Form **990-EZ**

2949217701517 **Short Form Return of Organization Exempt From Income Tax**

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

2019

OMB No 1545-0047

Department of the Treasury

Do not enter social security numbers on this form, as it may be made publication

Open to Public

A for the 2019 calendar year, or tax year beginning Common of organization		rnal Revenue Service do to www.ii s.gov/i of iii soulcito
Address change Name change Initial return Final return Fi	19 and ending JUN 30, 2020	
Name change DISTRICT 58 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 630 - 854 - 8837	• · · · · · · · · · · · · · · · · · · ·	applicable Vivaline of organization
Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1547 WARREN AVENUE		
See the instructions for Part See the instructions for Part		
Lemmated L54	fress) Room/suite E Telephone number	
Application pending DOWNERS GROVE, IL 60515 Number		terminated 154 / WARREN AVENUE
G Accounting Method: X Cash Accrual Other (specify) Method: Not required to attach Schedule B WWW. 58FOUNDATION.ORG J Tax-exempt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income SEE SCHEDULE O 4 18 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:	ode F Group Exemption	Amended return City or town, state or province, country, and ZIP or foreign postal code
Website: ► WWW . 58FOUNDATION . ORG	Number > _	Application pending DOWNERS GROVE, IL 60515
Website: ► WWW • 58 FOUNDATION • ORG	H Check ► X if the organization is	Accounting Method: X Cash
Tax-exempt status (check only one) — X 501(c)(3) 501(c) () ◀(Insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income SEE SCHEDULE 0 4 18 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:		
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income SEE SCHEDULE O Investment income SEE SCHEDULE O Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:		
Column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 123,250	200,000 or more, or if total assets (Part II,	
Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income SEE SCHEDULE O Investment income Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:		
1 123,232 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 EE SCHEDULE O 4 18 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:	r Fund Balances (see the instructions for Part I)	
1 123,232 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 EE SCHEDULE O 4 18 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:	is Part I	Check if the organization used Schedule O to respond to any question in this Part
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 SEE SCHEDULE O 4 18 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:		· · · · · · · · · · · · · · · · · · ·
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:		
4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:	3	
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:		
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:		
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events:		1 · · · · · · · · · · · · · · · · · · ·
6 Gaming and fundraising events:		· ·
a Gross income from gaming (attach Schedule G if greater than \$15,000) A Gross income from fundraising events (not including \$ of contributions		
\$15,000) 6a of contributions		1
b Gross income from fundraising events (not including \$ of contributions		
	of contributions	b Gross income from fundraising events (not including \$
from fundraising events reported on line 1) (attach Schedule G if the sum of such	Such Such	
gross income and contributions exceeds \$15,000) details reported on line 1) (attach scriedule G if the sum of such		
gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events 6c 6c	66	· ·
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		
7a Gross sales of inventory, less returns and allowances 7a EOEO	1 1 ' COS')	
b Less: cost of goods sold		· ·
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
10 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 11,506		_ · _ · · · · · · · · · · · · · · · · · · ·
11 Benefits paid to or for members		,
19 Solarios other companyation and ampleyes hangite		·
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing publications postage and objecting		
14 Occupancy, rent, utilities, and maintenance		
15 Printing, publications, postage, and shipping		,
16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 128,961		I
17 Total expenses. Add lines 10 through 16		· · ·
18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -17, 217		
		, , , , , , , , , , , , , , , , , , , ,
(must agree with end-of-year figure reported on prior year's return) [19] 66,515	10 66 515	l · · · · · · · · · · · · · · · · · · ·
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0		
20 Other changes in het assets of fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 49, 298		
LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (201		

932171 12-11-19

DISTRICT 58 Form 990-EZ (2019) Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 66,515. 49,298. 22 Cash, savings, and investments 22 Land and buildings 23 23 24 24 Other assets (describe in Schedule O) 49,298. 66.515 25 25 Total assets 0. 0 26 Total liabilities (describe in Schedule O) 26 66,515. 298. Net assets or fund balances (line 27 of column (B) must agree with line 21) 49. Part III | Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title SEE SCHEDULE O 3,853.) If this amount includes foreign grants, check here 3,853. 28a (Grants \$ SEE SCHEDULE O 230.) If this amount includes foreign grants, check here 230. 29: (Grants \$ SEE SCHEDULE O 1,656.) If this amount includes foreign grants, check here 1,656. 30: SEE SCHEDULE O 31 Other program services (describe in Schedule O) 5,767. 5, 767.) If this amount includes foreign grants, check here (Grants \$ 11,506. Total program service expenses (add lines 28a through 31a) 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) X Check if the organization used Schedule O to respond to any guestion in this Part IV (d) Health benefits, (b) Average hours (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred sation (Forms per week devoted to amount of other (a) Name and title W-2/1099-MISC) position compensation (if not paid, enter -0-) compensation ELIZABETH O'TOOLE 0. DIRECTOR 1.00 0. 0 BRIAN KRAJEWSKI DIRECTOR 1.00 0. 0 0. TINA MESSMER-KING 0. 0, 2.00 0. SECRETARY ELENA FALCO 0. 0 0. DIRECTOR 1.00 DAVID OLSEN 0. 0. 0. VICE PRESIDENT 2.00 TODD DAVIES 0. 0 0 DIRECTOR 1.00 JANET ALIKPALA 0. 3.00 0. 0. PRESIDENT TROY JOHNSON 0. 0. DIRECTOR 1.00 0. MIA CHURMA 0. 0 . 0. DIRECTOR 1.00 JOE MACCHIA 0. 0 0. DIRECTOR 1.00 BRIANA RICHARDSON 0 . DIRECTOR 1.00 0. 0. KAROLINE KELLAM TREASURER 2.00 0. 0 0. Form **990-EZ** (2019)

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	1990-EZ (2019) DISTRICT 58 30-010.			Page 3			
LPS	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X			
	included on the try chook in the organization about our to respond to dry question in the		Yes				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each						
	activity in Schedule O	33		Х			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended						
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions						
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported						
	on lines 2, 6a, and 7a, among others)?	35a		X			
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	<u>A</u>			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			3,7			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	0.0		х			
27 2	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36					
	Did the organization file Form 1120-POL for this year?	37b		X			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	0.5					
•••	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		$\overline{\mathbf{x}}$			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A						
39	Section 501(c)(7) organizations. Enter:]		' I			
a	Initiation fees and capital contributions included on line 9 39a N/A	_					
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	.					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .	1.					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit						
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	40b		х			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400	-	^			
٠	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>'</u>	.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed						
-	by the organization	1 ,					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed IL						
42 a	The organization's books are in care of ► KAROLINE KELLAM Telephone no. ► 630-85						
		5051	<u> </u>				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	703	X			
	If "Yes," enter the name of the foreign country	720		$\overline{}$			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	'					
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х			
	If "Yes," enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		\blacktriangleright				
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A					
		ſ	\ <u></u>				
			Yes	NO			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			-			
	Form 990-EZ	44a		<u> </u>			
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44b					
•	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	446 44c		X			
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	776		 -			
J	In Schedule O	44d					
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X			
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section						
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b					
		Form 9	90-F7 (2019)			

Form 990-EZ (2019) DISTRICT 58					30-01010	74		Page 4
								Yes	No
6 Did the o	organization engage, directly or indirec	tly, in political campaign activ	rities on behalf of or	in opposition	on to candidates for pu	iblic office?			
	complete Schedule C, Part I	1.4					46		X
Part VII	Section 501(c)(3) Organiz	ations Only							
	All section 501(c)(3) organizations	s must answer questions 4	17-49b and 52, an	d complete	e the tables for lines	50 and 51			
	Check if the organization used S	chedule O to respond to a	ny question in this	s Part VI					
								Yes	No
7 Did the o	organization engage in lobbying activiti	es or have a section 501(h) e	lection in effect duri	ng the tax y	ear? If "Yes," complete	Sch. C, Part II	47		X
8 Is the or	ganization a school as described in sei	ction 170(b)(1)(A)(ii)? If "Yes,	,° complete Schedule	e E		[48		X
9a Did the o	organization make any transfers to an e	xempt non-charitable related	organization?			[49a		X
b If "Yes,"	was the related organization a section	527 organization?				[49b		
0 Complet	e this table for the organization's five t	ighest compensated employe	es (other than office	ers, director	s, trustees, and key er	nployees) who ea	ch rec	eived r	nore
than \$10	0,000 of compensation from the organ	nization. If there is none, enter	r "None."	_		<u> </u>			
	(a) Name and title of each each	mployee	(b) Average	e hours	(C) Reportable	(d) Health benefits	(e	Estim	ated
	•		per week de		compensation (Forms W-2/1099-MISC)	contributions to employee benefit		ount of	
		NONE	position	on	,	plans, and deferred compensation	CO	npens	ation
							i -		
		·····	7		1		1		
			-		1	 ·			
		· · · · · · · · · · · · · · · · · · ·	7		1				
							1		
					1				
		·····							,
	e this table for the organization's five h tion. If there is none, enter "None."	ighest compensated independ NONE	dent contractors who	o each recei	ved more than \$100,0	00 of compensati	on fro	m the	
	Name and business address of each in	dependent contractor		(b) Type of service	(c) (ompe	nsatioi	·
					. <u>. </u>		_		
						1			
									-
d Total nur	mber of other independent contractors	each receiving over \$100,000)		>				
2 Did the c	rganization complete Schedule A? No	te: All section 501(c)(3) orgai	nızatıons must attacl	h a			_		_
	ed Schedule A						Ye		No
Indei penaltie	s of perjury, I declare that I have exam	ined this return, including acc	companying schedul	es and state	ements, and to the bes	t of my knowledg	e and	belief,	it is
ue, correct, a	nd complete. Deglaration of preparer	other than officer) is based or	n all information of v	vhich prepa	rer has any knowledge				
	Laroline Kel	20m				11/14/,	<u> 202</u>	0_	
Sign	Signature of officer	T 110	_			Date			
lere	Karoline Kella	m, Treasu	rer						
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·				- · · · · · · · · · · · · · · · · · · ·			_
	Print/Type preparer's name	Preparer's signatur	e	Date	Check] if PTIN			
Paid				1	self- employ	/ed			
reparer									
Jse Only	Firm's name				Firm's EIN	<u> </u>			
	Firm's address 🕨				Phone no.				
lay the IRS di	scuss this return with the preparer shi	own above? See instructions				▶	Ye	s [No
						F	orm 9	90-EZ ((2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

EDUCATION FOUNDATION OF DOWNERS GROVE

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DISTRICT 58 30-0101074 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (i) Name of supported (III) Type of organization (vi) Amount of other (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 DISTRICT 58

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Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III if the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support			· /					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1 Gifts, grants, contributions, and		1,0,00	107.00	10,20,0	107.20.0	(77 - 014)		
membership fees received. (Do not								
include any "unusual grants ")	53,361.	63,577.	95,774.	140,568.	123,232.	476,512.		
2 Tax revenues levied for the organ-								
ization's benefit and either paid to				ļ				
or expended on its behalf								
3 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge	}				,			
4 Total. Add lines 1 through 3	53,361.	63,577.	95,774.	140,568.	123,232.	476,512.		
5 The portion of total contributions								
by each person (other than a								
governmental unit or publicly								
supported organization) included				'				
on line 1 that exceeds 2% of the								
amount shown on line 11,								
column (f)								
6 Public support. Subtract line 5 from line 4						476,512.		
Section B. Total Support		·		·				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7 Amounts from line 4	53,361.	63,577.	95,774.	140,568.	123,232.	476,512.		
8 Gross income from interest,					<u> </u>			
dividends, payments received on	ļ							
securities loans, rents, royalties,						:		
and income from similar sources	347.	335.	171.	17.	18.	888.		
9 Net income from unrelated business	<u> </u>		=:=:					
activities, whether or not the		1						
business is regularly carried on								
10 Other income. Do not include gain								
or loss from the sale of capital								
assets (Explain in Part VI)		Ĭ						
11 Total support. Add lines 7 through 10						477,400.		
12 Gross receipts from related activities,	etc (see instruction	ns)		· —	12	· · · · · · · · · · · · · · · · · · ·		
13 First five years. If the Form 990 is fo	· ·		fourth, or fifth ta	x vear as a section				
organization, check this box and sto	-		,	,		▶□		
Section C. Computation of Publ		centage						
14 Public support percentage for 2019 (ine 6, column (f) div	rided by line 11, co	olumn (f))		14	99.81 %		
15 Public support percentage from 2018	• • • • • • • • • • • • • • • • • • • •	•	.,,		15	99.74 %		
16a 33 1/3% support test - 2019. If the			line 13, and line 1	14 is 33 1/3% or mi	ore, check this box			
stop here. The organization qualifies			·		•	$\triangleright X$		
b 33 1/3% support test - 2018. If the		•	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi			
and stop here. The organization qual					,	▶□		
17a 10% -facts-and-circumstances test	•	• • •		13, 16a, or 16b. a	nd line 14 is 10% o	or more,		
and if the organization meets the "fac	_							
meets the "facts-and-circumstances"						▶□		
b 10% -facts-and-circumstances test	_				7a. and line 15 is 1			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization		-						
					dule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT 58 30-20101074 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (c) 2017 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support **(_{စ်})** 2016 (c) 2017 (d) 2018 <u>(e) 2</u>019 (a) 2015 (f) Total Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 16 16 Public support percentage from 2018 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 18 Investment income percentage from 2018 Schedule A, Part III, line 17 <u>%</u> 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 20/18. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33/1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

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Part IV 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)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a 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")? # "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? // "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 (as 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.)

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Hast the organization accepted a gift or contribution from any of the following persons? Yes No		edule A (Form 990 or 990-EZ) 2019 DISTRICT 58	30-010	107	4 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person with directly or inferity controls, either valence to openite with persons described in (b) and (c) below, the governing body of a supported organization? 11 A family member of a person described in (a) or (b) above? 9. A 35% controlled entity of a genon described in (a) or (b) above? 11 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organizations have the power to regulatly appoint or elect at least a majority of the organizations describe in Part VI how the supported organizations or insistes were allocated among the supported organization, describe how the powers to appoint endire remove directors or frustees were allocated among the supported organization, describe how the powers to appoint endire or remove directors or frustees were allocated among the supported organization of person and what conditions or restrictions, life, spepiled to such powers during the star year 2. Did the organization person to the benefit carried out the purposes of the supported organization of the supported organization of person organization. The supported organization of cannoted the supporting organization or supported organizations are supported organizations and support provided organizations. 1 Were a majority of the organization's directors or frustees during the tax year also a majority of the directors or frustees of each of the organization's supported organization's supported organization's supported organization's provided or	Pa	rt IV Supporting Organizations _(continued)				
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Section E. Type III Functionally Integrated Supporting Organizations 1			-			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a	500			3		
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 instructions). 2 Activities Test. Answer (a) and (b) below. a 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 that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a 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? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each						
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				3b_		

30-0101074 Page 6 Schedule A (Form 990 or 990-EZ) 2019 DISTRICT 58 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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): 1a a Average monthly value of securities 1b b Average monthly cash balances 10 c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 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 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 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 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2019 DISTRICT 58 30-0101074 Page 7 Part V 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 2 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 4 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 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 DISTRICT 58	30-0101074 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line II, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Pa Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions)	a or 17b, Part III, line 12, is 1 and 2, Part IV, Section C, irt V, Section B, line 1e, Part V,
	(See Instructions)	
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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

EDUCATION FOUNDATION OF DOWNERS GROVE DISTRICT 58

OMB No 1545-0047 Open to Public Inspection

Employer identification number 30-0101074

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	18.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID):
ACTIVITY CLASSIFICATION: EDUCATIONAL - SCHOOL GRANTS	
GRANTEE NAME: DOWNERS GROVE GRADE SCHOOL DISTRICT 58	
GRANTEE ADDRESS: 1860 63RD STREET DOWNERS GROVE, IL 60516	·
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	3,853.
ACTIVITY CLASSIFICATION: EDUCATIONAL - TEACHER GRANTS	
GRANTEE NAME: DOWNERS GROVE GRADE SCHOOL DISTRICT 58	
GRANTEE ADDRESS: 1860 63RD STREET DOWNERS GROVE, IL 60516	
GRANTEE RELATIONSHIP: NONE	·
AMOUNT GIVEN:	230.
ACTIVITY CLASSIFICATION: EDUCATIONAL - SCHOOL GRANTS	
GRANTEE NAME: DOWNERS GROVE GRADE SCHOOL DISTRICT 58	
GRANTEE ADDRESS: 1860 63RD STREET DOWNERS GROVE, IL 60516	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,656.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	5,739.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization EDUCATION FOUNDATION OF DOWNERS GROVE DISTRICT 58	Employer identification number 30-0101074
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	2,706.
BANK FEES	318.
OTHER EXPENSE	78.
FUNDRAISING SHOWS - CONTRIBUTION EXPENSES	125,149.
CHAMBER OF COMMERCE MEMBERSHIP DUES	580.
FILING FEES	130.
TOTAL TO FORM 990-EZ, LINE 16	128,961.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RECEIV FUNDS, PROPERTY AND GIFTS OF ANY KIND, EXCLUSIVELY FOR TH STUDENTS ATTENDING PUBLIC SCHOOLS WITHIN DISTRICT 58, DOW	E BENEFIT OF
ILLINOIS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
SNEAK PREVIEW EVENT - INCOMING 7TH GRADE STUDENTS KICK OF	F
THE NEW SCHOOL YEAR BY JOINING 1 OF THE 2 MIDDLE SCHOOLS	· · · · · · · · · · · · · · · · · · ·
FOR A "SNEAK PREVIEW" OPEN HOUSE. THIS IS A THREE DAY	
EVENT THAT TAKES PLACE IN MID-AUGUST JUST BEFORE THE BEGI	NNING OF THE
NEW SCHOOL YEAR. THE EVENT GIVES STUDENTS AND PARENTS A	CHANCE TO
VISIT TEACHERS, CHECK OUT CLASSROOMS AND LEARN IMPORTANT	INFORMATION
BEFORE THE SCHOOL YEAR BEGINS.	
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLIST	HMENTS:
TEACHER GRANTS - PROGRAM IS SET UP TO ENCOURAGE AND REWAR	D
CREATIVE TEACHING WHICH WILL DIRECTLY BENEFIT THE STUDENT	S
OF DOWNERS GROVE DISTRICT 58. TEACHING GRANTS CAN FUND	
PROFESSIONAL DEVELOPMENT, CLASSROOM ENRICHMENT, SCHOOL SU	DDITEC AND

EDUCATION FOUNDATION OF DOWNERS GROVE Name of the organization **Employer identification number** DISTRICT 58 30-0101074 OTHER EXPENSES TO BETTER THE QUALITY OF THE STUDENT'S EDUCATION. FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS: SELECT 58 PROGRAM - A CORNERSTONE OF THE EDUCATION FOUNDATION. IN SPRING, (29) 8TH GRADERS FROM HERRICK MIDDLE SCHOOL AND (29) 8TH GRADERS FROM O'NEILL MIDDLE SCHOOL ARE SELECTED FROM OVER 150 STUDENTS SUBMITTED ESSAYS BASED ON WHOM HAVE PROVEN TO BE ROLE MODELS THROUGH GOOD CITIZENSHIP, CO-CURRICULAR AND SERVICE INVOLVEMENT ACTIVITIES WITHIN THEIR COMMUNITY. FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS: INTERNET SAFETY PROGRAM - PROGRAM SET UP TO ASSIST THE SCHOOL DISTRICT IN PROMOTING SAFE INTERNET USAGE. GRANTS \$ 3,700. EXPENSES \$ 3,700. READING GAMES - FOUNDATION GRANT TO DOWNERS GROVE DISTRICT 58 TO ASSIST IN FUNDING THE READING GAMES COMPETITION. GRANTS \$ 1,500. EXPENSES \$ 1,500. DISTINGUISHED SERVICE AWARDS (D.S.A.) - DSA AWARDS TAKE PLACE IN MAY AND WERE CREATED TO RECOGNIZE 2 DISTINCTIVE MEMBERS OF THE SCHOOL ONE RECIPIENT IS A TEACHER AND THE OTHER IS A MEMBER OF THE NON-TEACHING STAFF. AWARD WINNERS ARE NOMINATED BY COLLEAGUES, ADMINISTRATION, STUDENTS AND/OR PARENTS GRANTS \$ 567. EXPENSES \$ 567.

Schedule () (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization EDUCATION FOUNDATION OF DOWNERS GROVE DISTRICT 58	Employer identification number 30-0101074
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
 	
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Name of the organization EDUCATION FOUNDATION OF DISTRICT 58		i	Employer identific 30-01010	74
Part IV List of Officers, Directors, Trustees, and Key Er	nployees. List each one e	ven if not compensat	ed (see the instructions fo	or Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (For W-2/1099-MISC (If not paid, enter	employee benefit	(e) Estimated amount of other compensation
MIKE HAYES				
DIRECTOR	1.00	(0.	0.
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