Form	990

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public (1)

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service	\	りん	50
Internal Revenue Service	\	[~]	_/

Open to Public

Interi	nal Reven	ue Service Go to www.irs.gov/Form990 for instructions and t			Inspection					
<u>A</u> F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and er	ل nding	UN 30, 2018						
В	Check if applicable	C Name of organization		D Employer identific	cation number					
a	applicable	_EVANSTON/SKOKIE DIST 65								
	Addres change	EDUCATIONAL FOUNDATION (FOUNDATION 65)		j						
	Name Change			36-4	003165					
\Box	Initial	E Telephone number	•							
	Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 750		•	637-7193					
Teturn/ termin- aled										
_	Amend			H(a) is this a group re						
F	_⊒return □Applica			for subordinates						
	Lion pendin	SAME AS C ABOVE	m/4	H(b) Are all subordinates in						
	 		1 1 5 27	1 ' '	list (see instructions)					
		mpt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) for e: ► WWW.FOUNDATION 65.ORG	1 / 521	1						
			1 Vans	H(c) Group exemption	State of legal domicile: IL					
			L Year	or formation: 1994 N	State of legal domicile. 11					
-		Summary	NT TN	DIOLIA MILLE DO	OCDANC AND					
ల్ల		Briefly describe the organization's mission or most significant activities TO FUI								
าลก		PROJECTS THAT BENEFIT THE STUDENTS OF EVAL								
ēr	ł	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as						
ģ	i .	Number of voting members of the governing body (Part VI, line 1a)		3	18					
<u>«</u>	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	18					
ies	5 7	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	2					
Activities & Governance	1	otal number of volunteers (estimate if necessary)		6	50					
Act	7 a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	1 d	Net unrelated business taxable income from Form 990-T, line 34	.,,,,	7b	0.					
			<u> </u>	Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	305,085.	<u>322,226.</u>					
eu l	9 F	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	<u> </u>					
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,041.	242.					
ш	11 (Other revenue (Part VIII, column (A), lines 5, 8d, Bc, 9c, 10c, and 11e)		89,736.	111,957.					
	12 7	otal revenue add lines for flight must equal Part VIII, column (A), line 12)		396,862.	434,425.					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	1	Benefits paid to of for manipers (Bat/M) (Scolumn (A), line 4)		0.	0.					
ģ	15 5	Salaries, other perspensation, employee beneats (Part IX, column (A), lines 5-10)		116,802.	117,824.					
Expenses		Professional fundrai sing fees (Part IX, column (A) , line 11e)		0.	0.					
ĝ	Ь٦	otal fundraising expects Det N column (D). The 25) > 51,94	7.							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		550,010.	478,180.					
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	666,812.	596,004.					
	10 6	Revenue less expenses Subtract line 18 from line 12		-269,950.	-161,579.					
PS G			Re	ginning of Current Year	End of Year					
Weth Assets or Fund Balances	20 7	otal assets (Part X, line 16)	100	579,105.	367,526.					
ASS 1 Ba	21 1	otal labilities (Part X, line 26)		0.	0.					
愛島	22 1	Net assets or fund balances Subtract line 21 from line 20		579,105.	367,526.					
Pa	art II	Signature Block		3,311030	30773201					
		ies of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents and to the hest of my	knowledge and helief it is					
_		, and complete. Declaration of preparer (other than officer) is based on all information of which			Knowledge and belief, it is					
		and sompled declayation of preparer (other trial officer) is based on all information of which	n preparer	tigs girly kritimienije						
Sign	_	Signature of officer		Date						
July 1	<u>"</u>	,		54.0						
Her	e	KEITH ROBINSON, PRESIDENT Type or print name and title								
-	-		11	Date . Check	PTIN					
Said	,	Print/Type preparer's name Preparer's signature],	11/-/	'					
		CHERYL K. ROHLFS, CPA CALL DAY		self-employe						
Brep		Firm's name CHERYL ROHLFS & ASSOCTATES, DTD.		Firm's EIN	<u>36-3998687</u>					
use	Only	Firm's address 401 HUEHL ROAD, SUITE 2D			T TE3 2022					
_		NORTHBROOK, IL 60062		Phone no. 8 4	7-753-9200					
		S discuss this return with the preparer shown above? (see instructions)			Yes No					
7320	01 11-28	-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	15	001 -	Form 990 (2017)					

		003165 Page 2
ra	art III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	TON DV ATT
	FOUNDATION 65 ACTIVELY PROMOTES INVOLVEMENT IN PUBLIC EDUCAT	
	SEGMENTS OF OUR COMMUNITY AND RAISES FUNDS TO IMPROVE THE QUEVANSTON SCHOOLS, THE ACHIEVEMENT OF HIGH STANDARDS, AND THE	
	EVANSTON SCHOOLS, THE ACHIEVEMENT OF HIGH STANDARDS, AND THE EXPERIENCE FOR ALL STUDENTS.	EDUCATION
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported	·
4a	(Code) (Expenses \$115 , 000 . including grants of \$) (Revenue \$)
	THE GOAL OF REACH IS TO PROVIDE IMPROVED LITERACY INSTRUCTIO	N FOR
	KINDERGARTENERS AND TO INCREASE STUDENT ACHIEVEMENT FOR ALL	K/1
	STUDENTS. THROUGH COACHING, PROFESSIONAL DEVELOPMENT, INTER	VENTIONS
	AND OUTREACH TO EARLY CHILDHOOD EDUCATORS, REACH FOCUSES ON	BASIC
	LITERACY SKILLS TO ENSURE THAT ALL STUDENTS GET A STRONG STA	RT IN
	KINDERGARTEN AND BEYOND. EVERY KINDERGARTENER AND 1ST GRADE	R IN THE
	DISTRICT WILL BENEFIT FROM THIS INNOVATIVE INITIATIVE.	
		_
	025.054	
4b	/(2010	
	EVANSTEM SEEKS TO IMPROVE ACCESS AND ENGAGEMENT FOR STUDENTS	
	TRADITIONALLY UNDERPERFORMED OR HAVE BEEN UNDERREPRESENT3D I PROGRAMS. EVANSTEM GOALS ARE TO ALIGN K-12 STEM PATHWAYS AC	N STEM
	SCHOOLS PROGRAMS, AND DISTRICTS, TO IMPROVE STEM ACCESS AND	
	FOR EVANSTON STUDENTS WHO ARE UNDERPERFORMING OR UNDERREPRES	
	STEM PROGRAMS, AND TO INCREASE PROFESSIONAL CAPACITY OF STEM	
	THROUGH CROSS-CUTTING PROFESSIONAL DEVELOPMENT AND DEVELOPME	
	PILOTING OF STEM LEARNING EXPERIENCES.	11112
4c	(Code) (Expenses \$)
	SUMMER READING PROGRAM: THIS PROGRAM SUPPORTS SUMMER READIN	G GROWTH BY
	PROVIDING BOOKS TO FIRST GRADE STUDENTS WHO HAVE RECEIVED SU	PPLEMENTARY
	READING SUPPORT IN FIRST GRADE. FROM JUNE THROUGH AUGUST, T	EACHERS
	CORRESPOND WITH STUDENTS AND SEND THEM BOOKS IN THE MAIL. R	ESEARCH HAS
	SHOWN THAT ECONOMICALLY DISADVANTAGED AND/OR STRUGGLING READ	ERS, ENGAGE
	IN VERY LITTLE READING DURING THEIR SUMMER VACATION. THIS L	
		NTS OFTEN
		EPING THESE
	STRUGGLING READERS ENGAGED IN READING, THEY WOULD BE ABLE TO	<u>MAINTAIN</u>
	THE READING GROWTH THEY HAD ATTAINED DURING THE SCHOOL YEAR.	
4d	Other program services (Describe in Schedule O)	CE . !
		65.)
<u>4e</u>	Total program service expenses ► 491,209.	Farm 990 (0017

EVANSTON/SKOKIE DIST 65 Form 990 (2017) EDUCATIONAL FOUNDATION (FOUNDATION 65) 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
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_		X
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		X
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_		X_
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		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		ĺ	
	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		X_
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
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		X
С	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	ļ	X
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Į		
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4==		.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_ 16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩.
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		
	1c and 8a? If "Yes," complete Schedule G, Part II	_18_	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		•
	complete Schedule G, Part III	19 Form	gan	X (2017)
		LOUD	J30	(2017)

Part IV | Checklist of Required Schedules (continued)

Yes No 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х Schedule J 23 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 X Schedule K If "No", go to line 25a 24a 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L. Part II 26 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 Х 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 X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation \mathbf{X}_{-} contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is troated as a partnership for federal income tax purposes? If "Yes," complete Schodule R, Part VI 37 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	, and		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
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	i		
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
þ	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).			
	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		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		_ <u>X</u> _
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{x}{x}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		i	
a	Gross income from members or shareholders	İ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	ļ		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
p	Enter the amount of reserves the organization is required to maintain by the states in which the	l	1	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.47)

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

36-4003165

EDUCATIONAL FOUNDATION (FOUNDATION 65) Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	tion 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 18			
	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 18			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ĺ		
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X.
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6_		X
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_		_X_
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_		X
8	Did the organization contemporaneously document the moetings held or written actions undertaken during the year by the following:	13		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_	<u>X</u>	
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_		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		47	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
42	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13_	X	
14	Did the organization have a written document retention and destruction policy?	14	Δ	
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?			
		150	х	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		x
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		
Sec	tion C. Disclosure	102		
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
-	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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	l fınan	cıal	
-	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DIANE LEQUAR - 847-637-7193			
	1234 SHERMAN, ROOM 103, EVANSTON, IL 60202			
732006	11-28-17	Form	990	(2017)

EDUCATIONAL FOUNDATION (FOUNDATION 65) Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

	Check ii ochedale o	contains a response of note	to dily into in time	T CATE VIII	 	_
		Tructoes Key Employees				
A acitor	Officare Directore	Iructocc Kay Employage	AND HIGHART COL	nnensaten Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A)	(B)			(C Pos	C)	ì		(D)	(E)	(F)
Name and Title	Average	(do				than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation from related	amount of other
	week (list any				Ι		<u> </u>	from the	organizations	compensation
	hours for	trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			ısate		(W-2/1099-MISC)	,	organization
	organizations	l trusi	institutional trustee		oyee	Highest compensated employee				and related
	below	Individual	othal	Je C	Key employee	hest c	Former			organizations
	line)	ipul	Inst	Officer	Key	音電	훈			
(1) DIANE LEQUAR	5.00			i					_	
PRESIDENT		X		X				0.	0.	0.
(2) EVAN FINAMORE	2.00				ļ		ļ		_	
DIRECTOR		X						0.	0.	0.
(3) MARGARET BAVIS	2.00				İ					_
DIRECTOR		X			L.	<u> </u>		0.	0.	0 .
(4) KEITH ROBINSON	2.00									_
EXECUTIVE VICE-PRESIDENT		X		X				0.	0.	0 .
(5) SCOTT BRAMLEY	2.00									
DIRECTOR		X						0.	0.	0
(6) KALEN DANIELS	2.00									
DIRECTOR		X						0.	0.	0
(7) SARAH DARNTON	2.00									
DIRECTOR		X				<u> </u>		0.	0.	0_
(8) JUDE LAUDE	2.00		ŀ							
DIRECTOR		X		_				0.	0.	0
(9) FRANZ CALIXTE	2.00									
DIRECTOR		X						0.	0.	0
(10) CRAIG LIKHITE	2.00			ŀ						
DIRECTOR		X		<u> </u>				0.	0.	0
(11) TRACI BROWN POWELL	2.00									
DIRECTOR		X					<u> </u>	0.	0.	0
(12) JULIE CUTTER	2.00									
DIRECTOR		X						0.	0.	0
(13) SHEAU-MING ROSS	2.00									
DIRECTOR		X						0.	0.	0
(14) KATHY TISDAHL	2.00						ł			
DIRECTOR		X						0.	0.	0
(15) SARALYN SACKS	2.00									
DIRECTOR		x		L	L			0.	0.	0
(16) ERIN RAMS	2.00									
DIRECTOR		x	l					0.	0.	0
(17) MOIRA STEIN	2.00									
DIRECTOR		X	1	1		}		0.	0.	0

Form **990** (2017) 732007 11-28-17

EVANSTON													_
D - 4 3 / 11								NDATION 65)	36-4	0033	<u>. 65</u>	<u>P</u>	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do		(C Pos heck ss pe	c) ition more rson	than	one h an	(D) Reportable compensation from	es (continued) (E) Reportable compensatio	on	am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	com fro orga and	pensa om th anızat d relat anızatı	e tion ted
(18) AIMEE KING	2.00					i							•
DIRECTOR		X						0.		0.			0.
													_ _
													_ _ _
Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	<u>, </u>						> > >	0. 0. 0.		0. 0.			0. 0.
 Total number of individuals (including but r compensation from the organization 	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 of reportab	e			0
3 Did the organization list any former officer,	director, or tru	stee	 e, ke	y en	nplo	yee,	orl	highest compensated e	mployee on			Yes	No
 Ine 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	ım of reportabl		•					•	the organization	-	4	1	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•						elat	ed organization or indivi	dual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated inc	lene	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	nensa	tion fi	rom	
the organization Report compensation for													
(A) Name and business			NE					(B) Description of s		Cc	(C omper		n
	 _	_											
							\perp						

	(A) Name and business address	NONE	(B) Description of services	(C) Compens	ation
		_			
		-			
					<u> </u>
_					
—				 	
_				h .	,
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization	of not limited to those	listed above) who received more than		•

Form **990** (2017)

EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4003165

Form 990 (2017) EDUCATION Form VIII Statement of Revenue

		Check if Schedule O contains a re	sponse or note to any lin-	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a				
iran Oun	b		1b				
Đ,ể			1c 7,000.				
a it	d	51.4.1	1d				
S,C		Government grants (contributions)	1e				
P S		All other contributions, gifts, grants, and					
t e		similar amounts not included above	11 315,226.				
들임	g	Noncash contributions included in lines 1a-1f \$	7,000.				
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f		322,226.			<u> </u>
			Business Code				
မွ	2 a						
ē Z	b						ļ
en S	С						
Program Service Revenue	d						 _
og I	е						
۵.	f	All other program service revenue					<u> </u>
\rightarrow	9	Total. Add lines 2a-2f					<u> </u>
	3	Investment income (including dividend	ls, interest, and				
		other similar amounts)	▶	242.	242.		ļ <u>.</u>
	4	Income from investment of tax-exempt	t bond proceeds				ļ
1	5	Royalties	>				
		(<u>)</u> F	Real (II) Personal				
	6 a	Gross rents		!			
	b	· ——					
	С	` '					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Sec	urities (ii) Other				
		assets other than inventory					
	ь	Less cost or other basis					
		and sales expenses					
		Gain or (loss)					
	d	• , ,	/·				
nue	ва	Gross income from fundraising events					
Š		including \$ 7,000. c					
Other Reve		contributions reported on line 1c) See Part IV, line 18	a 146,310.				
he	_	Less direct expenses	ь 39,376.				
ნ		Net income or (loss) from fundraising e		106,934.			106,934.
ľ		Gross income from gaming activities		100,004.			100,334.
	9 a	Part IV, line 19	1				
	h	Less direct expenses	a				
		Net income or (loss) from gaming activ	<u> </u>				
l		Gross sales of inventory, less returns	mics				 -
	10 4	and allowances	a				
ļ	h	Less cost of goods sold	b				
		Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
ļ	11 2	MISCELLANEOUS INCOM		5,023.	5,023.		
	b						
İ	c						-
}	ď	All other revenue					
	_	Total. Add lines 11a-11d	•	5,023.			
	12	Total revenue See instructions.		434,425.	5,265.	0.	106,934.

Form 990 (2017) EDUCATIONAL FOR Part IX Statement of Functional Expenses

Scot	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	nor organizations must co	omolete column (A)	
<u> </u>	Check if Schedule O contains a respon			pioco ooiaiiii (ry	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic				•
	individuals See Part IV, line 22				·
3	Grants and other assistance to foreign			; ;	1
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	 			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	96,906.	36,551.	20,119.	40,236.
8	Pension plan accruals and contributions (include			20/2250	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,505.	5,402.	2,701.	5,402.
10	Payroll taxes	7,413.	2,796.	1,539.	3,078.
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal				
С	Accounting	4,030.		4,030.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			j	
f	Investment management fees				
g	, ,	1 254	1 254		
40	column (A) amount, list line 11g expenses on Sch O.)	1,254.	1,254.		
12 13	Advertising and promotion Office expenses	322.		322.	
14	Information technology	522.		200.	
15	Royalties				
16	Occupancy	11,184.		11,184.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	200.	200.		
23	Insurance	2,699.		2,699.	
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.)	•		ļ	
а	EVANSTEM	235,251.	235,251.		
b	REACH	115,000.	115,000.		
С	SUMMER READING PROGRAM	40,402.	40,402.		
d	EVANSTON SPEAKS	21,610.	21,610.		
е	All other expenses	46,228.	32,743.	10,254.	3,231.
<u>25</u>	Total functional expenses Add lines 1 through 24e	596,004.	491,209.	52,848.	51,947.
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 fif following SOP 98-2 (ASC 958-720)				

36-4003165 Page 11 EDUCATIONAL FOUNDATION (FOUNDATION 65) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 338,949. 282,383. Cash - non-interest-bearing 237,280. 2 84,843. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 2,376. 0. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net 7 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 7,112. basis Complete Part VI of Schedule D 10a 6.812. 500. 300. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 579,105 367,526. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 25 0. 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X
and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 245,646. 211,749. 27 Unrestricted net assets 253,288. 75,606. Temporarily restricted net assets 28 80,171. 29 80,171. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 367,526. Form 990 (2017)

367,526.

30 31

32

33

579,105

579,105.

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form **990** (2017)

Forn	1990 (2017) EDUCATIONAL FOUNDATION (FOUNDATION 63)	36-400	$\frac{1}{2}$	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		·		
	Check if Schedule O contains a response or note to any line in this Part XI				X
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	59	6,0	04.
3	Revenue less expenses Subtract line 2 from line 1	3	-16	1,5	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	9,1	05.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 5	0,0	00.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	_column (B))	10	36	7,5	<u> 26.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			,
	separate basis, consolidated basis, or both		• ,		
	Separate basis Consolidated basis Both consolidated and separate basis		. ,		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	4		
	consolidated basis, or both		,	,	
	X 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	ie audit,	1 • 1	ş ,	ł
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	1		1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			
	or guidite, explain why in Schodulo O and describe any stone taken to undergo such guidite		25		l .

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization EVANSTON/SKOKIE DIST 65

EDUCATIONAL FOUNDATION (FOUNDATION 65)

Employer identification number 36-4003165

Pa	rt I	Reason for Public		All organizations must co			e instructions				
Γhe	organi	zation is not a private found	lation because it is (For lines 1 through 12, o	heck only	one box)					
1		A church, convention of ch									
2		A school described in sect									
3	一	A hospital or a cooperative					ii)	\cup /			
4	Ħ	A medical research organiz					-	the hospital's name			
•		city, and state	and reperated in co	njanotion with a noopita		, SCOM	11 17 0(D)(1)(11)(III)1 2.110.	mo noopha o namo,			
5		An organization operated for	or the benefit of a co	llogo or university owner	d or opera	ted by a d	overnmental unit describ	ned in			
3	ш	•		nege of driiversity owner	u or opera	led by a g	overnmentar unit descrit)eQ III			
_	$\overline{}$	section 170(b)(1)(A)(iv). (C	•			10(1-\/4\/ 4 \	<i>t</i> .				
6	믕	A federal, state, or local go	-				• •	multiplicate and an arrivation of the			
′	LXJ	An organization that norma	•	intial part of its support	rom a gov	ernmentai	unit or from the general	public described in			
_	r	section 170(b)(1)(A)(vi). (C	•								
8	\vdash	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9	لـــا	An agricultural research org		, ,,	-			-			
		or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or									
		university									
10	ш	An organization that norma									
		activities related to its exen									
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III)								
11	닏	An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50)9(a)(4).				
12	Ш	An organization organized a									
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3) . C	Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g				
а	L_	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	anızatıon(s), typıcally by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	upporting			
		organization You must o	complete Part IV, Se	ections A and B.							
b	L	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s) You mus	t complete Part IV,	Sections A and C.							
С	L	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,			
		its supported organizatio	n(s) (see instructions) You must complete i	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation					
f	Ente	r the number of supported o	organizations								
g		ide the following information					· · · · · · · · · · · · · · · · · · ·				
	(1)	Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
							·				
		·····					<u> </u>				
				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
				l I							
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oto			I		l						

Schedule A (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4003165 Page 2

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)

Se	ction A. Public Support	, ,		···· /			· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2015	(6) 29 14	(0) 2010	(0) 20,0	(0) = 0	
·	membership fees received (Do not						
	include any "unusual grants ")	317,082.	296,941.	821,676.	288,455.	315,226.	2039380.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		:				
3	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
4	Total. Add lines 1 through 3	317,082.	296,941.	821,676.	288,455.	315,226.	2039380.
5	The portion of total contributions					†	
	by each person (other than a	<u>'</u>	' I		•	i ,	
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the			!			
	amount shown on line 11,				:	, ,	
	column (f)		<u></u>				
	Public support. Subtract line 5 from line 4						2039380.
<u>Se</u>	ction B. Total Support				·	, -	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	317,082.	296,941.	821,676.	288,455.	315,226.	2039380.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	64.	166.	97.	2,041.	242.	<u>2,610.</u>
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			0 044	0 610	F 000	45 500
	assets (Explain in Part VI)		520.	2,341.	9,619.	5,023.	17,503.
	Total support. Add lines 7 through 10						2059493.
	Gross receipts from related activities,		•			12	623,741.
13	First five years. If the Form 990 is for	•	first, second, thire	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	, —
Se	organization, check this box and stor		rcentage		·		
	Public support percentage for 2017 (I			olumo (fi)	**	14	99.02 %
	Public support percentage from 2016		•	Oldifili (i))		15	99.02 % 99.25 %
	33 1/3% support test - 2017. If the c	•	•	line 13 and line 1	l <i>A</i> is 33 1/3% or m		
	stop here. The organization qualifies	_			141000 17070 0711	iore, erreek ariis be	▶ X
ŀ	33 1/3% support test - 2016. If the c		-		line 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qual	-				or more, erroon a	>
17:	1 10% -facts-and-circumstances tes	•	• • •		13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•		▶□
Ŀ	10% -facts-and-circumstances tes	-		• •	-	7a, and line 15 is	10% or
•	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				-		ightharpoons
18	Private foundation. If the organization		=				s ▶ □
						dule A (Form 990	

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	the box on line 10	of Part I or if the	organization failed	d to qualify under	Part II If the organ	ization fails to
qualify under the tests listed be						
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·		- 		
Calendar year (or fiscal year beginning in) ► 🛚	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received (Do not				1	/	
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the]		
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					ļ	
4 Tax revenues levied for the organ-		 -		/		
J						
ization's benefit and either paid to or expended on its behalf						
· }				/		
5 The value of services or facilities				1		
furnished by a governmental unit to						
the organization without charge			//	 		
6 Total. Add lines 1 through 5				ļ	 	
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		,		ļ	1	
amount on line 13 for the year		/				
c Add lines 7a and 7b	· <u>-</u>					
8 Public support. (Subtract line 7c from line 6)					¹ I'	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2013	(b) ∕2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						<u> </u>
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				J		
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)					<u></u>	
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organ	ization,
check this box and stop here						<u>▶</u>
Section C. Computation of Public						
15 Public support percentage for 2017 (lii	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lir	e 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2017. If the			on line 14, and line	e 15 is more than	L_ 	17 is not
more than 33 1/3%, check this box an						▶[
b 33 1/3% support tests - 2016. If the c						and
and the sample of tests - 20 to. If the	_					_
line 10 in not mare than 00 4 /00/ -1-		op nere. ⊤ne orgai	nization qualifies a	as a publicly supp	orted organization	· ▶L
line 18 is not more than 33 1/3%, chec			10b 1 11	والمسامية		⊾ Γ
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization			a, or 19b, check t		nstructions hedule A (Form 99	<u>▶</u> [

Schedule A (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4003165 Page 4

Part IV **Supporting Organizations**

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on 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)

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- 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 Did 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)(B) purposes
- 5a 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?
- 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.
- 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)
- 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
	1		-
	_ 2		··
	3a_		
	3b		
	3c		
	4a		
	44		
	4b		
	1		
	4c		
	5a		
	5b		
	5c		
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	'1		
	9a		
	9b_		
	9c		
	10a	1	
	10b		10047
orm 9	90 or 9	90-EZ) 2017

Sche	EVANSTON/SKOKIE DIST 65 Edule A (Form 990 or 990 EZ) 2017 EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4	<u>100316</u>	55 P	age 5
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Ь
360	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, triptees, or membership of one or more supported arganizations have the newer to		res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	,	ĺ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	T	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2]	
Sec	tion C. Type II Supporting Organizations	=	<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed)	
	the supported organization(s)	1	İ	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ļ	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1.
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,		
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> L</u> _	Ь
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstruction		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0.5	1	
.	that these activities constituted substantially all of its activities	2a_	 	\vdash
b	, , , , , , , , , , , , , , , , , , , ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0.		" "
•	activities but for the organization's involvement Parent of Supported Organizations, Anguer (a) and (b) halour	2b	 	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]]
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a_	 	
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	25		
72222	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 5 10-08-17 Schedule A (Forn	3b	1	1 2047
13402	5 10-06-17 Schedule A (Form	1 990 01 9	⊎∪^⊑ &	, 2017

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	dule A (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION			6-4003165 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion 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			•
	collection of gross income or for management, conservation, or			
	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		
Sect	ion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)		·	<u> </u>
а	Average monthly value of securities	1 <u>a</u>		
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_		
е	Discount claimed for blockage or other		,	
	factors (explain in detail in Part VI)		,	
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,			
	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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	1	
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		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		,	
	emergency temporary reduction (see instructions)	6	•	
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2017

EVANSTON/SKOKIE DIST 65 Schedule A (Form 990 or 990-EZ) 2017 EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4003165 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 1 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 4 . **b** From 2013 **c** From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A	(Form 990 o	r 990-EZ) 20	17 EDUCAT	IONAL	FOUNDA	TION	(FOUND	<u>ATION</u>	<u>65)</u>	<u> 36-4003</u>	<u>165 Page 8</u>
Part VI	Supplem Part IV, Sec line 1, Part Section D,	nental Info ction A, lines IV, Section I lines 5, 6, an	Drmation. Pros. 1, 2, 3b, 3c, 4b D, lines 2 and 3, ad 8, and Part V	ovide the ex , 4c, 5a, 6, Part IV. Se	xplanations re 9a, 9b, 9c, 1 ection E. lines	equired by 1a, 11b, ar 1c. 2a. 2b	Part II, line 1 nd 11c, Part), 3a, and 3b,	0, Part II, I IV, Section Part V, lin	line 17a or n B, lines 1 e 1. Part V.	17b, Part III, line and 2, Part IV, 3 Section B, line	e 12, Section C,
	(See instru	ctions)						~			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

EVANSTON/SKOKIE DIST 65

EDUCATIONAL FOUNDATION (FOUNDATION 65)

Employer identification number 36-4003165

organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 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? 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	
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Pid the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Pid the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
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? 1 Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
are the organization's property, subject to the organization's exclusive legal control? Yes Old the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	No_
	st
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	st
	st
Impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" on 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)	
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 la	Vaa-
day of the tax year Held at the End of the Ta	rear
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	
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?	No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?	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" on 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 Par	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, hist	oncal
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am	ounts
relating to these items	
(i) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2017

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		ONAL FOUND								Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Other	Simila	<u>ar Asse</u>	ts (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	at are a sig	nıfıcant ı	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	c	ו 🖳 נ	oan or exc	hange progra	ams				
b	Scholarly research	e	. 🗆	Other						<u>-</u>
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how the	ey further t	he organizati	on's exem	pt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete ıf the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21	_							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for c	ontribution	is or other as	sets not ir	ncluded		_	_
	on Form 990, Part X?							L_	_ Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able						
									Amount	
C	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		 -	
	Did the organization include an amount on F						y?		」 Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete									
4.	Decision of controls of	(a) Current year	(b) Pr	ior year	(c) Two yea	rs dack (c	i) i nree y	ears back	(e) Four y	ears back
	Beginning of year balance									
þ	Contributions									
C .	Net investment earnings, gains, and losses		. <u>.</u>			-			<u> </u>	
a	Grants or scholarships									
e	Other expenditures for facilities					- 1				
	and programs									
	Administrative expenses End of year balance								\	
9 2	Provide the estimated percentage of the cur	rent year and balanc	o /line 1a	column (a	\\ hold as					
a	Board designated or quasi-endowment	rent year end balanc	.e (iiile ig %	i, column (a	ij) lielu as					
b	Permanent endowment		_′"							
	Temporanly restricted endowment	^								
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	·	ation that	are held a	nd administe	red for the	organiz	ation		
	by					.,	· g - · · · -		<u></u>	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?					3b	
_4	Describe in Part XIII the intended uses of the	·								
Par	t VI Land, Buildings, and Equipn	nent.	· · ·							
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a S	See Form 990), Part X, III	ne 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d T	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
þ	Buildings									0.
¢	Leasehold improvements									0.
q	Equipment				2,492.		2,19			300.
<u>e</u>	Other				4,620.		4,62	20.		0.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c)					300.

300. Schedule D (Form 990) 2017

Part VII Investments - Other Securities.	TOUNDATION	TOUNDATION 057 50	
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1) Financial derivatives	(5)		
(2) Closely-held equity interests		-	
(3) Other			
(A)			
(B)			
(C)			± -Lat. =
(D)			
(E)			
(G)			
(H)	<u> </u>		
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)	* *	1	1
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(3)			
(5)			<u> </u>
(6)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d See Form 990, Part X, line 15	
(a) D	escription		(b) Book value
	····		
(2)			
(3)			
(4)	<u></u>		
(5)			
<u>(6)</u>			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<u></u>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o			
1. (a) Description of liability		(b) Book value	,
(1) Federal income taxes			•
(2)			* ‡
(3)			
(4)			
(5)			•
(6)			1
(7)		<u> </u>	
(8)		, , , ,	

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

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 39,376.

Schedule D (Form 990) 2017

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

2017

Open to Public

Name of the organization Employer identification number EVANSTON/SKOKIE DIST 65 36-4003165 EDUCATIONAL FOUNDATION (FOUNDATION 65) Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations c Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual tò (or retained by) have custody or control of contributions? to (or retained by) (II) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990 EZ) 2017 EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4003165 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events BENEFIT (add col (a) through EVENT col (c)) (event type) (total number) (event type) 153,310. 153,310. Gross receipts 7,000. 7,000 2 Less Contributions 146,310. 146,310. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 36,847 529 39,376. Other direct expenses <u>39,376.</u> 10 Direct expense summary Add lines 4 through 9 in column (d) 106,934. 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs 5 Other direct expenses 6 Volunteer labor No Nο No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2017

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Sche	edule G (Form 990 or 990 EZ) 2017 EDUCATIONAL FOUNDATION (FOUNDATION 65) 36-4003165 Page 3
	Does the organization conduct gaming activities with nonmembers?
	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?
	Indicate the percentage of gaming activity conducted in The organization's facility 13a %
	An outside facility 13b %
	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?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
С	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
	Mandatory distributions
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year > \$
Par	Supplemental Information. 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 provide any additional information. See instructions
73208	3 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

Schedule G	(Form 990 or 990-EZ)	EDUCATIONA	AL FOUNDATION	(FOUNDATION 65)	36-4003165 Page 4
Part IV	Supplemental I	EDUCATIONA nformation (continued)			
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Schedule G (Form 990 or 990-EZ)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

EVANSTON/SKOKIE DIST 65
EDUCATIONAL FOUNDATION (FOUNDATION 65)

Employer identification number 36-4003165

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM EXPENSES
EXPENSES \$ 100,556. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,265.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW IN DETAIL THE FORM
990 PRIOR TO FILING. ALL DIRECTORS HAVE ACCESS TO REVIEW THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS ANNUALLY ARE REQUIRED TO COMPLETE A CONFLICT OF
INTEREST STATEMENT WHICH IS MONITORED FOR COMPLIANCE BY THE EXECUTIVE
DIRECTOR OR THE BOARD PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 15:
THE OFFICERS OF THE BOARD OF DIRECTORS ANNUALLY DETERMINES COMPENSATION OF
THE EXECUTIVE DIRECTOR BASED ON PERFORMANCE INPUT FROM THE BOARD.
FORM 990, PART VI, SECTION C, LINE 18:
FORM 990 IS AVAILABLE FOR INSPECTION UPON REQUEST AT THE FOUNDATION'S
OFFICE.
FORM 990, PART VI, SECTION C, LINE 19:
FOUNDATION 65 MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH REQUEST AT THE
FOUNDATION OFFICE.

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule_	O (Form	990 or 9	90-EZ) (20)17)									Page 2
Name of th			EVAN	STON		IE DI		55 N (FOU	NDATI	ON 65		Employer ide 36-40	ntification number 03165
FORM	990,	PAR'	r XI,	LINE	E 9,	CHANG	GES :	IN NET	ASSE'	rs:			
CORRE	<u>CTIO</u>	N TO	PRIO	R YE	AR'S	BALAI	NCE I	OUE TO	AN E	RROR I			-50,000.
RECOR	DING	OF (GRANT	REVE	ENUES	INT	CHE I	FISCAL	YEAR	ENDEI	6/30	/2017	
TOTAL	ТО	FORM	990,	PART	XI,	LINE	<u> 9</u>						-50,000.
													
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