

**Return of Organization Exempt From Income Tax**

**2021**

Open to Public Inspection

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization EVANSTON COMMUNITY FOUNDATION		<b>D</b> Employer identification number 36-3466802
	Doing business as		<b>E</b> Telephone number (847) 492-0990
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1560 SHERMAN AVE SUITE 535		<b>G</b> Gross receipts \$ 9,889,853.
	City or town, state or province, country, and ZIP or foreign postal code EVANSTON, IL 60201		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: SOL ANDERSON 1560 SHERMAN AVE SUITE 535, EVANSTON, IL 60201		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.EVANSTONFOREVER.ORG			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1986 <b>M</b> State of legal domicile: IL

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO HELP REALIZE EVANSTON'S POTENTIAL TO THRIVE AS A VIBRANT, EQUITABLE, AND INCLUSIVE COMMUNITY FOR ALL.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) . . . . .	<b>5</b>	15
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	57
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 8,557,515.	Current Year 3,943,452.
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	26,005.	26,255.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	791,605.	1,608,584.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-30,077.	-59,744.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	9,345,048.	5,518,547.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	6,045,858.	2,970,708.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	1,045,419.	1,019,318.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	NONE	NONE
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 161,322.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	463,070.	523,558.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	7,554,347.	4,513,584.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	1,790,701.	1,004,963.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 33,831,110.	End of Year 38,360,058.
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	6,982,743.	8,223,621.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. . . . .	26,848,367.	30,136,437.

**Part II Signature Block**  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	11/15/2022 Date
	MATTHEW FELDMAN Type or print name and title	TREASURER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name BERNADETTE D ZITA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00089845
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260		Phone no. 630-282-9500	
	Firm's address ▶ 1901 S. MEYERS ROAD, SUITE 500 OAKBROOK TERRACE, IL 60181-5209				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ECF BUILDS ENDOWMENTS FOR THE FUTURE, WHILE PROVIDING RESOURCES FOR THE PRESENT. WE ARE A CATALYST FOR GROWTH AND CHANGE, TAKING ON COMMUNITY ISSUES BY COLLABORATING AND CONNECTING WITH PARTNERS THROUGHOUT EVANSTON AND BEYOND.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,646,108. including grants of \$ 1,093,534. ) (Revenue \$ ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 850,960. including grants of \$ 780,670. ) (Revenue \$ )

THE FOUNDATION SUPPORTS AN EMPOWERED, ENGAGED COMMUNITY THAT COLLABORATES ACROSS SECTORS TO DEFINE PROBLEMS AND DEVELOP SOLUTIONS. THE COVID RESPONSE WORK SINCE 2020 DESCRIBED ABOVE WOULD NOT HAVE BEEN POSSIBLE WITHOUT UNPRECEDENTED WITHIN-SECTOR AND CROSS-SECTOR COLLABORATION AMONG NONPROFITS, THE CITY OF EVANSTON, COMMUNITY GROUPS, OUR SCHOOLS AND OUR BUSINESS COMMUNITY. ON AN ONGOING BASIS, THE FOUNDATION SERVES AS FISCAL SPONSOR FOR EVANSTON CRADLE TO CAREER, A COLLECTIVE IMPACT ORGANIZATION SUPPORTING COLLABORATION AMONG MORE THAN 40 CIVIC, EDUCATION, AND NONPROFIT ORGANIZATIONS WORKING TOGETHER WITH COMMUNITY MEMBERS TO IMPROVE THE FUTURE FOR ALL EVANSTON YOUTH.

4c (Code: ) (Expenses \$ 1,371,002. including grants of \$ 1,096,504. ) (Revenue \$ )

THE FOUNDATION FOSTERS PRIVATE PHILANTHROPY AND BUILDS ENDOWED FUND TO SUSTAIN OUR COMMUNITY; IT ALSO ADMINISTERS DONOR-ADVISED AND OTHER NON-ENDOWED FUNDS TO BUILD AND DISTRIBUTE RESOURCES FOR MORE IMMEDIATE NEEDS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 88,169. including grants of \$ ) (Revenue \$ 26,255. )

4e Total program service expenses 3,956,239.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various IRS requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Form 990 (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 15</span>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <span style="float:right">7d</span>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <span style="float:right">14a</span>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . <span style="float:right">14b</span>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span>		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <span style="float:right">17</span>		
	If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management duties, significant changes, asset diversions, and meeting documentation.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

847.492.0990

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARICAR RAMOS (EC2C) EXECUTIVE DIRECTOR	40.00 NONE					X	111,332.	NONE	8,299.	
(2) JAN FISCHER CHIEF FINANCIAL OFFICER	40.00 NONE			X			101,251.	NONE	10,052.	
(3) REBECCA CACAYURAN VP FOR COMMUNITY INVESTMENT	40.00 NONE			X			92,944.	NONE	13,750.	
(4) JOI RUSSELL VP FOR PHILANTHROPY AND COMMUN	40.00 NONE			X			98,325.	NONE	545.	
(5) SOL ANDERSON PRESIDENT & CEO (START 6/21)	40.00 NONE			X			84,849.	NONE	3,238.	
(6) ELSPETH REVERE INTERIM PRES & CEO (THRU 6/21)	40.00 NONE			X			56,850.	NONE	NONE	
(7) LISA ALTENBERND CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
(8) LARRY SINGER VICE CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
(9) DIANA COHEN PAST CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
(10) MATTHEW FELDMAN TREASURER	2.00 NONE	X	X				NONE	NONE	NONE	
(11) SANDEEP GHAHY SECRETARY	2.00 NONE	X	X				NONE	NONE	NONE	
(12) MICHELE BERG DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(13) PAUL BRENNER DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(14) LINDA GERBER DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) SARAH GORDON ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 16) DAVID GRAHAM ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 17) LEE HART ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 18) CAROLYN LICKERMAN ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 19) TANIA MARGONZA ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 20) SHARON ROBINSON ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 21) BART ROCCA ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 22) MARCEL SALLIS ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 23) GENE SERVILLO ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 24) MICHAEL WALKER ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 25) BRYANT WALLACE ----- DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							545,551.	NONE	35,884.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							545,551.	NONE	35,884.	

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a	550,000.			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	115,776.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,277,676.			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 1,061,717.			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		3,943,452.			
	<b>Program Service Revenue</b>			<b>Business Code</b>			
2a		LEADERSHIP EVANSTON TUITION	561000	26,255.	26,255.		
b							
c							
d							
e							
g		<b>Total.</b> Add lines 2a-2f . . . . .		26,255.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		777,157.		777,157.	
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties . . . . .		NONE			
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss) . . . . .		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	5,121,486.			
			b	Less: cost or other basis and sales expenses . . . . .	7b	4,290,059.	
	c	Gain or (loss) . . . . .	7c	831,427.			
	d	Net gain or (loss) . . . . .		831,427.		831,427.	
8a	Gross income from fundraising events (not including \$ 115,776. of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		8a	21,503.				
		b	Less: direct expenses . . . . .	8b	81,247.		
c	Net income or (loss) from fundraising events . . . . .		-59,744.		-59,744.		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .						
		9a	NONE				
		b	Less: direct expenses . . . . .	9b	NONE		
c	Net income or (loss) from gaming activities . . . . .		NONE				
10a	Gross sales of inventory, less returns and allowances . . . . .						
		10a	NONE				
		b	Less: cost of goods sold . . . . .	10b	NONE		
c	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	11a						
	b						
	c						
	d	All other revenue . . . . .					
	e	<b>Total.</b> Add lines 11a-11d . . . . .		NONE			
12	<b>Total revenue.</b> See instructions . . . . .		5,518,547.	26,255.		1,548,840.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,970,708.	2,970,708.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	461,804.	316,409.	101,918.	43,477.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	447,096.	306,332.	98,671.	42,093.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	NONE			
9 Other employee benefits . . . . .	64,417.	42,826.	16,541.	5,050.
10 Payroll taxes . . . . .	46,001.	30,863.	11,315.	3,823.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	27,609.	12,944.	13,926.	739.
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees . . . . .	NONE			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	137,865.	64,634.	69,538.	3,693.
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	43,298.	18,038.	16,917.	8,343.
14 Information technology. . . . .	NONE			
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	110,912.	76,450.	25,589.	8,873.
17 Travel . . . . .	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	21,035.	21,035.		
20 Interest . . . . .	NONE			
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	14,515.	10,005.	3,349.	1,161.
23 Insurance . . . . .	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a STAFF AND BOARD EXPENSE	72,786.	31,521.	34,343.	6,922.
b COMMUNICATIONS	54,628.	23,870.	1,740.	29,018.
c ANNUAL REPORT AND NEWSLETTER	29,901.	23,921.		5,980.
d DUES AND SUBSCRIPTIONS	11,009.	6,683.	2,176.	2,150.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,513,584.	3,956,239.	396,023.	161,322.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	263,123.	<b>1</b>	195,037.
	<b>2</b> Savings and temporary cash investments. . . . .	2,425,936.	<b>2</b>	1,037,094.
	<b>3</b> Pledges and grants receivable, net . . . . .	38,325.	<b>3</b>	166,695.
	<b>4</b> Accounts receivable, net . . . . .	63,363.	<b>4</b>	77,733.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	140,760.	<b>9</b>	17,025.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 186,988.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 177,483.	24,020.	<b>10c</b> 9,505.
	<b>11</b> Investments - publicly traded securities. . . . .	30,875,583.	<b>11</b>	36,856,969.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>15</b>	NONE
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		33,831,110.	<b>16</b>	38,360,058.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	88,460.	<b>17</b>	90,100.
	<b>18</b> Grants payable . . . . .	44,765.	<b>18</b>	199,725.
	<b>19</b> Deferred revenue . . . . .	16,889.	<b>19</b>	15,450.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	6,827,066.	<b>21</b>	7,914,221.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	5,563.	<b>25</b>	4,125.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .		6,982,743.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	13,292,974.	<b>27</b>	15,492,037.
	<b>28</b> Net assets with donor restrictions. . . . .	13,555,393.	<b>28</b>	14,644,400.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .		26,848,367.	<b>32</b>	30,136,437.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .		33,831,110.	<b>33</b>	38,360,058.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,518,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,513,584
3	Revenue less expenses. Subtract line 2 from line 1	3	1,004,963
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,848,367
5	Net unrealized gains (losses) on investments	5	3,240,830
6	Donated services and use of facilities	6	15,258
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-972,981
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,136,437

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>EVANSTON COMMUNITY FOUNDATION</b>	Employer identification number <b>36-3466802</b>
------------------------------------------------------------------	-----------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An 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 university: \_\_\_\_\_
- 10  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.)
- 11  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.
  - 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.
  - c  **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.
  - d  **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.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

JSA  
1E1210 1.000

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,804,996.	2,592,142.	3,392,185.	8,557,515.	3,957,802.	21,304,640.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
4 Total. Add lines 1 through 3. . . . .	2,804,996.	2,592,142.	3,392,185.	8,557,515.	3,957,802.	21,304,640.
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). . . . .						4,304,875.
6 Public support. Subtract line 5 from line 4						16,999,765.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 . . . . .	2,804,996.	2,592,142.	3,392,185.	8,557,515.	3,957,802.	21,304,640.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	620,232.	803,710.	690,917.	629,293.	777,157.	3,521,308.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	15,323.					15,323.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						NONE
11 Total support. Add lines 7 through 10 . . . . .						24,841,271.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	176,890.
13 First 5 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. . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	68.43 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	15	73.32 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b. . . . .						
8 Public support. (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
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).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined on 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 <b>Part VI</b> .		
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 line 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.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (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	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017 . . . .		
b	Excess from 2018 . . . .		
c	Excess from 2019 . . . .		
d	Excess from 2020 . . . .		
e	Excess from 2021 . . . .		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

EVANSTON COMMUNITY FOUNDATION

36-3466802

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">EVANSTON COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align: center;">36-3466802</p>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A <hr/> <hr/>	\$ 776,116.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
2	N/A <hr/> <hr/>	\$ 550,000.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/>	\$ 132,077.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
4	N/A <hr/> <hr/>	\$ 115,000.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/>	\$ 88,531.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
	<hr/> <hr/>	\$	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <b>EVANSTON COMMUNITY FOUNDATION</b>	Employer identification number <b>36-3466802</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,384 SHS OF UNITEDHEALTH GROUP, INC _____ _____ _____	\$ 698,166.	08/31/2021
3	510 SHS OF ILLINOIS TOOL WORKS _____ _____ _____	\$ 100,577.	02/03/2021
5	282 SHS OF BERKSHIRE HATHAWAY INC. _____ _____ _____	\$ 80,941.	09/15/2021
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

EVANSTON COMMUNITY FOUNDATION

36-3466802

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	37	
2 Aggregate value of contributions to (during year)	1,124,498.	
3 Aggregate value of grants from (during year) . .	569,051.	
4 Aggregate value at end of year . . . . .	6,662,689.	

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

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

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021

JSA  
1E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                           | Amount |
|-------------------------------------------|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	19,988,450.	18,349,964.	15,430,721.	16,944,788.	14,959,336.
b Contributions . . . . .	142,017.	403,407.	750,663.	261,206.	348,629.
c Net investment earnings, gains, and losses . . . . .	2,954,345.	2,292,951.	2,993,589.	-1,137,346.	2,369,128.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	910,662.	1,057,872.	825,009.	637,927.	732,305.
f Administrative expenses . . . . .					
g End of year balance . . . . .	22,174,150.	19,988,450.	18,349,964.	15,430,721.	16,944,788.

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

- a Board designated or quasi-endowment ▶ 41.0000 %
- b Permanent endowment ▶ 59.0000 %
- c Term endowment ▶ \_\_\_\_\_ %

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

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

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		53,445.	53,329.	116.
d Equipment . . . . .		133,543.	124,154.	9,389.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				9,505.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	4,125.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ 4,125.	

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



**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART IV, LINE 2B

FUNDS HELD AS AGENCY ENDOWMENTS REPRESENT ASSETS OF OTHER NONPROFIT ORGANIZATIONS THAT HAVE BEEN CONVEYED TO THE FOUNDATION TO ESTABLISH FUNDS FOR THE BENEFIT OF THE ORGANIZATIONS. THE ASSETS BECOME A PART OF THE FOUNDATION'S INVESTMENT PORTFOLIO, AND RECEIVE AN ALLOCATION OF INVESTMENT RETURNS, AS WELL AS INVESTMENT AND ACCOUNTING EXPENSES. THESE FUNDS ARE ALSO ASSESSED AN ADMINISTRATIVE FEE. THE FOUNDATION MAY RECEIVE CONTRIBUTIONS TO THESE FUNDS FROM THE GENERAL PUBLIC, AND THE ORGANIZATIONS RECEIVE PERIODIC DISTRIBUTIONS FROM THE FUNDS.

SCHEDULE D, PART V, LINE 4

EVANSTON COMMUNITY FOUNDATION BUILDS ENDOWMENTS THAT SUPPORT ITS GRANTMAKING AND PROGRAM INITIATIVES, LEADERSHIP DEVELOPMENT AND RELATED ACTIVITIES FOR THE BENEFIT OF THE PEOPLE OF EVANSTON, ILLINOIS AND SURROUNDING COMMUNITIES, NOW AND IN THE FUTURE. MANY OF OUR ENDOWED FUNDS HAVE BEEN ESTABLISHED BY DONORS TO GROW IN PERPETUITY WHILE GENERATING ANNUAL SPENDING ALLOWANCES TO SUPPORT SPECIFIC PROGRAM AREAS, DESIGNATED NONPROFIT ORGANIZATIONS, OR THE FOUNDATION. BOARD-DESIGNATED ENDOWMENT FUNDS HAVE BEEN EARMARKED BY ECF'S BOARD TO GROW IN PERPETUITY, WHILE GENERATING ANNUAL SPENDING ALLOWANCES TO SUPPORT FOUNDATION OPERATIONS, GRANTMAKING AND PROGRAMS.

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE STATE LAW. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION RECOGNIZES THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE FOUNDATION HAS NO ON-GOING FEDERAL OR STATE INCOME TAX AUDITS.

SCHEDULE D, PART XI, LINE 2D

INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY ENDOWMENTS:

\$ (972,981)



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEB. EVANSTON (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	134,279.		134,279.
	2	Less: Contributions . . . . .	115,776.		115,776.
	3	Gross income (line 1 minus line 2) . . . . .	18,503.		18,503.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	69,062.		69,062.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d). . . . . ▶				-50,559.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d). . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

EVANSTON COMMUNITY FOUNDATION

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE TO END HOMELESSNESS IN SUBURBAN CO 4415 HARRISON ST, STE 228	20-1880398	501(C)(3)	12,000.				BASIC HUMAN NEEDS
(2) AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, 11TH FLOOR	22-2584370	501(C)(3)	10,540.				BASIC HUMAN NEEDS
(3) AMHERST COLLEGE 220 SOUTH PLEASANT ST AMHERST, MA 01002	04-2103542	501(C)(3)	10,000.				EDUCATION
(4) BOOKS & BREAKFAST 419 GREENWOOD STREET EVANSTON, IL 60201	46-3717739	501(C)(3)	82,050.				EARLY CHILDHOOD
(5) C&W MARKET AND ICE CREAM PARLOR 1901 CHURCH ST EVANSTON, IL 60201	46-5521124		95,060.				BASIC HUMAN NEEDS
(6) CENTER FOR NEIGHBORHOOD TECHNOLOGY 17 N STATE ST, STE 1400 CHICAGO, IL 60602	36-2967283	501(C)(3)	13,000.				HOUSING
(7) CHILDCARE NETWORK OF EVANSTON 1335 DODGE AVENUE EVANSTON, IL 60201	23-7108030	501(C)(3)	90,000.				EARLY CHILDHOOD
(8) CITY OF EVANSTON LORRAINE H. MORTON CIVIC CENTER	36-6005870	501(C)(3)	10,000.				ARTS AND HUMANITIES
(9) CITY OF EVANSTON PARKS AND RECREATION DEPAR 2100 RIDGE AVE. EVANSTON, IL 60201	36-6005870	501(C)(3)	20,000.				EQUITY AND ACCESS
(10) COMMUNITY ORGANIZING AND FAMILY ISSUES (COF 2245 S MICHIGAN AVE, SUITE 200	36-4044632	501(C)(3)	20,000.				EQUITY AND ACCESS
(11) CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVE EVANSTON, IL 60201-3057	36-3346917	501(C)(3)	85,460.				BASIC HUMAN NEEDS
(12) CURT'S CAFE 2922 CENTRAL ST EVANSTON, IL 60201	45-3934105	501(C)(3)	11,750.				WORKFORCE DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **56**

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

36-3466802

EVANSTON COMMUNITY FOUNDATION

**Part I General information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CUSP FOUNDATION INC 520 DEKEMONT LN BRENTWOOD, TN 37027-5626	81-5101281	501(C)(3)	10,000.				BASIC HUMAN NEEDS
(2) ERJE FAMILY HEALTH CENTERS 1701 W SUPERIOR STREET CHICAGO, IL 60622	36-3088628	501(C)(3)	10,000.				HEALTH
(3) ETHS FOUNDATION 1600 DODGE AVENUE EVANSTON, IL 60204-3494	30-0395044	501(C)(3)	57,085.				OPERATING SUPPORT
(4) EVANSTON EARLY CHILDHOOD COUNCIL 740 CUSTER AVENUE EVANSTON, IL 60201	23-7108030	501(C)(3)	50,000.				EARLY CHILDHOOD
(5) EVANSTON ENVIRONMENTAL ASSOCIATION 3042 ISABELLA STREET EVANSTON, IL 60201	36-2885867	501(C)(3)	12,178.				ENVIRONMENTAL
(6) EVANSTON GROWS 2922 CENTRAL ST EVANSTON, IL 60201	87-4161092	501(C)(3)	15,000.				LAND USE
(7) EVANSTON LATINOS 2113 GREENLEAF #6 EVANSTON, IL 60646	85-0828172	501(C)(3)	38,000.				EQUITY AND ACCESS
(8) EVANSTON PUBLIC LIBRARY PO BOX 8001 EVANSTON, IL 60201	36-6005870	501(C)(3)	9,350.				EDUCATION
(9) EVANSTON REBUILDING WAREHOUSE 1245 HARTREY AVENUE EVANSTON, IL 60202	27-3797852	501(C)(3)	37,500.				WORKFORCE
(10) EVANSTON SCHOLARS 1234 SHERMAN AVENUE, SUITE 214	90-0685357	501(C)(3)	32,800.				EDUCATION
(11) EVANSTON SYMPHONY ORCHESTRA ASSOCIATION PO BOX 778 EVANSTON, IL 60204	36-6108588	501(C)(3)	11,310.				ARTS AND CULTURE
(12) FAMILY PROMISE CHICAGO NORTH SHORE PO BOX 484 GLENCOE, IL 60022	27-0288849	501(C)(3)	27,250.				FAMILY SUPPORT AND C

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2021**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

EVANSTON COMMUNITY FOUNDATION

36-3466802

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL CHICAGO, IL 60632	36-2971864	501(C)(3)	6,500.				BASIC HUMAN NEEDS
(2) INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET EVANSTON, IL 60202	36-2167753	501(C)(3)	30,100.				EARLY CHILDHOOD
(3) INSTITUTE FOR THERAPY IN THE ARTS 2130 GREEN BAY ROAD EVANSTON, IL 60201	47-3047364	501(C)(3)	17,500.				ARTS
(4) INTERFAITH ACTION OF EVANSTON P.O. BOX 1414 EVANSTON, IL 60204	36-3169298	501(C)(3)	15,184.				BASIC HUMAN NEEDS
(5) JAMES B. MORAN CENTER FOR YOUTH ADVOCACY 1123 EMERSON STREET EVANSTON, IL 60201	36-3180725	501(C)(3)	29,150.				GENERAL OPERATING
(6) JENNIFER'S EDBLES FEEDING THE COMMUNITY 1623 SIMPSON STREET EVANSTON, IL 60201	85-1353471	501(C)(3)	20,400.				BASIC HUMAN NEEDS
(7) JEWISH CHILD AND FAMILY SERVICES (JCFS) 216 W. JACKSON BLVD CHICAGO, IL 60606	36-4310911	501(C)(3)	5,500.				FAMILY SUPPORT
(8) JEWISH RECONSTRUCTIONIST CONGREGATION 303 DODGE AVENUE EVANSTON, IL 60202	36-6118264	501(C)(3)	22,804.				COMMUNITY DEVELOPMENT
(9) LITERACY WORKS 5401 W. LAWRENCE AVE. CHICAGO, IL 60630	36-4350749	501(C)(3)	10,200.				EDUCATION
(10) MCGAW YMCA 1000 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	9,776.				YOUTH
(11) MEALS ON WHEELS NORTHEASTERN ILLINOIS 1723 SIMPSON EVANSTON, IL 60201	36-2662113	501(C)(3)	22,950.				SENIORS
(12) MUDLARK THEATER 1417 HINMAN AVE. EVANSTON, IL 60201	36-4573236	501(C)(3)	5,100.				ARTS AND CULTURE

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Employer identification number

36-3466602

**Part I General information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MUSIC THEATER WORKS 516 FOURTH ST WILMETTE, IL 60091-2829	36-3125199	501(C)(3)	5,500.				ARTS AND CULTURE
<b>(2)</b> NEW ISRAEL FUND PO BOX 177 LEWISTON, ME 04243-0177	94-2607722	501(C)(3)	5,750.				BASIC HUMAN NEEDS
<b>(3)</b> NEXT STEPS FOR TRANSFORMATION NFP 1031 FLORENCE AVE EVANSTON, IL 60202	88-0603734	501(C)(3)	20,000.				EDUCATION
<b>(4)</b> NORTHLIGHT THEATRE 9501 SKOKIE BLVD. SKOKIE, IL 60077	23-7390464	501(C)(3)	12,600.				ARTS AND CULTURE
<b>(5)</b> OPEN STUDIO PROJECT 903 SHERMAN AVENUE EVANSTON, IL 60202	36-3894275	501(C)(3)	10,000.				COMMUNITY DEVELOPMENT
<b>(6)</b> OPENLANDS 25 E. WASHINGTON STREET	36-2649603	501(C)(3)	10,000.				ENVIRONMENT
<b>(7)</b> PEER SERVICES, INC. 906 DAVIS STREET EVANSTON, IL 60201	36-2848969	501(C)(3)	55,000.				MENTAL HEALTH
<b>(8)</b> REPARATIONS STAKEHOLDER AUTHORITY OF EVANSTON 2010 DEWEY AVENUE #302A EVANSTON, IL 60201	86-3806645	501(C)(3)	50,000.				EQUITY AND ACCESS
<b>(9)</b> ROYCEMORE SCHOOL 1200 DAVIS STREET EVANSTON, IL 60201	36-1711590	501(C)(3)	25,000.				GENERAL OPERATING
<b>(10)</b> SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,860.				SOCIAL JUSTICE
<b>(11)</b> STEM SCHOOL EVANSTON 8625 CENTRAL PARK AVENUE SKOKIE, IL 60076	85-2070403	501(C)(3)	25,000.				EDUCATION
<b>(12)</b> SUNRISE MOVEMENT EDUCATION FUND 50 F STREET NW, SUITE 800	46-4773036	501(C)(3)	10,000.				ENVIRONMENTAL

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

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

EVANSTON COMMUNITY FOUNDATION

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number

36-3466802

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE ACTORS GYMNASIUM 927 NOYES STREET, SUITE 100	36-4030275	501(C)(3)	12,500.				ARTS AND HUMANITIES
(2) THE WOMAN'S CLUB OF EVANSTON 1702 CHICAGO AVENUE EVANSTON, IL 60201	36-1981230	501(C)(3)	10,000.				WOMEN AND GIRLS
(3) TIDES FOUNDATION 1012 TORNEY AVENUE	51-0198509	501(C)(3)	10,000.				SOCIAL JUSTICE
(4) YOUTH JOB CENTER 1114 CHURCH STREET EVANSTON, IL 60201	36-3252809	501(C)(3)	54,300.				YOUTH
(5) YMCA EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	15,000.				WOMEN AND GIRLS
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2021

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

IN ORDER TO BE CONSIDERED FOR A GRANT, AN APPLICANT WILL TYPICALLY BE A 501(C)(3) OR OTHER ORGANIZATION QUALIFIED TO RECEIVE GIFT/GRANTS OR MUST HAVE A FISCAL SPONSOR; CURRENT TAX-EXEMPT STATUS IS VERIFIED USING THE GUIDESTAR CHARITY CHECK SERVICE. FOR MOST COMPETITIVE AND STRATEGIC GRANT CYCLES, ORGANIZATIONS SUBMIT PROPOSALS IN RESPONSE TO THE PARAMETERS OF A SPECIFIC GRANT PROGRAM, AND GRANTS ARE EVALUATED BY COMMITTEES COMPRISING COMMUNITY REPRESENTATIVES AND ECF BOARD MEMBERS. GRANTS MAY ALSO BE RECOMMENDED BY STAFF BASED UPON INPUT FROM THE COMMUNITY. IN 2020, THE

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MAJORITY OF OUR USUAL, PROPOSAL-BASED GRANT PROGRAMS WERE SUSPENDED IN

ORDER TO FOCUS ON COVID RELIEF GRANTS AS DESCRIBED BELOW.

IN MARCH 2020, THE EVANSTON COMMUNITY FOUNDATION (ECF) LAUNCHED THE EVANSTON COMMUNITY RAPID RESPONSE FUND (RAPID RESPONSE) TO FOSTER A UNIFIED PHILANTHROPIC RESPONSE TO THE IMPACT OF THE COVID-19 PANDEMIC ON EVANSTON. THE STRATEGY AND PURPOSE OF THE FOUNDATION'S RESPONSE DURING THE PANDEMIC WAS BASED ON DEEP LISTENING TO THE COMMUNITY AND ON INFORMATION AND INSIGHTS FROM A ROBUST NETWORK OF NONPROFITS, BUSINESSES, AND LOCAL GOVERNMENT. GRANTS WERE ISSUED IN THREE PRIMARY CATEGORIES:

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NEED, COLLECTIVE AND ENDURING INITIATIVES, AND OPERATIONAL SUPPORT. TO MEET CRITICAL IMMEDIATE NEEDS RELATED TO FOOD AND HOUSING INSECURITY AND LOST WAGES, ECF PARTNERED WITH, AND ISSUED GRANTS TO, 501C3 ORGANIZATIONS, AS WELL AS OTHER COMMUNITY-BASED ORGANIZATIONS AND LOCAL BUSINESSES WHOSE EFFORTS WERE NEEDED TO ADDRESS EXTENSIVE NEED THROUGHOUT EVANSTON. TO ENSURE CRITICAL NEEDS WERE MET ON A TIMELY BASIS, GRANT PROCESSES WERE MODIFIED TO INCLUDE A BLEND OF STAFF-RECOMMENDED GRANTS AND PROPOSAL-BASED GRANTS REVIEWED BY A COMMITTEE OF COMMUNITY VOLUNTEERS AND BOARD MEMBERS. MANY OF THE GRANTS WERE ISSUED MONTHLY, WITH GRANTEE REPORTS DUE WITHIN 15 DAYS OF THE CLOSE OF THE MONTH, FOR EVALUATION

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

BEFORE ADDITIONAL GRANTS WERE ISSUED. REGARDLESS OF THE GRANT PERIOD, ALL GRANTEES SUBMITTED REPORTS ON THE USE OF FUNDS AND COMMUNITY IMPACT WITHIN A SPECIFIC TIME FRAME.

DONOR ADVISED FUND GRANTS - GRANTS FROM A DONOR ADVISED FUND MAY BE APPROVED AND ISSUED IF THE FOUNDATION DETERMINES THAT ALL SEVEN OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET: (1) GRANT DOES NOT REQUIRE THE EXERCISE OF EXPENDITURE AUTHORITY; RECOMMENDED GRANTEES MUST BE 501(C)(3) ORGANIZATIONS, DESCRIBED IN SECTION 170(B)(1)(A), AND NOT BE CLASSIFIED AS SUPPORTING ORGANIZATIONS UNDER THE INTERNAL REVENUE SERVICE CODE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SECTION 509(A)(3). THE FOUNDATION DOES NOT MAKE DISTRIBUTIONS TO ANY TYPE

OF SUPPORTING ORGANIZATION. (2) GRANT IS CONSISTENT WITH THE PURPOSE,

MISSION, PRINCIPLES AND POLICIES OF THE EVANSTON COMMUNITY FOUNDATION,

INCLUDING THE FOUNDATION'S EQUAL OPPORTUNITY POLICY. (3) NO DISTRIBUTIONS

MAY BE MADE TO AN INDIVIDUAL, INCLUDING EXPENSE REIMBURSEMENT TO THE

FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES. NO GRANTS, LOANS,

COMPENSATION OR SIMILAR PAYMENTS MAY BE MADE TO THE FUND DONOR(S),

ADVISOR(S) OR RELATED PARTIES. (4) GRANT RECOMMENDATION DOES NOT INCLUDE

ANY REFERENCE TO A CHARITABLE PLEDGE OR OTHER PERSONAL FINANCIAL

OBLIGATION OF THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES. (5)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

NEITHER THE EVANSTON COMMUNITY FOUNDATION, NOR THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES, WILL RECEIVE ANY TANGIBLE BENEFIT, GOODS OR SERVICES IN EXCHANGE FOR THE RECOMMENDED GRANT(S). (6) IF FUND DONOR(S) OR ADVISOR(S) RECOMMEND GRANTS TO SCHOOLS AND/OR ORGANIZATIONS FOR VARIOUS SCHOLARSHIP PROGRAMS, DONOR(S) AND ANY OTHER ADVISOR(S) MAY NOT PARTICIPATE IN SELECTING THE INDIVIDUAL RECIPIENTS; DONOR(S) OR ADVISOR(S) MAY NOT EARMARK GRANTS FOR CERTAIN INDIVIDUALS, NOR MAY THEY BENEFIT FROM GRANTS ISSUED. (7) GRANT RECOMMENDATION IS SUBMITTED IN WRITING, EITHER BY EMAIL, LETTER OR VIA THE GRANT REQUEST PROCESS AVAILABLE ON THE FOUNDATION'S DONOR PORTAL. TO DETERMINE ORGANIZATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

STATUS UNDER THE INTERNAL REVENUE CODE, THE EVANSTON COMMUNITY FOUNDATION

SUBSCRIBES TO THE GUIDESTAR CHARITY CHECK SERVICE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

EVANSTON COMMUNITY FOUNDATION

36-3466802

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	11	1,061,717.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( BEVERAGES ) . . . . .	X	1	908.	FMV
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) 2021

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

---

SCHEDULE M, PART I, LINE 32B

SECURITIES ARE SOLD THROUGH THE FOUNDATION'S BROKERAGE ACCOUNT AT  
CHARLES SCHWAB.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

EVANSTON COMMUNITY FOUNDATION

36-3466802

**FORM 990, PART III, LINE 4A**

THROUGH ITS GRANTMAKING, THE FOUNDATION DISTRIBUTES RESOURCES THROUGH LOCAL ORGANIZATIONS FOR THE PUBLIC GOOD. IN 2020, ECF LAUNCHED THE EVANSTON COMMUNITY RAPID RESPONSE FUND TO FOSTER A UNIFIED PHILANTHROPIC RESPONSE TO THE IMPACT OF COVID-19 ON THE EVANSTON COMMUNITY. GRANTS FROM THE FUND FOCUSED ON THREE OVERLAPPING PHASES OF RESPONSE: RELIEF, RECOVERY, AND REBUILDING. THROUGH DEEP LISTENING AND PARTNERSHIP, NEW GRANT OPPORTUNITIES WERE LAUNCHED TO ADDRESS IMMEDIATE BASIC NEEDS, SUPPORT COLLECTIVE AND ENDURING INITIATIVES, AND PROVIDE OPERATING SUPPORT FOR NONPROFITS. OUR EXPERIENCE IN 2020 WITH THE EVANSTON COMMUNITY RAPID RESPONSE FUND TAUGHT US NEW WAYS TO THINK ABOUT INVESTING IN OUR COMMUNITY. IN 2021, WE WOUND DOWN THE RAPID RESPONSE FUND GRANTMAKING, AND CREATED NEW GRANT PROGRAMS FOCUSED ON EQUITABLE INNOVATION, NONPROFIT GROWTH AND SUSTAINABILITY, COHORT LEARNING, AND COLLECTIVE AND ENDURING INITIATIVES.

**FORM 990, PART III, LINE 4D**

THE FOUNDATION STRENGTHENS EVANSTON'S NONPROFIT ORGANIZATIONS THROUGH PARTNERSHIPS AND COLLABORATIONS, DELIVERS WORKSHOPS FOR NONPROFITS AND OUR LEADERSHIP EVANSTON PROGRAM, AND PROMOTES COMMUNITY ENGAGEMENT.

**FORM 990, PART VI, SECTION B, LINE 11B**

A DRAFT VERSION OF THE FORM 990 IS PRESENTED TO THE AUDIT, FINANCE AND EXECUTIVE COMMITTEES AS REPRESENTATIVES OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FINALIZING FOR FILING. THE FULL BOARD IS PROVIDED WITH THE FINAL DRAFT OF THE FORM 990 PRIOR TO FILING.

**FORM 990, PART VI, SECTION B, LINE 12C**

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

OUR CONFLICT OF INTEREST POLICY, INCLUDING THE CONFLICT OF INTEREST DISCLOSURE FORM, IS COMPLETED ANNUALLY BY ALL BOARD MEMBERS AND SENIOR STAFF. THE COMPLETED DISCLOSURE FORMS ARE REVIEWED BY THE PRESIDENT AND CEO. IN THE EVENT CONFLICTS HAVE BEEN DISCLOSED, THEY ARE BROUGHT TO THE ATTENTION OF THE CFO AND THE EXECUTIVE COMMITTEE OF THE BOARD. ANY SUCH CONFLICTS ARE DISCLOSED TO COMMITTEES THAT MAY BE AFFECTED BY THE STATED CONFLICT. IN ADDITION, CONFLICT OF INTEREST FORMS ARE ALSO COMPLETED BY COMMITTEE MEMBERS WHO ARE COMMUNITY VOLUNTEERS AND NOT CURRENT MEMBERS OF THE BOARD. ANY INDIVIDUALS WITH CONFLICTS THAT MAY AFFECT A BOARD OR COMMITTEE DECISION ARE RECUSED FROM THOSE DECISIONS.

**FORM 990, PART VI, SECTION B, LINE 15A**

THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE OF THE FOUNDATION. THE COMMITTEE EVALUATES PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY, SURVEYING ALL BOARD MEMBERS FOR THEIR WRITTEN INPUT AND PRESENTING THE BOARD COMMENTS AS PART OF THE PERFORMANCE REVIEW. THE PRESIDENT AND CEO'S COMPENSATION FOR THE COMING YEAR IS DETERMINED IN A CLOSED SESSION OF THE EXECUTIVE COMMITTEE WITH REFERENCE TO THE ANNUAL COUNCIL ON FOUNDATIONS' GRANTMAKERS SALARY AND BENEFITS REPORT. THE REPORT PRESENTS COMPENSATION DATA FOR OFFICERS AND KEY STAFF POSITIONS IN COMMUNITY FOUNDATIONS ACROSS THE UNITED STATES, CATEGORIZED BY POSITION, REGION AND ASSET SIZE. WHEN AVAILABLE, OTHER REFERENCE SOURCES SUCH AS THE GUIDESTAR NONPROFIT COMPENSATION REPORT ARE INCLUDED IN THE COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE'S COMPENSATION DISCUSSIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY AND RETAINED IN FOUNDATION FILES. THE PRESIDENT AND CEO'S MOST RECENT COMPENSATION REVIEW WAS

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Employer identification number

CONDUCTED IN FEBRUARY AND MARCH 2022 AND DISCUSSED WITH THE CEO BY THE  
CHAIR AND VICE CHAIR OF THE BOARD.

**FORM 990, PART VI, SECTION B, LINE 15B**

THE PRESIDENT REVIEWED 2021 PERFORMANCE WITH STAFF MEMBERS AND CONFIRMED  
2022 COMPENSATION IN DECEMBER 2021.

**FORM 990, PART VI, SECTION C, LINE 19**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE POSTED ON  
OUR WEBSITE.

**FORM 990, PART XI, LINE 9**

INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY

ENDOWMENTS: \$ (972,981)

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

EVANSTON COMMUNITY FOUNDATION

36-3466802

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EVANSTON CRADLE TO CAREER LLC 1560 SHERMAN AVE EVANSTON, IL 60201	YOUTH SUCCESS	IL	883,066.	571,960.	EVAN COM FND
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Type of entity (C corp, S corp, or trust)	(6) Share of total income	(7) Share of end-of-year assets	(8) Percentage ownership	(9) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Table with 5 columns: (a) Name of related organization, (b) Transaction type (e-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No. Rows include categories like Dividends, Sale of assets, Purchase of assets, Exchange of assets, Lease of facilities, Lease of assets, Performance of services, Sharing of facilities, Reimbursement, and Other transfer of cash or property.

Summary table with 6 rows labeled (1) through (6) and 4 columns corresponding to the main table's columns (b), (c), (d), and Yes/No.

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)					Yes	No					Yes	No	
(2)													
(3)													
(4)													
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(15)													
(16)													

For Office Use Only

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**  
 Attorney General **KWAME RAOUL** State of Illinois  
 Charitable Trust Bureau, 100 West Randolph  
 11th Floor, Chicago, Illinois 60601

Form AG990-IL  
 Revised 1/19

PMT #	_____
AMT	_____
INIT	_____

CO # 01-017110

Report for the Fiscal Period:

Beginning 1 / 1 / 2021

& Ending 12 / 31 / 2021

MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

**Check all items attached:**

<input checked="" type="checkbox"/>	Copy of IRS Return
<input checked="" type="checkbox"/>	Audited Financial Statements
<input type="checkbox"/>	Copy of Form IFC
<input type="checkbox"/>	\$15.00 Annual Report Filing Fee
<input type="checkbox"/>	\$100.00 Late Report Filing Fee

Federal ID # 36-3466802

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 9 / 26 / 1986

LEGAL NAME EVANSTON COMMUNITY FOUNDATION MAIL ADDRESS 1560 SHERMAN AVE SUITE 535 CITY, STATE EVANSTON, IL ZIP CODE 60201	Year-end amounts	
	A) ASSETS	A) \$ 38,360,058.
	B) LIABILITIES	B) \$ 8,223,621.
	C) NET ASSETS	C) \$ 30,136,437.
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	71. %	D) \$ 3,991,210.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	29. %	F) \$ 1,608,584.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 5,599,794.
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	21. %	H) \$ 985,531.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	21. %	J) \$ 985,531.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	65. %	K) \$ 2,970,708.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	86. %	L) \$ 3,956,239.
M) MANAGEMENT AND GENERAL EXPENSE	9. %	M) \$ 396,023.
N) FUNDRAISING EXPENSE	5. %	N) \$ 242,569.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 4,594,831.
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign - Form IFC. One for each PFR.) <b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: JAN FISCHER - CHIEF FINANCIAL OFFICER		T) \$ 101,251.
U) NAME, TITLE: JOI RUSSELL - VICE PRESIDENT FOR PHILANTHROPY		U) \$ 98,325.
V) NAME, TITLE: REBECCA CACAYURAN - VICE PRESIDENT FOR COMMUNITY		V) \$ 92,944.
<b>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b>		
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? . . . . .		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? . . . . .		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? . . . . .		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? . . . . .		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? . . . . .		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? ( ATTACH FORM IFC ) . . . . .		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? . . . . .		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? . . . . .		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? . . . . .		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? . . . . .		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>BYLINE BANK, 820 CHURCH STREET, EVANSTON, IL 60201</u> <u>EVANSTON COMMUNITY BANK &amp; TRUST, 901 GROVE STREET, EVANSTON, IL 60201</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>CYNTHIA DOMINGUEZ - 847.492.0990</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

SOL ANDERSON  
 PRESIDENT or TRUSTEE (PRINT NAME)

*Sol Anderson*      11/7/22  
 SIGNATURE      DATE

MATTHEW FELDMAN  
 TREASURER or TRUSTEE (PRINT NAME)

*Matthew Feldman*      11/7/22  
 SIGNATURE      DATE

BERNADETTE D ZITA  
 PREPARER (PRINT NAME)

*Bernadette D. Zita*      9/30/22  
 SIGNATURE      DATE