

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

# 2012

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

### A For the 2012 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization EVANSTON COMMUNITY FOUNDATION, INC.		<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	<b>G</b> Gross receipts \$ 3,735,438.
	1007 CHURCH STREET	108	
City, town, or post office, state, and ZIP code EVANSTON, IL 60201		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: SARA L. SCHASTOK SAME AS C ABOVE		<b>H(b)</b> Are all affiliates 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>H(c)</b> Group exemption number ▶	
<b>J</b> Website: WWW.EVANSTONFOREVER.ORG		<b>L</b> Year of formation: 1986 <b>M</b> State of legal domicile: IL	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>HELPING EVANSTON THRIVE NOW AND FOREVER AS A VIBRANT, INCLUSIVE, AND JUST COMMUNITY,</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>	24
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	7
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	115
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,767,332.	2,050,801.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,895.	77,957.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	334,655.	479,619.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,923.	20,116.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,181,805.	2,628,493.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,227,491.	1,404,948.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	567,636.	580,600.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 130,728.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	317,409.	347,555.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,112,536.	2,333,103.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,069,269.	295,390.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	15,159,134.	17,138,221.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,812,930.	2,372,136.
		13,346,204.	14,766,085.

### 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	Date			
	SARA L. SCHASTOK, PRESIDENT/CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JODY A. GAUTHIER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00660340
	Firm's name ▶ WOLF & COMPANY LLP	Firm's EIN ▶ 36-2985665	Phone no. (630) 545-4500		
Firm's address ▶ 1901 S. MEYERS RD, SUITE 500 OAKBROOK TERRACE, IL 60181-5209					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HELPING EVANSTON THRIVE NOW AND FOREVER AS A VIBRANT, INCLUSIVE, AND JUST COMMUNITY, THE EVANSTON COMMUNITY FOUNDATION BUILDS, CONNECTS, AND DISTRIBUTES RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE PUBLIC GOOD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 1,113,023. including grants of \$ 563,649. ) (Revenue \$ ) THE FOUNDATION'S ENDOWED FUNDS, TOGETHER WITH CURRENT GIFTS FROM DONORS AND PHILANTHROPIC PARTNERS, ENABLE THE FOUNDATION TO BUILD, CONNECT AND DISTRIBUTE RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE GOOD OF EVANSTON. IN 2012 THE FOUNDATION MADE GRANTS TO MORE THAN 120 ORGANIZATIONS. GIFTS TO THE FOUNDATION'S ENDOWED FUNDS WILL GENERATE FUNDING FOR FUTURE PROGRAM INITIATIVES AND GRANTS.

4b (Code: ) (Expenses \$ 633,940. including grants of \$ 478,426. ) (Revenue \$ 77,957. ) THE ILLINOIS EARLY CHILDHOOD FELLOWSHIP IS AN INITIATIVE DEVELOPED IN 2008 BY A CONSORTIUM OF SIX CHICAGO AREA FUNDERS TO BUILD LEADERSHIP CAPACITY IN THE FIELD OF EARLY CHILDHOOD CARE AND EDUCATION. THE FOUNDATION SERVES AS THE FISCAL SPONSOR FOR THE INITIATIVE, PROVIDING PROJECT OVERSIGHT, INCLUDING ADMINISTRATIVE AND FINANCIAL SERVICES, AND RECEIVING GRANTS TO FUND THE PROGRAM OBJECTIVES.

4c (Code: ) (Expenses \$ 252,780. including grants of \$ 192,836. ) (Revenue \$ ) THE COMMUNITYWORKS INITIATIVE, "EVERY CHILD READY FOR KINDERGARTEN, EVERY YOUTH READY FOR WORK" IS THE FOUNDATION'S LARGEST PROGRAM. 2012 WAS THE SIXTH FULL YEAR OF THE PROGRAM WHICH FOCUSES ON HOME VISITING AND RELATED SUPPORT SERVICES FOR HIGH RISK FAMILIES OF CHILDREN UNDER THE AGE OF 3, AS A FIRST STEP TOWARD KINDERGARTEN READINESS. IN 2012, THE FOUNDATION EXPANDED ITS HOME VISITING SUPPORT FOR AT-RISK FAMILIES OF CHILDREN AGES 3 - 5 AND ADDED A SUMMER READING PROGRAM IN COLABORATION WITH THE EVANSTON PUBLIC LIBRARY AND THE YOUTH JOB CENTER.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ 170,037. ) (Revenue \$ )

4e Total program service expenses 1,999,743.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (or 1024 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.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
JAN FISCHER - (847) 492-0990
1007 CHURCH STREET, SUITE 108, EVANSTON, IL 60201

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 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			
(1) JUDY AIELLO-FANTUS DIRECTOR	2.00	X		X				0.	0.	0.
(2) LONNIE BAREFIELD DIRECTOR	2.00	X						0.	0.	0.
(3) MICHAEL BRODY SECRETARY	2.00	X		X				0.	0.	0.
(4) JULIE CAPTAIN DIRECTOR	2.00	X						0.	0.	0.
(5) JULIE CHERNOFF DIRECTOR	2.00	X						0.	0.	0.
(6) DIANA COHEN DIRECTOR	2.00	X						0.	0.	0.
(7) MARY FINNEGAN DIRECTOR	2.00	X						0.	0.	0.
(8) JOAN GUNZBERG DIRECTOR, 1ST VICE CHAIR	2.00	X		X				0.	0.	0.
(9) BURGIE HOWARD DIRECTOR	2.00	X						0.	0.	0.
(10) JUDY KEMP PAST CHAIR	2.00	X						0.	0.	0.
(11) BILL LOGAN DIRECTOR	2.00	X						0.	0.	0.
(12) JOHN MCCARTHY TREASURER	2.00	X		X				0.	0.	0.
(13) KEVIN MOTT DIRECTOR	2.00	X						0.	0.	0.
(14) DICK PEACH DIRECTOR	2.00	X						0.	0.	0.
(15) PENELOPE SACHS CHAIR	2.00	X		X				0.	0.	0.
(16) SHABNUM SANGHVI DIRECTOR	2.00	X						0.	0.	0.
(17) RONNA STAMM DIRECTOR, 2ND VICE CHAIR	2.00	X						0.	0.	0.

**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 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			
(18) LISA ALTENBERND DIRECTOR	2.00	X						0.	0.	0.
(19) ANNE MURDOCH DIRECTOR	2.00	X						0.	0.	0.
(20) KEITH SARPOLIS DIRECTOR	2.00	X						0.	0.	0.
(21) WILLIAM J. BLANCHARD DIRECTOR	2.00	X						0.	0.	0.
(22) NAOMI LOVINGER DIRECTOR	2.00	X						0.	0.	0.
(23) ERIC ROBINSON DIRECTOR	2.00	X						0.	0.	0.
(24) SANDRA SHELTON DIRECTOR	2.00	X						0.	0.	0.
(25) SARA SCHASTOK PRESIDENT & CEO	40.00			X	X			120,819.	0.	33,702.
<b>1b Sub-total</b>								120,819.	0.	33,702.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								120,819.	0.	33,702.

**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 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<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	X	
<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		X

**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
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	76,130.			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,974,671.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		326,782.			
	<b>h Total.</b> Add lines 1a-1f		2,050,801.			
	Program Service Revenue	<b>2 a</b> FISCAL SPONSORSHIP FEE	Business Code 561000	42,100.	42,100.	
<b>b</b> TUITION AND FEES		561000	35,857.	35,857.		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			77,957.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		529,850.		529,850.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)		-50,231.		-50,231.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 76,130. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	44,358.			
		<b>b</b> Less: direct expenses	<b>b</b>	24,242.		
<b>c</b> Net income or (loss) from fundraising events			20,116.		20,116.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		2,628,493.	77,957.	0.	499,735.	

**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 to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,404,948.	1,404,948.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	130,091.	110,577.	13,009.	6,505.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	320,671.	216,489.	54,414.	49,768.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	97,723.	66,842.	18,868.	12,013.
<b>10</b> Payroll taxes	32,115.	23,287.	4,814.	4,014.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	114,756.	48,122.	65,457.	1,177.
<b>b</b> Legal				
<b>c</b> Accounting	18,583.	13,937.	4,646.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	46,192.	8,519.	21,057.	16,616.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	43,922.	32,377.	5,836.	5,709.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,022.	13,988.		34.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	7,592.	3,796.	3,796.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMUNICATIONS	46,192.	14,972.	5,863.	25,357.
<b>b</b> ANNUAL REPORT & NEWSLET	40,633.	33,337.		7,296.
<b>c</b> STAFF AND BOARD EXPENSE	9,165.	5,371.	2,137.	1,657.
<b>d</b> DUES AND SUBSCRIPTIONS	6,498.	3,181.	2,735.	582.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,333,103.	1,999,743.	202,632.	130,728.
<b>26</b> 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	219,264.	<b>1</b>	11,053.
	<b>2</b> Savings and temporary cash investments .....	1,092,680.	<b>2</b>	1,050,368.
	<b>3</b> Pledges and grants receivable, net .....	34,637.	<b>3</b>	41,534.
	<b>4</b> Accounts receivable, net .....	50,148.	<b>4</b>	13,967.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	13,468.	<b>9</b>	11,260.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 162,676.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 104,690.	20,552.	<b>10c</b> 57,986.
	<b>11</b> Investments - publicly traded securities .....	13,728,385.	<b>11</b>	15,952,053.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	15,159,134.	<b>16</b>	17,138,221.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	52,578.	<b>17</b>	64,764.
	<b>18</b> Grants payable .....	26,275.	<b>18</b>	34,595.
	<b>19</b> Deferred revenue .....	15,120.	<b>19</b>	17,493.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,698,566.	<b>21</b>	2,236,893.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	20,391.	<b>25</b>	18,391.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,812,930.	<b>26</b>	2,372,136.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,147,130.	<b>27</b>	5,941,046.
	<b>28</b> Temporarily restricted net assets .....	8,169,882.	<b>28</b>	8,795,847.
	<b>29</b> Permanently restricted net assets .....	29,192.	<b>29</b>	29,192.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	13,346,204.	<b>33</b>	14,766,085.
<b>34</b> Total liabilities and net assets/fund balances .....	15,159,134.	<b>34</b>	17,138,221.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,628,493.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,333,103.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	295,390.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,346,204.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,324,004.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-199,513.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	14,766,085.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 in Schedule O.	X	
<b>3a</b>	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>b</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 in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,606,498.	1,651,234.	2,355,364.	2,767,332.	2,050,801.	14,431,229.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,606,498.	1,651,234.	2,355,364.	2,767,332.	2,050,801.	14,431,229.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						14,431,229.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	5,606,498.	1,651,234.	2,355,364.	2,767,332.	2,050,801.	14,431,229.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	400,307.	177,524.	339,563.	459,304.	529,850.	1,906,548.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						16,337,777.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	251,244.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.33	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	87.91	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> 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"/>

Schedule A (Form 990 or 990-EZ) 2012

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2012**

**Name of the organization**

EVANSTON COMMUNITY FOUNDATION, INC.

**Employer identification number**

36-3466802

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization  EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number  36-3466802
---	--

**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	<hr/> <hr/> <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number  36-3466802
---	--

**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
7	<hr/> <hr/> <hr/> <hr/>	\$ 264,052.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 79,752.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number  36-3466802
---	--

**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
7	941 SHARES OF ROYAL DUTCH SHELL AND 1800 SHARES OF CHEVRON	\$ 264,052.	12/19/12
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number  36-3466802
---	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

EVANSTON COMMUNITY FOUNDATION, INC.

Employer identification number

36-3466802

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	16	
2 Aggregate contributions to (during year) .....	388,089.	
3 Aggregate grants from (during year) .....	197,736.	
4 Aggregate value at end of year .....	1,249,754.	
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? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 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 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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 are a 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 programs
- 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" to 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?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	12,075,543.	11,256,739.	9,811,606.	9,261,765.	7,140,294.
b Contributions	291,161.	1,336,931.	667,555.	120,603.	4,904,571.
c Net investment earnings, gains, and losses	1,337,174.	-132,485.	1,170,945.	1,764,949.	-1,842,641.
d Grants or scholarships				767,740.	732,851.
e Other expenditures for facilities and programs	551,353.	385,642.	393,367.	456,434.	125,352.
f Administrative expenses				111,537.	82,256.
g End of year balance	13,152,525.	12,075,543.	11,256,739.	9,811,606.	9,261,765.

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

- a Board designated or quasi-endowment  35.48 %
- b Permanent endowment  64.30 %
- c Temporarily restricted endowment  .22 %

The percentages in 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)		X
3a(ii)		X
3b		

b If "Yes" to 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.** 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				
d Equipment		151,851.	93,865.	57,986.
e Other		10,825.	10,825.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				57,986.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes Federal income taxes and CHARITABLE GIFT ANNUITIES PAYABLE (18,391).

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,752,984.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,324,004.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-199,513.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,124,491.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,628,493.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,628,493.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,333,103.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,333,103.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,333,103.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: FUNDS HELD AS AGENCY ENDOWMENTS REPRESENT ASSETS OF

OTHER NON-PROFIT 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

**Part XIII** Supplemental Information (continued)

FUNDS.

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. PERMANENT ENDOWMENTS  
 HAVE BEEN DESIGNATED BY DONORS TO GROW IN PERPETUITY WHILE GENERATING  
 ANNUAL SPENDING ALLOWANCES TO SUPPORT THE OPERATIONS, GRANTMAKING, AND  
 PROGRAMS OF THE FOUNDATION AND DESIGNATED ORGANIZATIONS. BOARD-DESIGNATED  
 ENDOWMENT FUNDS HAVE BEEN EARMARKED BY THE BOARD TO GROW IN PERPETUITY  
 WHILE GENERATING ANNUAL SPENDING ALLOWANCES TO SUPPORT FOUNDATION  
 OPERATIONS, GRANTMAKING AND PROGRAMS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY

ENDOWMENTS	-199,513.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		CELEBRATE EVANSTON (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	120,488.			120,488.
	<b>2</b> Less: Contributions .....	76,130.			76,130.
	<b>3</b> Gross income (line 1 minus line 2) .....	44,358.			44,358.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	9,974.			9,974.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	14,268.			14,268.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 24,242 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				20,116.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

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

**a** Is the organization licensed to operate 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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization **EVANSTON COMMUNITY FOUNDATION, INC.** Employer identification number **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.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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
CNE (CHILDCARE NETWORK OF EVANSTON) - 1335 DODGE AVENUE - EVANSTON, IL 60201	23-7108030	501(C)(3)	12,780.	0.			EVERY CHILD READY FOR KINDERGARTEN PROGRAM AND COMMUNITY SCHOLARSHIPS FOR FAMILIES IN CRISIS
CONNECTIONS FOR THE HOMELESS 2010 DEWEY, 3RD FLOOR EVANSTON, IL 60201	36-3346917	501(C)(3)	108,250.	0.			NEXT STEPS TOP 20 PROJECT AND PROGRAM SUPPORT
EVANSTON DAY NURSERY ASSOCIATION 1835 GRANT STREET EVANSTON, IL 60201	36-2167059	501(C)(3)	10,000.	0.			CAPACITY BUILDING PROJECTS
EVANSTON REBUILDING WAREHOUSE 2101 DEMPSTER EVANSTON, IL 60202	27-3797852	501(C)(3)	11,000.	0.			CAPACITY BUILDING PROJECTS
EVANSTON TOWNSHIP HIGH SCHOOL 1600 DODGE AVENUE EVANSTON, IL 60204	36-6004395	501(C)(3)	7,000.	0.			FUNDING FOR SENIOR AWARDS NIGHT SCHOLARSHIPS
EVANSTON/SKOKIE SCHOOL DISTRICT 65 1500 MCDANIEL AVE. EVANSTON, IL 60201	36-6007570	501(C)(3)	72,945.	0.			EVERY CHILD READY FOR KINDERGARTEN PROGRAM

- 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 ▶

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

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HEALTH & DISABILITY ADVOCATES 205 W. MONROE STREET, SUITE 200 CHICAGO, IL 60606	36-4042562	501(C)(3)	40,650.	0.			ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
HEALTHCONNECT ONE 1436 W. RANDOLPH, 4TH FLOOR CHICAGO, IL 60607	36-4028076	501(C)(3)	114,673.	0.			ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
ILLINOIS ACTION FOR CHILDREN 4753 BROADWAY, SUITE 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	82,201.	0.			839 - 08/13/13 08:57AM WORKSHEET SCHEDULE I
INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET EVANSTON, IL 60202	36-2167753	501(C)(3)	119,301.	0.			EVERY CHILD READY FOR KINDERGARTEN PROGRAM
LATINO POLICY FORUM 180 NORTH MICHIGAN AVENUE, SUITE 1 CHICAGO, IL 60601	36-3676873	501(C)(3)	81,647.	0.			ILLINOIS EARLY CHILDHOOD FELLOWSHIP
MCGAW YMCA 1000 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	14,108.	0.			PIONEERING HEALTHIER COMMUNITIES EVANSTON PROJECT; ROVING READING PROGRAM; PROJECT SOAR
MIDTOWN EDUCATIONAL FOUNDATION 718 SOUTH LOOMIS STREET CHICAGO, IL 60607	36-3417278	501(C)(3)	10,000.	0.			2012 CHICAGO URBAN YOUTH AWARDS TO SUPPORT AT RISK YOUTH
NEXT THEATRE CO. 027 MPYES STREET SUITE 108 EVANSTON, IL 60201	36-3158530	501(C)(3)	20,000.	0.			CAPACITY BUILDING AND GENERAL OPERATING SUPPORT
OUNCE OF PREVENTION 33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	36-3186328	501(C)(3)	76,223.	0.			ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PICCOLO THEATRE, INC. 600 MAIN STREET EVANSTON, IL 60202	36-3363432	501(C)(3)	11,000.	0.			CAPACITY BUILDING PROJECTS
POSITIVE PARENTING DUPAGE 105 S. VILLA AVE VILLA PARK, IL 60181	20-3152418	501(C)(3)	83,033.	0.			ILLINOIS EARLY CHILDHOOD FELLOWSHIP PROJECT
THE TALKING FARM P.O. BOX 6329 EVANSTON, IL 60204	30-0392847	501(C)(3)	10,000.	0.			839 - 08/13/13 09:06AM WORKSHEET SCHEDULE I
WARREN W. CHERRY PRESCHOOL 1418 LAKE STREET EVANSTON, IL 60201	36-3809526	501(C)(3)	16,600.	0.			SUSTAINING QUALITY PRESCHOOL EDUCATION FOR EVANSTON AT-RISK CHILDREN; PRESCHOOL
Y.O.U. (YOUTH ORGANIZATIONS UMBRELLA) - 1027 SHERMAN AVENUE - EVANSTON, IL 60202	36-2734966	501(C)(3)	12,250.	0.			CARING ADULT CONNECTIONS PROGRAM AND SUPPORT FOR GENERAL OPERATIONS.
YOUTH JOB CENTER OF EVANSTON, INC. 1114 CHURCH EVANSTON, IL 60201	36-3252809	501(C)(3)	18,500.	0.			WILL : WOMEN INVESTED IN LEARNING AND LIVELIHOODS
YWCA EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	8,600.	0.			JOB-READINESS AND ECONOMIC LIFE SKILLS COACHING FOR WOMEN & GIRLS AND DONOR
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO - 560 WEST LAKE STREET, 5TH FLOOR - CHICAGO, IL 60661	36-2681212	501(C)(3)	7,500.	0.			BIG BROTHERS BIG SISTERS EVANSTON COMMUNITY BASED MENTORING PROGRAM
CENTER FOR INDEPENDENT FUTURES 743 MAIN STREET EVANSTON, IL 60202	36-4492994	501(C)(3)	17,000.	0.			FULL LIFE FUTURES PROGRAM AND CAPACITY BUILDING PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHILD CARE CENTER OF EVANSTON 1840 ASBURY AVENUE EVANSTON, IL 60201	36-2167017	501(C)(3)	7,611.	0.			PROGRAM AND GENERAL OPERATING SUPPORT
CITY OF EVANSTON - EVANSTON PUBLIC LIBRARY - 1703 ORRINGTON AVENUE - EVANSTON, IL 60201	36-6005870	501(C)(3)	13,950.	0.			@39 - 08/12/13 01:47PM WORKSHEET SCHEDULE I
BARR- HARRIS CHILDREN'S GRIEF CENTER - 122 S. MICHIGAN SUITE 1300 - CHICAGO, IL 60603	36-1263210	501(C)(3)	7,500.	0.			BARR-HARRIS CHILDREN'S GRIEF CENTER EVANSTON SITE LOW INCOME SERVICES
CHANGING WORLDS 329 W. 18TH ST. SUITE 506 CHICAGO, IL 60616	36-4340874	501(C)(3)	9,000.	0.			ARTS, CULTURAL AND LITERACY CONNECTIONS (ACL) AND TEN THOUSAND RIPPLES PROJECT
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 640 ILLINOIS BOULEVARD - HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	7,500.	0.			COUNSELING FOR CHILD VICTIMS OF SEXUAL ABUSE
CURTS CAFE 2922 CENTRAL ST. EVANSTON, IL 60201	45-3934105	501(C)(3)	5,000.	0.			PROGRAM AND GENERAL OPERATING SUPPORT.
EVANSTON ART CENTER 2603 SHERIDAN ROAD EVANSTON, IL 60201	36-2070116	501(C)(3)	7,000.	0.			EVANSTON ART CENTER BUILDING RELOCATION
EVANSTON HISTORY CENTER 225 GREENWOOD ST. EVANSTON, IL 60201	36-2207924	501(C)(3)	6,100.	0.			EVANSTON HISTORY CENTER 150 ANNIVERSARY PROJECTS COORDINATOR AND GENERAL OPERATING SUPPORT.
EVANSTON MENTORS 1316 MAPLE AVE, APT B1 EVANSTON, IL 60201		501(C)(3)	6,000.	0.			EVANSTON MENTORS PROGRAM FOR AT RISK YOUTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EVANSTON SCHOLARS P.O BOX 7044 EVANSTON, IL 60204-7044	90-0685357	501(C)(3)	10,000.	0.			CAPACITY BUILDING SUPPORT
FAMILY FOCUS 2010 DEWEY AVENUE EVANSTON, IL 60201	36-2884042	501(C)(3)	10,000.	0.			CHILD CONNECTIONS PROJECT AND GENERAL OPERATING SUPPORT.
FAMILY PROMISE CHICAGO NORTH SHORE 1417 HINMAN AVE EVANSTON, IL 60201	27-0288849	501(C)(3)	8,000.	0.			SUPPORT FOR PART-TIME CASE MANAGER
GRANDMOTHER PARK INITIATIVE 1801 CRAIN STREET EVANSTON, IL 60202	27-0428637	501(C)(3)	8,000.	0.			GRANDMOTHER PARK INITIATIVE
MUDLARK THEATHER COMPANY 1417 HINMAN AVE EVANSTON, IL 60201	36-4573236	501(C)(3)	10,000.	0.			CAPACITY BUILDING SUPPORT
NORTH SHORE VILLAGE 1603 ORRINGTON AVE EVANSTON, IL 60201	26-3538644	501(C)(3)	5,620.	0.			SUPPORT FOR ONGOING OPERATIONS AND LONGER TERM SUSTAINABILITY
REBUILDING TOGETHER NORTH SUBURBAN CHICAGO - PO BOX 626 - GLENVIEW, IL 60025	36-4111206	501(C)(3)	5,000.	0.			REBUILDING HOMES PROJECT IN THE EVANSTON AREA
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW5957 PO BOX 1450 - MINNEAPOLIS, MN 55485-5957		501(C)(3)	10,000.	0.			SUPPORT FOR UNIVERSITY OF MINNESOTA CHILD-PARENT CENTERS EXPANSION INTO EVANSTON.
THE HARBOUR, INC 1440 RENAISSANCE DR STE. 240 PARK RIDGE, IL 60068	36-2827480	501(C)(3)	5,000.	0.			SAFE HARBOUR EMERGENCY SHELTER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THEATRE AND INTERPRETATION CENTER AT NORTHWESTERN UNIVERSITY - 633 CLARK STREET, ROOM 2-502 - EVANSTON, IL 60208-1110	36-2167817	501(C)(3)	7,000.	0.			THE EXONERATED CO-PRODUCTION/TIC AND NEXT THEATRE COMPANY
VILLAGE OF SKOKIE 5120 GALITZ SKOKIE, IL 60077		501(C)(3)	12,735.	0.			COMMUNITY GIVING PROGRAM
CITY OF EVANSTON- GUN BUYBACK PROGRAM - 1120 WASHINGTON ST - EVANSTON, IL 60202		501(C)(3)	5,620.	0.			SUPPORT FOR CITY OF EVANSTON GUN BUYBACK PROGRAM

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

**Part IV** **Supplemental Information.** Complete this part to 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 MUST 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. BEFORE GRANT MONIES

ARE DISTRIBUTED, ALL GRANTEES SIGN A GRANT AGREEMENT THAT SPECIFIES HOW THE

GRANT FUNDS ARE TO BE USED AND WHEN THE GRANTEE IS REQUIRED TO REPORT ON

PROJECT STATUS. GRANTS ARE PAID IN TWO INSTALLMENTS. THE FIRST

INSTALLMENT IS ISSUED UPON THE FOUNDATION'S RECEIPT OF THE SIGNED GRANT

AGREEMENT; THE SECOND/FINAL GRANT INSTALLMENT IS RELEASED AFTER THE

**Part IV Supplemental Information**

FOUNDATION HAS RECEIVED AN INTERIM REPORT FROM THE GRANTEE AND HAS DETERMINED THE PROJECT FUNDED BY THE GRANT IS PROGRESSING IN A MANNER CONSISTENT WITH THE GRANT AGREEMENT. AS A CONDITION OF RECEIVING THE FIRST INSTALLMENT, GRANTEES AGREE TO CONTACT THE FOUNDATION IF CIRCUMSTANCES ENCOUNTERED IN IMPLEMENTING THE GRANT PROJECT WILL AFFECT THEIR ABILITY TO USE THE GRANT FUNDS AND/OR EXECUTE THE GRANT PROJECT AS STIPULATED IN THE GRANT AGREEMENT. THE FOUNDATION CONDUCTS SITE VISITS FOR EVERY GRANT PROJECT, TO CONFIRM GRANT FUNDS ARE BEING SPENT AS INTENDED AND TO ASSESS PROGRESS TOWARD OBJECTIVES.

DONOR ADVISED FUND GRANTS - GRANTS FROM A DONOR ADVISED FUND MAY BE APPROVED AND ISSUED IF THE FOUNDATION DETERMINES THAT ALL FIVE 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 SECTION 509(A)(3). THE FOUNDATION DOES NOT MAKE DISTRIBUTIONS TO ANY TYPE OF SUPPORTING ORGANIZATION.

(2) GRANT IS CONSISTENT WITH THE PURPOSES AND POLICIES OF THE EVANSTON COMMUNITY FOUNDATION, INCLUDING THE FOUNDATION'S EQUAL ACCESS OPPORTUNITY POLICY.

(3) NO DISTRIBUTIONS FROM THE FUND MAY BE MADE TO AN INDIVIDUAL, INCLUDING EXPENSE REIMBURSEMENT TO THE DONOR(S), ADVISOR(S) OR RELATED PARTIES. NO GRANTS, LOANS, COMPENSATION OR SIMILAR PAYMENTS MAY BE MADE FROM THE FUND TO THE DONOR(S), ADVISOR(S) OR RELATED PARTIES.

**Part IV Supplemental Information**

(4) NO DISTRIBUTION FROM THE FUND SHALL BE USED TO SATISFY ANY CHARITABLE

PLEDGE OR OTHER PERSONAL FINANCIAL OBLIGATION OF THE FUND DONOR(S),

ADVISOR(S) OR RELATED PARTIES.

(5) THE EVANSTON COMMUNITY FOUNDATION, AND THE FUND DONOR(S), ADVISOR(S) OR

RELATED PARTIES, WILL NOT RECEIVE ANY TANGIBLE BENEFIT, GOODS OR SERVICES

IN EXCHANGE FOR THE RECOMMENDED GRANT(S).

TO DETERMINE ORGANIZATION STATUS UNDER THE INTERNAL REVENUE CODE, THE

EVANSTON COMMUNITY FOUNDATION SUBSCRIBES TO THE GUIDESTAR CHARITY CHECK

SERVICE, AS ALLOWED BY THE IRS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WARREN W. CHERRY PRESCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUSTAINING QUALITY PRESCHOOL

EDUCATION FOR EVANSTON AT-RISK CHILDREN; PRESCHOOL SCHOLARSHIPS FOR AT

RISK CHILDREN FROM LOW INCOME FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA EVANSTON/NORTH SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: JOB-READINESS AND ECONOMIC LIFE

SKILLS COACHING FOR WOMEN & GIRLS AND DONOR DEVELOPMENT PROJECT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

EVANSTON COMMUNITY FOUNDATION, INC.

Employer identification number

36-3466802

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARA SCHASTOK PRESIDENT & CEO	(i)	120,000.	0.	819.	10,091.	23,611.	154,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL

COMMITTEE OF THE FOUNDATION. THE COMMITTEE EVALUATES THE PRESIDENT AND CEO

EACH SUMMER, CALLING ON BOARD MEMBERS TO SUBMIT WRITTEN INPUT THAT IS THEN

SUMMARIZED AND PRESENTED WITHIN THE PERFORMANCE REVIEW. SUBSEQUENTLY, THE

BUDGET IS DEVELOPED BY STAFF AND REVIEWED BY THE COMMITTEE, THE BOARD

APPROVES THE TOTAL STAFF COMPENSATION AMOUNT FOR THE NEXT YEAR'S ANNUAL

BUDGET. IN 2012, ALL STAFF MEMEBERS, INCLUDING THE PRESIDENT AND CEO,

RECEIVED COST OF LIVING ADJUSTMENTS TO SALARY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**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.**

Name of the organization  
**EVANSTON COMMUNITY FOUNDATION, INC.**

**Employer identification number**  
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	14	326,782.	AVERAGE 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 ▶ ( _____ )				
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 IV, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

**Part II** **Supplemental Information.** Complete this part to 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, LINE 32B: GIFTS OF STOCK ARE SOLD THROUGH THE

ORGANIZATION'S INVESTMENT CUSTODIAN.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number 36-3466802
---	--

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE EVANSTON COMMUNITY FOUNDATION BUILDS, CONNECTS, AND DISTRIBUTES  
RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE PUBLIC  
GOOD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION

- \* BUILDS ENDOWMENTS FOR CURRENT AND FUTURE OPPORTUNITIES
- \* FOSTERS PRIVATE PHILANTHROPY
- \* FOCUSES THE IMPACT OF COLLECTIVE GIVING
- \* FINDS SOLUTIONS TO COMMUNITY CHALLENGES
- \* ALLOCATES GRANTS
- \* PROVIDES LEADERSHIP TRAINING

THE FOUNDATION STRENGTHENS THE COMMUNITY'S NONPROFIT ORGANIZATIONS AND  
SERVES ITS DONORS THROUGH INNOVATIVE GRANTMAKING AND PARTNERSHIPS WITH  
OTHER PHILANTHROPIC ORGANIZATIONS AND INDIVIDUALS. THE FOUNDATION  
EVALUATES THE EFFECTIVENESS OF ITS GRANTMAKING THROUGH PERIODIC  
INTERACTIONS WITH GRANTEES, INCLUDING REVIEW OF THE GRANTEE'S INTERIM  
AND FINAL REPORTS AND SITE VISITS.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT VERSION OF THE FORM 990 IS  
PRESENTED TO THE AUDIT 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
232211  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number 36-3466802
---	--

FILING.

FORM 990, PART VI, SECTION B, LINE 12C: OUR CONFLICT OF INTEREST POLICY, INCLUDING THE CONFLICT OF INTEREST STATEMENT/FORM, IS DISTRIBUTED TO BOARD MEMBERS AND STAFF ANNUALLY, IN JUNE. EVERY BOARD AND STAFF MEMBER IS REQUIRED TO COMPLETE THE CONFLICT OF INTEREST STATEMENT/FORM AND RETURN IT TO THE FOUNDATION OFFICE. THE COMPLETED STATEMENTS ARE REVIEWED BY THE PRESIDENT AND CEO, AS WELL AS THE FINANCE MANAGER. IF ANY CONFLICTS HAVE BEEN DOCUMENTED, THEY ARE DISCLOSED TO THE FULL BOARD AND ANY WORKING COMMITTEES THAT MIGHT BE AFFECTED BY THE STATED CONFLICT. CONFLICT OF INTEREST FORMS ARE ALSO COMPLETED BY COMMITTEE MEMBERS AND OTHER VOLUNTEERS WHO DO NOT SERVE ON THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE OF THE FOUNDATION. THE COMMITTEE EVALUATES THE PRESIDENT AND CEO EACH SUMMER, CALLING ON BOARD MEMBERS TO SUBMIT WRITTEN INPUT THAT IS THEN SUMMARIZED AND PRESENTED WITHIN THE PERFORMANCE REVIEW. SUBSEQUENTLY, THE BUDGET IS DEVELOPED BY STAFF AND REVIEWED BY THE COMMITTEE, THE BOARD APPROVES THE TOTAL STAFF COMPENSATION AMOUNT FOR THE NEXT YEAR'S ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY

ENDOWMENTS -199,513.

Name of the organization  
EVANSTON COMMUNITY FOUNDATION, INC.

Employer identification number  
36-3466802

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Multiple horizontal lines for additional text input.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COUNTERTOPS	072704	SL	7.00	16	1,485.			1,485.	1,485.		0.
2	DESKS, PANELS, TABLE FILES	013101	SL	7.00	16	9,398.			9,398.	9,398.		0.
3	CABINET	021501	SL	7.00	16	316.			316.	316.		0.
4	DESKS, CHAIRS, HUTCH, CONF TABLE	021501	SL	7.00	16	1,190.			1,190.	1,190.		0.
5	FILING CABINETS	103006	SL	7.00	16	600.			600.	472.		86.
6	TECHLINE "TALL" DBL STORAGE CABINET	072108	SL	7.00	16	583.			583.	291.		83.
7	TECHLINE "TALL" DBL STORAGE CABINET	072108	SL	7.00	16	583.			583.	291.		83.
8	TECHLINE "L" SHAPED WORKSTATION	072108	SL	7.00	16	583.			583.	291.		83.
9	VEOLIA SMALL ROUND WOOD CONF TABLE	121508	SL	7.00	16	430.			430.	214.		61.
10	VEOLIA "L" SHAPED WOOD DESK	121508	SL	7.00	16	599.			599.	301.		86.
11	VEOLIA TALL WOOD SHELVES	121508	SL	7.00	16	200.			200.	101.		29.
12	VEOLIA 4 UPHOLSTERED ARMCHAIR	121508	SL	7.00	16	400.			400.	200.		57.
13	LASER PRINTER	080903	SL	3.00	16	1,300.			1,300.	1,300.		0.
14	SPEAKER PHONE	120103	SL	3.00	16	549.			549.	549.		0.
15	TELEPHONE AND VM SYSTEM	040205	SL	5.00	16	3,646.			3,646.	3,646.		0.
16	OVERHEAD PROJECTOR	120106	SL	3.00	16	850.			850.	850.		0.
17	LEXMARK SCANNER	073109	SL	3.00	16	735.			735.	612.		123.
18	MS WINDOWS & OFFICE XP	110202	SL	3.00	16	4,390.			4,390.	4,390.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	FORTIGATE FIREWALL	060704	SL	3.00	16	495.			495.	495.		0.
20	MCAFFEE ANTIVIRUS	020904	SL	3.00	16	543.			543.	543.		0.
21	WORKSTATIONS 1,2 & 3 - DELL COMPUTERS	020506	SL	3.00	16	2,546.			2,546.	2,546.		0.
22	LAPTOP, INC SERVICE CONTRACT OF \$239	121906	SL	3.00	16	1,238.			1,238.	1,238.		0.
23	COMMUNITY PEARL SOFTWARE	120505	SL	3.00	16	38,735.			38,735.	38,735.		0.
24	2 DELL WORKSTATIONS	012208	SL	3.00	16	1,882.			1,882.	1,620.		0.
25	2 19" DELL MONITORS	012208	SL	3.00	16	415.			415.	357.		0.
26	1 19" MONITOR	022908	SL	3.00	16	547.			547.	485.		0.
27	PEARL SOFTWARE LICENSE (4)	041708	SL	3.00	16	1,545.			1,545.	1,460.		0.
28	DELL SMALL BUSINESS SERVER	121508	SL	3.00	16	2,452.			2,452.	2,452.		0.
29	NEW SERVER INSTALLATION	022009	SL	3.00	16	1,506.			1,506.	1,255.		84.
30	PEARL EGRANTS MODULE AND CUSTOMIZ	120109	SL	3.00	16	4,300.			4,300.	3,583.		717.
31	DELL WORKSTATION AND SET UP	113009	SL	3.00	16	1,076.			1,076.	897.		179.
32	WEBSITE - UPGRADE	040505	SL	3.00	16	10,825.			10,825.	10,825.		0.
33	EGRANTS MODULE FOR PEARL	070110	SL	3.00	16	3,600.			3,600.	1,800.		1,200.
34	KONICA MINOLTA BIZHUB C532 COLOR C	031511	SL	5.00	16	8,585.			8,585.	1,431.		1,717.
35	ADDITIONS TO EGRANT MODULE	031011	SL	3.00	16	163.			163.	45.		54.
36	1 COMMUNITY PEARL SOFTWARE LICENSE	032211	SL	3.00	16	1,545.			1,545.	386.		515.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	LE DIRECTOR WORKSTATION	022411	SL	3.00	16	1,268.			1,268.	352.		423.
38	PRES/CEO WORKSTATION	053111	SL	3.00	16	1,409.			1,409.	274.		470.
39	ADMIN WORKSTATION	053111	SL	3.00	16	1,215.			1,215.	236.		405.
40	OFFICE 2010 LICENSES AND INSTAL	080211	SL	3.00	16	970.			970.	135.		323.
41	SERVER TAPE BACKUP AND INSTALL	100501	SL	3.00	16	1,754.			1,754.			0.
42	DELL SERVER SUPPORT CONTRACT EXT. TO 2	101811	SL	3.00	16	1,200.			1,200.	67.		400.
	* TOTAL 990 PAGE 10 DEPR					117,651.		0.	117,651.	97,114.	0.	7,178.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  EVANSTON COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or  36-3466802
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1007 CHURCH STREET, NO. 108	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EVANSTON, IL 60201	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JAN FISCHER

- The books are in the care of ▶ 1007 CHURCH STREET, SUITE 108 - EVANSTON, IL 60201  
 Telephone No. ▶ (847) 492-0990 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2012 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO #** 01-017110

**Report for the Fiscal Period:**

**Beginning** 01/01/2012

**& Ending** 12/31/2012  
 MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 36-3466802

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 09/26/1986

LEGAL NAME EVANSTON COMMUNITY FOUNDATION, INC. MAIL ADDRESS 1007 CHURCH STREET, NO. 108 CITY, STATE EVANSTON, IL ZIP CODE 60201	Year-end amounts	
	A) ASSETS	A) \$ 17,138,221.
	B) LIABILITIES	B) \$ 2,372,136.
	C) NET ASSETS	C) \$ 14,766,085.
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	81.920%	D) \$ 2,173,116.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	18.080%	F) \$ 479,619.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,652,735.
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	26.260%	H) \$ 619,037.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	26.260%	J) \$ 619,037.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	59.599%	K) \$ 1,404,948.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.859%	L) \$ 2,023,985.
M) MANAGEMENT AND GENERAL EXPENSE	8.596%	M) \$ 202,632.
N) FUNDRAISING EXPENSE	5.546%	N) \$ 130,728.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 2,357,345.
<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) \$ 0.
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) \$ 0.
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: SARA SCHASTOK, PRESIDENT & CEO		T) \$ 153,702.
U) NAME, TITLE: JEREMY BARROWS, DIRECTOR OF DEVELOPMENT		U) \$ 86,365.
V) NAME, TITLE: MARYBETH SCHROEDER, SENIOR PROGRAM OFFICER		V) \$ 95,457.
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

<b>IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:</b>		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>FIRST BANK &amp; TRUST OF EVANSTON, 820 CHURCH STREET, EVANSTON, IL 60201</u>		
	<u>HARRIS, N.A., P.O. BOX 94033, PALATINE, IL 60094</u>		
	<u>CHARLES SCHWAB &amp; CO, 211 MAIN STREET, SAN FRANCISCO, CA 94105</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>JAN FISCHER - (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.

SARA L. SCHASTOK

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

JODY A. GAUTHIER

PREPARER (PRINT NAME)

SIGNATURE

DATE