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

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2006

Inspection

	A	For the 2019 calendar year		r year, or tax year beginning 07-01 , 2019, and ending		06-30 , 20 2	20
	_	Check if app		C Name of organization		er identification	
ſ	_	Address cha			3444790		
i	=	Name chang	•		hone number		
i	=	Initial return		Number and street (or PO box, if mail is not delivered to street address) Room/suite	.		
i	=	Final return		1201 N SHERIDAN ROAD	122	4) 303-1021	L
4	=	Amended re		City or town, state or province, country, and ZIP or foreign postal code	F Group E		
ξi	=	Application		WAUKEGAN, IL 60085 (-)5	Number	•	
	_		ng Method		ıf the organiz	zation is not	
, =		Website:	•	X Cash		attach Schedule	
۲.				heck only one) - So1(c)(3)	•	990-EZ, or 990-	
)	_		organization	☐ Corporation ☐ Trust ☐ Association ☐ Other	(1 0.111 000)		
~			•	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assistance.	ets		
Q	_ /D:			500,000 or more, file Form 990 instead of Form 990-EZ		. > \$	67,713
끸	P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			07,713
#	•	urt i		the organization used Schedule O to respond to any question in this Part I		· · · · · · · · · · · · · · · · · · ·	反
SCANNE	_	1		s, gifts, grants, and similar amounts received		1	
Ş	1			vice revenue including government fees and contracts		2	67,592
(C)				dues and assessments · · · · · · · · · · · · · · · · · · ·		3	
		3	Investment	ncome	· · · · ·	4	101
		1		nt from sale of assets other than inventory	· · · · · · · · · · · · · · · · · · ·		121
					-		
)				- 5c	
		1) from sale of assets other than inventory (Subtract line 5b from line 5a)		30	
		ł	•	fundraising events	1		
	a	;		e from gaming (attach Schedule G if greater than	İ		
	Revenue			6a			
	eve	D		e from fundraising events (not including \$ of contributions			
	œ			sing events reported on line 1) (attach Schedule G if the			
				gross income and contributions exceeds \$15,000) · · · · · · · · · 6b			
				expenses from gaming and fundraising events			
				or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
						6d	
				of inventory, less returns and allowances		·	
				goods sold · · · · · · · · · · · · · · · · · · ·		_	
		C	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)	• • • • •	7c	
				ie (describe in Schedule O)		8	
				ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	67,713
				Imilar amounts paid (list in Schedule O)	FD.		
		11			- LJ	11	
	Ø	12		er compensation, and employee benefits	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12	
	Expenses	13		fees and other payments to independent contractors · · · · · · · · · · · · · · · · · · ·	021 SS-08C	13	
	e d	. 14		rent, utilities, and maintenance	- R	14	
	ŵ	15	Printing, publ	lications, postage, and shipping	lit -	15	_
		1				16	130,249
	_	17		ses. Add lines 10 through 16		17	130,249
	w	18		eficit) for the year (Subtract line 17 from line 9)	• • • •	18	(62,53 <u>6</u>)
	Set	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		-	
	Net Assets			igure reported on prior year's return)		19	127,297
	let	20		es in net assets or fund balances (explain in Schedule O)		20	
	_	21	Net assets or	r fund balances at end of year Combine lines 18 through 20 · · · · · · · · · · · · · · · · · ·		21	64,761

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)



Form 990-EZ (2019) WAUKEGAN PUBLIC SCHO	OOLS FOUNDATION		36-3	444	790 Page 2
Part II Balance Sheets (see the instructions for Part	•				_
Check if the organization used Schedule O to	o respond to any que	estion in this Part II			· · · · · ·
•			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			127,297	22	64,761
23 Land and buildings · · · · · · · · · · · · · · · · · · ·			0	23	0
24 Other assets (describe in Schedule O)		[0	24	0
25 Total assets			127,297	25	64,761
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	ee with line 21)		127,297	27	64,761
Part III Statement of Program Service Accomplis	hments (see the ins	tructions for Part III)			F
Check if the organization used Schedule O	to respond to any qu	estion in this Part I	۱ 🗌	l	Expenses
What is the organization's primary exempt purpose? SUPPORT	OF WAUKEGAN S	CHOOL DISTRICT	60	ı '	uired for section
				l .	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describersons benefited, and other relevant information for each program	oe the services provided			orgai	nizations, optional for rs)
28 GRANTS TO TEACHING STAFF OF WAUKEGAN S		60 FOR			
CURRICULUM DEVELOPMENT, AND TO ENCOURA					
LEARNING, TEACHING AND EDUCATION.		<u> </u>	- -		
	unt includes foreign gra	nts check here	▶ 🗍	28a	7,705
29 ASSISTANCE TO STUDENTS OF WAUKEGAN SCH		•			1,,,,,,,,,
	OOL DISTRICT OF	FOR			
FURTHERANCE OF THEIR EDUCATION.					
(Create &) If this amo	unt includes foreign gra	nte check here	▶ □	29a	100
<u> </u>		nts, Greck here	· · · · · · · · · · · · · · · · · · ·	236	100
30 EQUIPMENT, MATERIALS AND SUPPLIES TO W			· 		
DISTRICT 60 TO PROVIDE RESOURCES AND P					
SERVICES TO TEACHING STAFF, TO ENCOURA			▶ □	30a	100 010
	unt includes foreign gra			Sua	122,313
or other program solvies (associate in database of				24-	
	unt includes foreign gra		···· • 📙	31a	
32 Total program service expenses (add lines 28a through 31a)				32	130,118
Part IV List of Officers, Directors, Trustees, and Key Em	pioyees (list each one e	even il not compensated	- see the instructions t	or Pai	rt IV)
Objects of the agreement on used Cabadula O to record					
Check if the organization used Schedule O to response		nis Part IV · · ·			
	ond to any question in the	(c) Reportable	(d) Health benefits,	· · ·	
(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	· · ·	<u></u>
(a) Name and title	ond to any question in the	(c) Reportable compensation	(d) Health benefits, contributions to employee	· · ·	e) Estimated amount of
(a) Name and title See 990 OFOV BENJAMIN GRIMES	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	· · ·	e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	· · ·	e) Estimated amount of
(a) Name and title See 990 OFOV BENJAMIN GRIMES	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	· · · ·	e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	· · · ·	e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	· · · ·	e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	9 (e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA	(b) Average hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	9 (e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER	(b) Average hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	9 (e) Estimated amount of other compensation
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	9 (e) Estimated amount of other compensation 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	· · · ·	e) Estimated amount of other compensation 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK	(b) Average hours per week devoted to position 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	· · · ·	e) Estimated amount of other compensation 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE	(b) Average hours per week devoted to position 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation		e) Estimated amount of other compensation 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0		e) Estimated amount of other compensation 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0	9	e) Estimated amount of other compensation 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0	9	e) Estimated amount of other compensation 0 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0		e) Estimated amount of other compensation 0 0 0 0
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(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0	9	e) Estimated amount of other compensation O O O O O O
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(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0	9	e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS MEMBER	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0 0 0	9	e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS MEMBER NICK ALAJAKIS	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0 0 0 0		e) Estimated amount of other compensation O O O O O O O O O O O O O
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS MEMBER NICK ALAJAKIS EXECUTIVE DIRECTOR	(b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0 0 0		e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS MEMBER NICK ALAJAKIS EXECUTIVE DIRECTOR JOSUE PASILLAS	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0		e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS MEMBER NICK ALAJAKIS EXECUTIVE DIRECTOR JOSUE PASILLAS MEMBER	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0 0 0 0		e) Estimated amount of other compensation O O O O O O O O O O O O O
(a) Name and title See 990 OFOV BENJAMIN GRIMES PRESIDENT WES TROMBINO VICE-PRESIDENT BRIAN LUOSA TREASURER CAROLINA FABIAN SECRETARY CHARLOTTE CALLAHAN-WOZNIAK BOARD REPRESENTATIVE LUCY LEGUIZAMO BOARD REPRESENTATIVE THERESA PLASCENCIA SCHOOL SUPERINTENDENT MARTHA PADILLA-RAMOS MEMBER ADRIANA GONZALEZ MEMBER LISA MEGGS MEMBER NICK ALAJAKIS EXECUTIVE DIRECTOR JOSUE PASILLAS	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0		e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0

P;a	rt V. Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	'Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		x
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
b	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		
	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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	3 - 3	. ,	133 6
0. b	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	5-4 4		25.5
50 0	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		 .	
39	Section 501(c)(7) organizations Enter	<u>ተ</u> ለጉ ነን	، اقس	1: 7:
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	1 3.	**	
a	Gross receipts, included on line 9, for public use of club facilities	-∤.″.		1
		- , <i>-</i> ,	: • :	•
40 a		. **	.:	. 6
	section 4911 ►, section 4912 ►, section 4955 ►		2, 3	
t	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	١	1	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		ي ا	12
	on organization managers or disqualified persons during the year under sections 4912,	1: 20	-	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			,3
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	' '		1".
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·		1	,,
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			تا
	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 ▶ BRIAN LUOSA Telephone no ▶ 224-	303 -1 -	021	116
	Located at ▶ 1201 N SHERIDAN ROAD, WAUKEGAN, IL ZIP+4 ▶ 6008	5		
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u> x</u>
	If "Yes," enter the name of the foreign country	0,44		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	, 4	L. "	5.
	Financial Accounts (FBAR)	5	·.	
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		K
	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		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and that the amount of tax exempt interest reserves of accorded as mig the tax year.		Yes	I
44 =	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	7 7		 -
44 a	completed instead of Form 990-EZ	44a		.ئىدا. لا
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		\vdash	 `
	completed instead of Form 990-EZ	44b	·- ·-	
			-	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	-, ,	X
C	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	7	70 ² s	
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d	ļ.—	┼—
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
Ł	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1	५, ,	1. 5
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	,1	2- 10	1
	Form 990-EZ See instructions	45b		<u> </u>

36-3444790

Page 4

SCHEDULE A

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.

OMB No 1545-0047 2019

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization WAUKEGAN PUBLIC SCHOOLS FOUNDATION Employer identification number

36-3444790

	rt I	Reason for Public Charity	Status (All or	ganizations must co	mplete t	his part) See instructions.			
		nization is not a private foundation beca				•	,			
1		A church, convention of churches, or as				ri).		. ,)		
2	Н	A school described in section 170(b)(1				.,,		\V\		
	H	A hospital or a cooperative hospital sen						,		
3	H	·	•	• •		V63/43/A3/	iii) Estartha			
4	П	A medical research organization operat	ea in conjunction wil	in a nospital described in s	section 170)(A)(1)(a)(iii). Enter the			
_		hospital's name, city, and state An organization operated for the benefit	fit of a college or up	wormty owned or operate	d by a gove	emmental	unit described in		_	
5	П	section 170(b)(1)(A)(iv). (Complete Pa		iversity owned or operate	d by a gove	en internar	unit described in			
6	П	A federal, state, or local government or		escribed in section 170(t	b)(1)(A)(v).					
7	H	An organization that normally receives				nit or from t	the general public			
•	ш	described in section 170(b)(1)(A)(vi). (Complete Part II)								
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)								
9	Ħ	An agricultural research organization de			in conjuncti	on with a la	and-grant college			
•	ш	or university or a non-land-grant college								
		university	je or agriculture (se	s instructions, Enter the	namo, any,	and diate t	5. 4.10 00.10g0 0.			
10	П	An organization that normally receives	(1) more than 33 1	1/3% of its support from c	ontributions	s, member	ship fees, and gross			
	_	receipts from activities related to its ex								
		support from gross investment income								
		acquired by the organization after June	30, 1975 See section	on 509(a)(2). (Complete f	Part III)					
11	П	An organization organized and operated	d exclusively to test f	or public safety See sect	ion 509(a)((4).				
12	図	An organization organized and operate	ed exclusively for the	e benefit of, to perform th	e functions	of, or to ca	arry out the purposes			
	_	of one or more publicly supported organ								
		Check the box in lines 12a through 12a	d that describes the	type of supporting organ	ization and	complete l	ines 12e, 12f, and 12g			
	а	Type I. A supporting organization of	perated, supervised	, or controlled by its suppo	orted organi	zation(s), t	ypically by giving			
		the supported organization(s) the								
		supporting organization You must								
	b	Type II. A supporting organization			supported o	organization	n(s), by having			
		control or management of the sup								
		organization(s) You must comple								
	С	Type III functionally integrated.			ion with, and	d functiona	lly integrated with,			
		its supported organization(s) (see ii								
	đ	Type III non-functionally integra					rted organization(s)			
		that is not functionally integrated								
		requirement (see instructions) You	ı must complete P	art IV, Sections A and D	, and Part	V.				
	е	Check this box if the organization	received a written d	etermination from the IRS	S that it is a	Type I, Ty	pe II, Type III			
		functionally integrated, or Type III	non-functionally inte	grated supporting organi	zation					
	f	Enter the number of supported organiz	zations · · · ·					[1	
	g	Provide the following information about	t the supported org	anization(s)						
	(+) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the or	-	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))	listed in you docum	-	support (see instructions)	other support (see instructions)		
				abovo (abb institutions))		····				
					Yes	No				
(A)								_		
	WAUI	KEGAN SCHOOL DIST	36-2703832	22	x	 	130,118	0	<u>'</u>	
(B)										
					 				_	
(C)										
(D)										
					-	-				
(E)						1				
Tota	 I	1	, ,		1	C;	130,118	0)	
====						·		<u>-</u>		

	(Complete only if you checked the Part III. If the organization fails to						lify under
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) /2019	(f) Total
	Gifts, grants, contributions, and	(4)		\-,			
•	membership fees received (Do not					/	
	include any "unusual grants")					/	
2	Tax revenues levied for the					/	
	organization's benefit and either paid				<i>j</i>	[
	to or expended on its behalf				/		
3	The value of services or facilities				1		
	furnished by a governmental unit to the				/		
	organization without charge		•		/		
4	Total. Add lines 1 through 3				/		
	The portion of total contributions by	ALESS TOPAGE	福 江江河 傳	MAN AND	EM 14 E 34	新建筑设施	
	each person (other than a	A and a common	展記主義				
	governmental unit or publicly		新春夏	300			
	supported organization) included on				V. Park		
	line 1 that exceeds 2% of the amount		The state of the				
	shown on line 11, column (f)	新疆,新疆	國語 對於國		1966年		
6	Public support. Subtract line 5 from line 4		建设 温光设置	A. 1. 1. 1/2	が行ったというで	Market who to	
Sec	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 201/7	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·			/			
8	Gross income from interest, dividends,				!		
	payments received on securities loans,			/			
	rents, royalties and income from			/			
	similar sources						
9	Net income from unrelated business			 /			
	activities, whether or not the business			ľ			
	is regularly carried on						
10	Other income. Do not include gain or		/		İ		
	loss from the sale of capital assets		/		ļ		•
	(Explain in Part VI)						
		THE STREET ST.		17. A 35. 44 - 55 34	一些一种人们的		
12	Gross receipts from related activities, etc. (s	ee instructions)) /			12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here			· · · · · · · ·			▶ [
	tion C. Computation of Public Suppo			(0)			0/
	Public support percentage for 2019 (line 6, c					14	%
15	Public support percentage from 2018 Sched	lule A, Part II, III	ne 14 · · · ·		441.004.00	15	%
16a	33 1/3% support test - 2019. If the organization						
_	box and stop here. The organization qualifier						
b	33 1/3% support test - 2018. If the organizat	ion did not ched	ck a box on line	13 or 16a, and	1 line 15 is 33 T	13% or more, cn	eck
4-	this box and stop here . The organization qua	liftes as a publi	ciy supported o	organization .			
17a	10%-facts-and-circumstances test - 2019.	if the organizati	on ala not ched	ck a box on line	e 13, 16a, or 16	o, and line 14 is	
	10% or more, and if the organization meets the						
	Part VI how the organization meets the "fact	s-and-circumst	ances test in	ie organization	qualines as a	publicly support	. Fu
	organization	16 412					
b	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization me						clv
	Explain in Part VI how the organization mee supported organization	lacts-an	u-circumstance	za test. THE OF	yarızanon qua	mico ao a publi	∟ıy ⊾ Γ
40	Private foundation. If the organization did no	/····	on line 12 160	16h 17a or 17	7h chack this h	ov and see	
10	Instructions						▶' □
	III II						990 or 990-EZ) 2019

3,6-3444790 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 JÍ) Section A. Public Support (a) 2015 (b) 2016 (c) 2017 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Public support. (Subtract line 7c from Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 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) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 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 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2018 Schedulé A, Part III, line 17 % 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 - 2018. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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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

- 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
- 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 authoriting 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.
- 7 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2.7	1 34	192
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		3	800
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		х
С	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		х
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	7	1,0	2.7
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	333	7.45	140
	controlled the organization's activities. If the organization had more than one supported organization,	13.5		3
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	5		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	3.14		1
		1		750 2
2	Did the organization operate for the benefit of any supported organization other than the supported	6.97 6.32	44.50 2000	× 7.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	, 3, 4	1. 2.5	4 Trivi
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	الثين	المتأثرة	1000
<u> </u>	supervised, or controlled the supporting organization	12		
Sec	tion C. Type II Supporting Organizations	-	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Maria	763	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	31	1, 2	15.5
	or management of the supporting organization was vested in the same persons that controlled or managed	S ***	1 4 2	734.70
	the supported organization(s).	1	نصنت	3.0
Sec	tion D. All Type III Supporting Organizations	لنب		<u> </u>
000	Mon D. An Type in eapporting enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	177.5	7 - 5	7, 2,
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1.0	4	14.84
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1942	jt.	X 5.7
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	23.	7 × 4	Chri
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	10° 10	-	1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	х	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- 37 - X -	الم د موتوا	55°.41 J
	significant voice in the organization's investment policies and in directing the use of the organization's	5.34	-	3.00
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2	41.13	
	supported organizations played in this regard.	3		<u> </u>
	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 year (see instru	ctions	s <i>)</i> .	
a	The organization satisfied the Activities Test. Complete line 2 below			
b		inetni	ctions	e)
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	1113010	Yes	No
2	and the state of t	290	144.45	783.23
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	199	7. 1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	北京	*	7.37
	how the organization was responsive to those supported organizations, and how the organization determined	34	وأعيرا	A
	that these activities constituted substantially all of its activities	2a	X	, all the latest the l
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	8:54	1	111941
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	5.7	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	100	(4) g	1
	activities but for the organization's involvement.	2b		X
3	Parent of Supported Organizations Answer (a) and (b) below.	4 9	12.7	15 F
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2	1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		X
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Harry January	7,00	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		X ´

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			•
	instructions. All other Type III non-functionally integrated supporting organizate	tions	must complete Sections A tl	rough 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			
col	lection of gross income or for management, conservation, or			
ma	untenance 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 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		the same of the same of the	12 4 2, , 7 0
ins	tructions for short tax year or assets held for part of year)			.,
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			,
fa	ctors (explain in detail in Part VI)	1.		{·
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,			
se	e 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	falls falls	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	- Jegi	
4	Enter greater of line 2 or line 3	4	3	
5	Income tax imposed in prior year	5	2	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	T	Carrier A.	
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally instructions)	integi	rated Type III supporting org	ganization (see

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)					
	Section D - Distributions							
	Amounts paid to supported organizations to accomplish exen							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity	·····		· · · · · · · · · · · · · · · · · · ·				
3	Administrative expenses paid to accomplish exempt purpose	ons						
4	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.		**					
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	e organization is respons	ive					
	(provide details in Part VI) See instructions							
9								
10	Line 8 amount divided by line 9 amount							
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019	-						
	(reasonable cause required - explain in Part VI) See							
	instructions							
_	Excess distributions carryover, if any, to 2019							
	From 2014			·				
	From 2015	<u> </u>		- <u></u> -				
	From 2016							
$\overline{}$	From 2017	<u> </u>						
	From 2018	 	<u> </u>	-, , , , , , , , , , , , , , , , , , ,				
	Total of lines 3a through e	 						
	Applied to underdistributions of prior years	ļ. ·						
	Applied to 2019 distributable amount							
<u>_i</u>	Carryover from 2014 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f	ļ		- <u></u>				
4	Distributions for 2019 from		,					
	Section D, line 7.							
	Applied to underdistributions of prior years	ļ.,						
	Applied to 2019 distributable amount	, ,						
	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		1					
	and 4c	 	 					
	Breakdown of line 7:	 		-				
	Excess from 2015							
	Excess from 2016 · · · ·							
	Excess from 2017	 		· · · · · · · · · · · · · · · · · · ·				
	Excess from 2018 Excess from 2019							
e	Excess from 2019 · · · ·	1	I .	1				

Schedule A (Form 990 or 990-EZ) 2019 WAUKEGAN PUBLIC SCHOOLS FOUNDATION	36-3444790	Page 8
Part VI: Supplemental Information. Provide the explanations required by Part II, line 10, FIII, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b,		
B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV		
3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, a		
lines 2, 5, and 6 Also complete this part for any additional information (See instru		
01. Appointed or elected (Part IV Sect. D line 2)		
THREE BOARD MEMBERS ARE APPOINTED BY THE SUPPORTED ORGANIZATION, THE WAUKEG	AN SCHOOL	
DISTRICT 60, INCLUDING TWO SCHOOL BOARD MEMBERS AND THE SCHOOL SUPERINTENDER	NT	
00 Command management antity (Bank IV Sout E line 1s)		
02. Support government entity (Part IV, Sect. E, line 1c)		
PROVIDED GRANTS TO TEACHING STAFF OF WAUKEGAN SCHOOL DISTRICT 60 FOR CURRIC	ULUM	
DEVELOPMENT AND TO ENCOURAGE NEW IDEAS IN LEARNING, TEACHING, AND EDUCATION	. PROVIDED	
PAYMENTS TO STUDENTS TO HELP FURTHER THEIR EDUCATION. PROVIDED MATERIALS AND	SUPPLIES TO	
WAUKEGAN SCHOOL DISTRICT 60 TO PROVIDE RESOURCES AND PROFESSIONAL SUPPOERT	SERVICES TO	
TEACHING STAFF TO PROMOTE LEARNING, TEACHING, AND EDUCATION.		
	,	
03. Directly further the exempt purposes (Part IV, Sect. E	, line 2a)	
TO REITERATE, THE FOUNDATION PROVIDES GRANTS TO TEACHING STAFF OF WAUKEGAN S	3CHOOL DISTRICT	
60 TO FOSTER AND ENHANCE STUDENT LEARNING. TEACHERS ARE ENCOURAGED TO APPLY	FOR THESE	
GRANTS USING INNOVATIVE, CREATIVE METHODS THAT ENGAGE THE STUDENTS. GRANTS A	ARE AWARDED TO	
RECIPIENT TEACHERS BASED ON CREATIVITY AND THOUGHTFULLNESS. AT THE END OF THE	HE SCHOOL YEAR,	
THE GRANTEES SUBMIT A REPORT NOTING THE SUCCESS OF THE PROJECT AS IT RELATE:	S TO STUDENT	
	· · · · · · · · · · · · · · · · · · ·	
LEARNING.		
		
		
		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

36-3444790 WAUKEGAN PUBLIC SCHOOLS FOUNDATION 01. Description of other expenses (Part I, line 16) Amount Description SCHOOL STAFF GRANTS 7,705 SCHOOL EQUIPMENT & SUPPLIES 80,000 SCHOOL EDUCATIONAL FIELD TRIP 42,313 EDUCATIONAL ASSISTANCE 100 78 FILING FEES OFFICE SUPPLIES 53