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT	hours per week devoted to position	(Forms W-2/1099-MISC (H not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation	ather compensation
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA	hours per week devoted to position  0.00	(Forms W-2/1099-MISC) (If not peld, enter -0-)	contributions to employed benefit plans, and deferred compensation	ather compensation
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER	hours per week devoted to position 0,00	(Forms W-2/1099-MISC) (If not peld, enter -0-)	contributions to employed benefit plens, and deferred compensation	ather compensation
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY	hours per week devoted to position  0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK	nours per week devoted to position  0.00  0.00  0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	other compensation  0  0  0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE	0.00 0.00 0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE PATRICIA FOLEY MEMBER	nours per week devoted to position  0.00  0.00  0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES	0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (fi not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES  MEMBER	0.00 0.00 0.00	(Forms W-2/1099-MISC (fi not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES  MEMBER  MARTHA PADILLA RAMOS	0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (fi not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES  MEMBER  MARTHA PADILLA RAMOS  MEMBER	0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (fi not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUCGA  FREASURER  CAROLINA FABIAN  BECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  COUG STILES  MEMBER  MARTHA PADILLA RAMOS  MEMBER  F DEVON NELSON	0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES  MEMBER  MARTHA PADILLA RAMOS  MEMBER  F DEVON NELSON  MEMBER	0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES  MEMBER  MARTHA PADILLA RAMOS  MEMBER  F DEVON NELSON  MEMBER	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES  PRESIDENT  WES TROMBINO  VICE-PRESIDENT  BRIAN LUOSA  TREASURER  CAROLINA FABIAN  SECRETARY  CHARLOTTE CALLAHAN-WOZNIAK  BOARD REPRESENTATIVE  PATRICIA FOLEY  MEMBER  DOUG STILES  MEMBER  MARTHA PADILLA RAMOS  MEMBER  F DEVON NELSON  MEMBER  JAMES HENRY	0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA FREASURER CAROLINA FABIAN BECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE PATRICIA FOLEY MEMBER COUG STILES MEMBER MARTHA PADILLA RAMOS MEMBER F DEVON NELSON MEMBER JAMES HENRY MEMBER	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (If not peld, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE PATRICIA FOLEY MEMBER DOUG STILES MEMBER MARTHA PADILLA RAMOS MEMBER F DEVON NELSON MEMBER JAMES HENRY MEMBER THERESA PLASCENCIA	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE PATRICIA FOLEY MEMBER DOUG STILES MEMBER MARTHA PADILLA RAMOS MEMBER F DEVON NELSON MEMBER JAMES HENRY MEMBER THERESA PLASCENCIA SCHOOL SUPERINTENDENT	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA FREASURER CAROLINA FABIAN BECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE PATRICIA FOLEY MEMBER COUG STILES MEMBER MARTHA PADILLA RAMOS MEMBER F DEVON NELSON MEMBER HARTS HENRY MEMBER THERESA PLASCENCIA BCHOOL SUPERINTENDENT NICK ALAJAKIS	nours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation  Compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

	An		<del>-</del>	
Form !	MAUKEGAN PUBLIC SCHOOLS FOUNDATION 36-3444	790	F	age 3
Pā	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u>.</u>	<u>. D</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			ļ
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		١.,
•• -	change on Schedule O (see instructions)	34		X
35 8	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2. 6a, and 7a, among others)?			U
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		-
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		-	<del></del> -
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
38	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
70 0	section 4911  section 4912  ; section 4955			
. ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,	:		
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	, '	1	
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed  IL  The organization's books are in care of BRIAN LUGSA  Telephone no 224-3	102 1/		
76.0	The organization's books are in care of ► BRIAN LUOSA Telephone no ► 224—  Located at ► 1201 N SHERIDAN ROAD, WAUKEGAN, IL ZIP+4 ► 6008	303- <u>10</u>	121	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	$\overline{}$	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country		71	•
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			•
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	U
	and enter the amount of tax-exempt interest received or accrued during the tax year	┸	V 1	NI-
44 a	Did the arganization maintain any depart advised funds during the year? If "You " Form 900 must be	her.	Yes	No or and
770	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448	34/00	X
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		F-154	
,	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	A		1.15
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
þ	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X
EE	A F	orm 990	J-EZ (	∠U16)

46 ' Did the d			TION		36-3			Page
	organization engage, directly or indirectly, In	Acitical campaign actor	tion on behalf of er in one	neitlam		Г	Yes	No.
to candir	lates for public office? If "Yes," complete S		· · · · · · · · · · · · · · · · · · ·			H	<del>[</del>	X
	section 501(c)(3) organizations							1
	All section 501(c)(3) organizations	must answer ques	tions 47-49b and 52	, and com	plete the t	ables f	or lines	•
	0 and 51.							
	heck if the organization used Sci	nedule O to respon	d to any question in	this Part \	<u>/I</u>	<u></u>	<u>.</u>	$\cdot \square$
						_	Yes	No
	rganization engage in lobbying activities or	have a section 501(h) e	lection in effect during the	tax		- 1		}
=	Yes," complete Schedule C, Part II			• • • • •	• • • • • •	<b>⊢</b>	7	X
	ganization a school as described in section			• • • • •	• • • • • •	<u> </u>	8	X
	organization make any transfers to an exem		l organization?	• • • • • •	• • • • • •	_	9a	1 X
	was the related organization a section 527					4	96	1
	e this table for the organization's five highes							
employe	es) who each received more than \$100,000	or compensation from t	ne organization. If there is			ı		
	(a) Name and utile of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estr	nated emo	ant of
'	e) Hanne and the Di escit employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, compe	and deferred naston	othe	compens	rijon
			<del> </del>	<u> </u>				
ONE								
		1	1					
		}						
	e this table for the organization's five highes of compensation from the organization. If			received mo	re than			
(a) !	tame and business address of each independent contri	kdor	(b) Type of service	1	(c	:) Compens	etion	
	lame and business address of each independent contri-	ector	(b) Type of service	1	(c	c) Compens	stion	
	tame and business address of each independent contri	kdor	(b) Type of service	1	(c	c) Compens	etion	
	tame and business address of each independent contri	kdor	(b) Type of service		(c	c) Compens	etion	
	tame and business address of each independent contri	kdor	(b) Type of service		(c	Compens	etion	
	tame and business address of each independent contri	kdor	(b) Type of service		(c	Compens	stion	
	tame and business address of each independent contri	kdor	(b) Type of service		(c	c) Compens	etion	
	tame and business address of each independent contri	kdor	(b) Type of service		(c	c) Compens	ston	
	tame and business address of each independent contro	kdor	(b) Type of service		(c	e) Compens	stion	
ONE	nber of other independent contractors each				(c	c) Compens	stion	
d Total num		receiving over \$100,000	) b		(c		stion	
d Total num Did the o	nber of other independent contractors each rgenization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 I section 501(c)(3) organ	) ▶ nzations must attach a			· 🔯 Y	• • • • • • • • • • • • • • • • • • •	No
d Total nun Did the o	nbar of other independent contractors each rganization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 Il section 501(c)(3) organ 	nzations must attach a	nd to the best		· 🔯 Y	• • • • • • • • • • • • • • • • • • •	No
d Total nun Did the o	nber of other independent contractors each rgenization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 Il section 501(c)(3) organ 	nzations must attach a	nd to the best		· 🔯 Y	• • • • • • • • • • • • • • • • • • •	No
d Total num Did the o	nber of other independent contractors each rganization complete Schedule A? Note: Ald Schedule A	receiving over \$100,000 Il section 501(c)(3) organ 	nzations must attach a	nd to the best ny knowledge.		· 🔯 Y	• • • • • • • • • • • • • • • • • • •	No
d Total nun Did the o complete sider penalbes o ie, correct, and	nber of other independent contractors each rganization complete Schedule A? Note: Ald Schedule A	receiving over \$100,000 Il section 501(c)(3) organ Im, including accompanying ficer) is based on all inform	nzations must attach a	nd to the best		· 🔯 Y	• • • • • • • • • • • • • • • • • • •	No
d Total nun Did the o complete sider penalbes o ie, correct, and	nber of other independent contractors each rganization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 Il section 501(c)(3) organ 	nzations must attach a	nd to the best ny knowledge.		· 🔯 Y	• • • • • • • • • • • • • • • • • • •	No
d Total nun Did the o complete nder penalbes o pe, correct, and	nber of other independent contractors each rgenization complete Schedule A? Note: Ald Schedule A	receiving over \$100,000 ll section 501(c)(3) organ	nizations must attach a schedules and statements, a ation of which preparer has at	nd to the best my knowledge.    12   Date	of my knowled	ge and be	• • • • • • • • • • • • • • • • • • •	No
d Total num 2 Did the o complete nder penalties o ie, correct, and	nber of other independent contractors each rganization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 Il section 501(c)(3) organ Im, including accompanying ficer) is based on all inform	nizations must attach a schedules and statements, a ation of which preparer has a	nd to the best my knowledge. Date	of my knowled	→ X Y	es []	No
d Total nun 2 Did the o complete nder penaltes o ue, correct, and ign	nber of other independent contractors each rganization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 Il section 501(c)(3) organ Im, including accompanying Ticer) is based on all inform A SURER	nizations must attach a schedules and statements, a ation of which preparer has at	nd to the best my knowledge.    12     Date	of my knowled	ge and be	es []	No
d Total num 2 Did the o complete oder penaltes o ie, correct, and ign ere	nber of other independent contractors each rganization complete Schedule A? Note: All discharge schedule A	receiving over \$100,000 Il section 501(c)(3) organ Im, including accompanying Ticer) is based on all inform A SURER Imparer's signature UNITY JACOBS & COULT	nizations must attach a schedules and statements, a ation of which preparer has a	nd to the best my knowledge. Date	of my knowled	→ X Y	es []	No
d Total num Did the o complete oder penaltes o ie, correct, and ign ere	nber of other independent contractors each rganization complete Schedule A? Note: A d Schedule A	receiving over \$100,000 Il section 501(c)(3) organ rm, including accompanying ficer) is based on all inform A SURER Imparer's signature UNITY JACOBS & CO (1) LE	nizations must attach a schedules and statements, a ation of which preparer has a	nd to the best my knowledge.    12     Date     17     Firm's E	of my knowled	pe and be	es Dief, it is	No
d Total num Did the o complete nder penaltes o se, correct, and ign ere	nber of other independent contractors each rganization complete Schedule A? Note: All discharge schedule A	receiving over \$100,000 Il section 501(c)(3) organ rm, including accompanying ficer) is based on all inform A SURER Imparer's signature UNITY JACOBS & CO (LLI) SET	nizations must attach a schedules and statements, a ation of which preparer has a	nd to the best my knowledge.    12     Date	of my knowled	PTIN P0015	es Dief, it is	

## SCHEDULE A

Name of the organization

**Public Charity Status and Public Support** 

(Form 990 or 990-EZ) ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

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

2016

OMB No. 1545-0047

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		AN PUBLIC SCHOOLS FOUNDA					36-34447	90	
-	īći),	Reason for Public Charit					t.) See instructio	ns.	
The	orga	nization is not a private foundation beca					. 1		
1	Ц	A church, convention of churches, or				)(A)(i).	IU		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	닏	A hospital or a cooperative hospital se							
4	U	A medical research organization oper	ated in conjunction	with a hospital described	in section	n 170(b)(1)	(A)(III). Enter the		
	_	hospital's name, city, and state:							
5	П	An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vemment	al unit described in		
	_	section 170(b)(1)(A)(iv). (Complete F							
-	빔	A federal, state, or local government of							
7	IJ	An organization that normally receives			emmentai	unit or fror	n the general public		
_	$\overline{}$	described in section 170(b)(1)(A)(vi)		•					
9	H	A community trust described in section							
9	IJ	An agricultural research organization						)	
	_	or university or a non-land-grant collection university:							
10	Ц	An organization that normally receives						S	
		receipts from activities related to its ex							
		support from gross investment income					om businesses		
11	П	acquired by the organization after Jun							
12	図	An organization organized and operate An organization organized and operate					some out the number		
-	67	of one or more publicly supported organic							
		Check the box in lines 12a through 12							
	a	Type I. A supporting organization							
		the supported organization(s) the							
		supporting organization. You must			-				
	b	Type II. A supporting organization	supervised or con	trolled in connection with	its suppor	ted organiz	ation(s), by having		
		control or management of the sup	porting organization	n vested in the same per	sons that	control or n	nanage the supported	1	
		organization(s) You must compl	ete Part IV, Sectio	ons A and C.					
	C	☑ Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	and funct	ionally integrated with	),	
		its supported organization(s) (see		· <u>-</u>					
	đ	Type III non-functionally integra	•	•					
		that is not functionally integrated					t and an attentivenes	S	
	8	requirement (see instructions) You Check this box if the organization	·		-		ima II Tima III		
	•	functionally integrated, or Type III				a Type I,	туре п, туре п		
	f	Enter the number of supported organic			nzauon,			1	1
	я	Provide the following information about		panization(s).					
	()	Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	nganization	(v) Amount of monetary	(vi) Amou	nt of
				(described on lines 1-10		r governing	support (see	other suppo	•
				above (see instructions))	docum	em?	instructions)	instructs	ans)
					Yes	No			
(A)				_					
	WA	UKEGAN SCHOOL DIST	36-2703832	2	<u>X</u>		25,973		0
(B)					ļ				
(C)									
					ļ				
(D)									
(E)						•			
_		<del></del>							
Tota		, i					05 073		•

	rt II . Support Schedule for Org	anizations [	escribed in S	ections 170(h)	(4)(A)(b) and	36-34447 170/h)/11/A)/	90 Page 2
<u> </u>	(Complete only if you check	ced the hoy o	n line 5 7 or 8	of Part Lor if the	he organization	n rollon, incherin	ify under
	Part III. If the organization f	vile to auslifu	under the test	listed below	ole organizacio:	n Darf ()) \	ily under
Sec	tion A. Public Support	ans to quanty	didei die test	isted below, I	blease complet	e rait Hi.)	
	ndar year (or fiscal year beginning in)	4-1-2012	45.2042	T (1) 2044			7-/
Valu	idar year (or riscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					//	
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 · · · · ·			1			
5	The portion of total contributions by					i	1
	each person (other than a			!	' /		1
	governmental unit or publicly		1	1		ı	
	supported organization) included on		1	1	. /		
	line 1 that exceeds 2% of the amount			1	,V		1
	shown on line 11, column (f)					}	1
6	Public support. Subtract line 5 from line 4 · · ·					· · · · · · · · · · · · · · · · · · ·	
Sec	tion B. Total Support			//			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(ь) 2013	(c)/2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business scrivities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (se	e instructions			<del></del> <del></del>	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			, or fifth tax year as	s a section 501(c)(3	3)	
Sec	tion C. Computation of Public Su	pport Percen	itage				
14	Public support percentage for 2016 (line 6, co					14	%
15	Public support percentage from 2015 Schedu			<b>.</b> . <b></b>		15	%
16a	33 1/3% support test - 2016. If the organization				/3% or more, check	this	. —
	box and stop here. The organization qualifies				· · · · · · · · ·		▶ 🔲
ь	33 1/3% support test - 2015. If the organizat						_
	this box and stop here. The organization qua	ldies as a publich	y supported organiz	ation			▶ 🔲
17a	10%-facts-and-circumstances test - 2016.						
	10% or more, and if the organization meets the						
	Part VI how the organization meets the Yacts						
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2015.					2	
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meets	the 'Yacts-and-c	rcumstances" test.	The organization q	ualifies as a publici	y	_
	• • •		• • • • • • • •				▶ 🔲
18	Private foundation. If the organization did no	ol check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		_
	instructions						▶ []

E	Support Schedule for Org	EGAN PUBLIC	SCHOOLS FOU	NDATION oction 509(a)(3	<del></del>	36-34447	90 Page 3
	(Complete only if you check	ked the box or	n line 10 of Par	t I or if the orga	anization failed	to qualify und	er Part IV
	If the organization fails to q	ualify under th	ne tests listed b	elow, please o	omplete Part il	l.)	
Se	ction A. Public Support						
Cal	andar year (or fiscal year beginning in) 🕨 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Oo not include any "unusual grants")						<b>/</b>
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				1		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·						
ь	Amounts included on lines 2 and 3						
•	received from other than disqualified					Ì	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
- с	Add lines 7a and 7b · · · · · · · · · · · ·						<del> </del>
8	Public support. (Subtract line 7c from						
<u></u>	tine 6) · · · · · · · · · · · · · · · · · ·	<u>ئېسىدىن سىكتىدى رىزە</u>	الم المناسبة	أحدوب وسا	<u></u>	<u> </u>	<b>!</b>
	endar year (or fiscal year beginning in)	(a) 2012	/(b) 2013/	(-) 2044	(4) 2045	T 411 2040	10 T-4-1
9	Amounts from line 6	(8) 2012	(6) 2013/	(c) 2014	(d) 2015	(9) 2016	(f) Total
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 VI)	•		••			
13	Total support. (Add lines 9, 10c, 11, and 12.)			3			
14	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as			▶□
Sec	ction C. Computation of Public Sup	<del></del>	<del></del>				
15	Public support percentage for 2016 (line 8, col					15	<u> %</u>
16 Ser	Public support percentage from 2015 Schedule tion D. Computation of Investment	BA, Part III, line 1	Sentage	· · · · · · · · · · · · · · · · · · ·		16	<u>%</u>
17	Investment income percentage for 2016 (line 1			(f)		17	94
18	Investment income percentage from 2015 Sch			unin (1))		18	<del>%</del>
19a	33 1/3% support tests - 2016. If the organizat 17 is not more than 33 1/3%, check this box ar	ion did not check	the box on line 14,	and line 15 is more	than 33 1/3%, and	d line	<b>»</b> 🗖
b	33 1/3% support tests - 2015. If the organizatione 18 is not more than 33 1/3%, check this box	on did not check	a box on line 14 or	line 19a, and line 1	6 is more than 33	1/3%, and	• •
20	Private foundation. If the organization did not						
EEA						Schedule A (f	orm 990 or 990-EZ) 2016

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. A	II Supporting C	rganizations (

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Old the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2015 WAUKEGAN PUBLIC SCHOOLS FOUNDATION		 36-344	1790 Page 6
Ranta Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1' . Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organia	zatio	ns must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	$T^{-}$		
collection of gross income or for management, conservation, or	1	1	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	12		
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			PER TRUE PROPERTY.
factors (explain in detail in Part VI):	豐		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	П		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		

emergency temporary reduction (see instructions)

6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016 WAUKEGAN PUBLIC SCHOOLS FOUNDATION 36-3444790 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions		<u> </u>	Current Year	
1	Amounts paid to supported organizations to accomplish exer	not purposes	<del></del>		
2	Amounts paid to perform activity that directly furthers exemp	purposes of supported			
	organizations, in excess of income from activity	· par product of coppositoe	•		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	itions		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)			<del> </del>	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respon	nsive		
	(provide details in Part VI). See Instructions.	· · · · · · · · · · · · · · · · · · ·			
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount			<del>                                     </del>	
		T	(II)	(iii)	
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable	
	<b>,</b> ,	Excess Distributions	Pre-2016	Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6			731.0411(101.2010	
	Underdistributions, if any, for years prior to 2016		11 ",150 (,17)		
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:		2 1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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ь					
	From 2013				
d	From 2014	A MARKET THE PROPERTY.		The second secon	
e	From 2015	THE STATE OF THE S			
f	Total of lines 3a through e				
	Applied to underdistributions of pnor years		p. 0 <u></u> ,,		
	Applied to 2016 distributable amount			Water State of State	
	Carryover from 2011 not applied (see instructions)	4-62			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.	10.2			
	Distributions for 2016 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years			THE PROPERTY OF STREET, STREET	
b	Applied to 2016 distributable amount			7,000	
С	Remainder. Subtract lines 4a and 4b from 4.		The second second	CHARLE L	
5	Remaining underdistributions for years prior to 2016, if		A STATE OF THE STA		
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h		t-4-2		
	and 4b from line 1. For result greater than zero, explain in				
	Parl VI. See instructions.			ll .	
7	Excess distributions carryover to 2017. Add lines 3j		The second secon	と、1988年2月、1988年2月、日本	
	and 4c.			And the same of th	
8	Breakdown of line 7:	The state of the s			
a	<u> </u>				
	Excess from 2013			のないない。	
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_ е	Excess from 2016	**************************************			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
01. Appointed or elected (Part IV Sect. D line 2)
THREE BOARD MEMBERS ARE APPOINTED BY THE SUPPORTED ORGANIZATION, WAUKEGAN SCHOOL DISTRICT
60, INCLUDING A SCHOOL BOARD MEMBER AND THE SCHOOL DISTRICT SUPERINTENDENT.
02. Support government entity (Part IV, Sect. E, line 1c)
PROVIDED GRANTS TO TEACHING STAFF OF WAUKEGAN SCHOOL DISTRICT 60 FOR CURRICULUM
DEVELOPMENT, AND TO ENCOURAGE NEW IDEAS IN LEARNING, TEACHING AND EDUCATION. PROVIDED
PAYMENTS TO OTHER EDUCATIONAL ORGANIZATIONS FOR THE BENEFIT OF WAUKEGAN SCHOOL DISTRICT 60
AND ITS STUDENTS. PROVIDED EQUIPMENT, MATERIALS AND SUPPLIES TO WAUKEGAN SCHOOL DISTRICT
60 TO PROVIDE PROFESSIONAL RESOURCES AND SUPPORT SERVICES TO TEACHING STAFF TO PROMOTE
LEARNING, TEACHING AND EDUCATION.
03. IDENTIFY SUPPORTED ORGANIZATIONS (PART IV, SECT. E, LINE 2a)
TO REITERATE, THE FOUNDATION PROVIDES GRANTS TO TEACHING STAFF OF
WAUKEGAN PUBLIC SCHOOL DISTRICT GO TO FOSTER AND ENHANCE STUDENT
LEARNING, TEACHERS ARE ENCOURAGED TO APPLY FOR THESE GRANTS
USING INNOVATIVE, CREATIVE METHODS THAT ENGAGE THE STUDENTS.
GRANTS ARE AWARDED TO RECIPIENT TEACHERS BASED ON CREATIVITY
AND THOUGHT FULNESS. AT THE END OF THE SCHOOL YEAR, THE GRANTERS
SUBMITTED A REPORT NOTING THE SUCCESS OF THE PROJECT AS IT RELETES
TO STUDENT LEARNING
RECEIVED
E FEB 16 2018
L_OGDEN_UT

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

## Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Oper to Fublic

Employer identification number

WAUKEGAN PUBLIC SCHOOLS FOUNDATION		36-3444790
01. Description of other expenses (Part I, line	• 16)	·
Description	Amount	
SCHOOL STAFF GRANTS	6,076	
SCHOOL EQUIPMENT & SUPPLIES	19,772	
EDUCATIONAL ASSISTANCE	125	
FILING FEES	λ33	
	<u> </u>	
	RECEIVED	
	FEB 16 2018	
	OGDEN, UT	
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