

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (EVANSTON COMMUNITY FOUNDATION), EIN (36-3466802), address (1560 SHERMAN AVE SUITE 535, EVANSTON, IL 60201), principal officer (SOL ANDERSON), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and net assets.

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.

Signature block containing officer signature (MATTHEW FELDMAN, TREASURER), date (11/15/2021), and preparer information (BERNADETTE D ZITA, BKD, LLP).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HELPING EVANSTON THRIVE NOW AND FOREVER AS A VIBRANT, INCLUSIVE AND EQUITABLE COMMUNITY. THE EVANSTON COMMUNITY FOUNDATION BUILDS, CONNECTS, AND DISTRIBUTES RESOURCES AND KNOWLEDGE THROUGH LOCAL ORGANIZATIONS FOR THE COMMON 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? [X] Yes [] 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 \$ 4,807,389. including grants of \$ 4,253,761.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 915,864. including grants of \$ 845,258.) (Revenue \$) THE FOUNDATION SUPPORTS AN EMPOWERED, ENGAGED COMMUNITY THAT COLLABORATES ACROSS SECTORS TO DEFINE PROBLEMS AND DEVELOP SOLUTIONS. THE COVID RESPONSE WORK DESCRIBED IN 4A WOULD NOT HAVE BEEN POSSIBLE WITHOUT UNPRECEDENTED WITHIN-SECTOR AND CROSS-SECTOR COLLABORATION AMONG NONPROFITS, THE CITY OF EVANSTON, COMMUNITY GROUPS, OUR SCHOOLS AND OUR BUSINESS COMMUNITY. ON AN ONGOING BASIS, THE FOUNDATION SERVES AS FISCAL SPONSOR FOR EVANSTON CRADLE TO CAREER, A COLLECTIVE IMPACT ORGANIZATION SUPPORTING COLLABORATION AMONG MORE THAN 40 CIVIC, EDUCATION, AND NONPROFIT ORGANIZATIONS WORKING TOGETHER WITH COMMUNITY MEMBERS TO IMPROVE THE FUTURE FOR ALL EVANSTON YOUTH.

4c (Code:) (Expenses \$ 1,221,863. including grants of \$ 946,839.) (Revenue \$) THE FOUNDATION FOSTERS PRIVATE PHILANTHROPY AND BUILDS ENDOWED FUNDS TO SUSTAIN OUR COMMUNITY; IT ALSO ADMINISTERS DONOR-ADVISED AND OTHER NON-ENDOWED FUNDS TO BUILD AND DISTRIBUTE RESOURCES FOR MORE IMMEDIATE NEEDS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 88,380. including grants of \$) (Revenue \$ 26,005.)

4e Total program service expenses 7,033,496.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MONIQUE JONES PRESIDENT & CEO (THRU 12/20)	40.00 0.			X				157,837.	0.	1,194.
(2) JAN FISCHER CHIEF FINANCIAL OFFICER	40.00 0.			X				109,221.	0.	2,094.
(3) REBECCA CACAYURAN VP FOR COMMUNITY INVESTMENT	40.00 0.			X				83,666.	0.	12,788.
(4) JOI RUSSELL VP FOR PHILANTHROPY AND COMMUN	40.00 0.			X				95,100.	0.	1,071.
(5) LISA ALTENBERND CHAIR	2.00 0.	X	X					0.	0.	0.
(6) LARRY SINGER VICE CHAIR	2.00 0.	X	X					0.	0.	0.
(7) DIANA COHEN PAST CHAIR	2.00 0.	X	X					0.	0.	0.
(8) MATTHEW FELDMAN TREASURER	2.00 0.	X	X					0.	0.	0.
(9) SANDEEP GHAEY SECRETARY	2.00 0.	X	X					0.	0.	0.
(10) MICHELE BERG DIRECTOR	2.00 0.	X						0.	0.	0.
(11) PAUL BRENNER DIRECTOR	2.00 0.	X						0.	0.	0.
(12) LINDA GERBER DIRECTOR	2.00 0.	X						0.	0.	0.
(13) SARAH GORDON DIRECTOR	2.00 0.	X						0.	0.	0.
(14) DAVID GRAHAM DIRECTOR	2.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LEE HART ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
16) CAROLYN LICKERMAN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
17) TANIA MARGONZA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
18) SHARON ROBINSON ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
19) BART ROCCA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
20) MARCEL SALLIS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
21) GENE SERVILLO ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
22) MICHAEL WALKER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
23) BRYANT WALLACE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
24) TODD WIENER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
25) JUDY WITT ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								445,824.	0.	17,147.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								445,824.	0.	17,147.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes entry for ELSPETH REVERE, INTERIM PRESIDENT & CEO.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	88,330.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	184,400.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	8,284,785.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 551,638.				
	h	Total. Add lines 1a-1f ▶		8,557,515.				
	Program Service Revenue	2a	LEADERSHIP EVANSTON TUITION	Business Code	561000	26,005.	26,005.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			26,005.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			629,293.		629,293.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						5,338,549.		
	b	Less: cost or other basis and sales expenses . .	7b	5,176,237.				
	c	Gain or (loss)	7c	162,312.				
d	Net gain or (loss) ▶				162,312.			
8a	Gross income from fundraising events (not including \$ 88,330. of contributions reported on line 1c). See Part IV, line 18	8a			9,045.			
					39,122.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events. ▶				-30,077.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities. ▶				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory. ▶				0.			
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶				0.		
12	Total revenue. See instructions ▶				9,345,048.	26,005.	761,528.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,960,858.	5,960,858.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	85,000.	85,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	462,971.	329,528.	90,581.	42,862.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	467,385.	332,671.	91,444.	43,270.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	70,993.	47,436.	16,798.	6,759.
10 Payroll taxes	44,070.	29,821.	10,076.	4,173.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	26,890.	13,891.	11,700.	1,299.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	120,017.	61,999.	52,219.	5,799.
12 Advertising and promotion	0.			
13 Office expenses	80,489.	21,368.	35,864.	23,257.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	89,343.	58,967.	22,514.	7,862.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	20,620.	20,620.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	13,042.	8,607.	3,287.	1,148.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	62,210.	27,770.	2,398.	32,042.
b ANNUAL REPORT AND NEWSLETTER	28,501.	22,801.		5,700.
c DUES AND SUBSCRIPTIONS	12,558.	7,422.	2,466.	2,670.
d STAFF AND BOARD EXPENSE	9,400.	4,737.	3,779.	884.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,554,347.	7,033,496.	343,126.	177,725.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	115,088.	1	263,123.
	2 Savings and temporary cash investments	2,974,644.	2	2,425,936.
	3 Pledges and grants receivable, net	43,705.	3	38,325.
	4 Accounts receivable, net.	55,716.	4	63,363.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	11,629.	9	140,760.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 187,994.		
	b Less: accumulated depreciation	10b 163,974.		
		23,626.	10c	24,020.
	11 Investments - publicly traded securities	26,275,300.	11	30,875,583.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,499,708.	16	33,831,110.	
Liabilities	17 Accounts payable and accrued expenses	67,555.	17	88,460.
	18 Grants payable	183,300.	18	44,765.
	19 Deferred revenue	17,310.	19	16,889.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	6,186,558.	21	6,827,066.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,000.	25	5,563.
	26 Total liabilities. Add lines 17 through 25	6,461,723.	26	6,982,743.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,079,369.	27	13,292,974.
	28 Net assets with donor restrictions	11,958,616.	28	13,555,393.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,037,985.	32	26,848,367.
33 Total liabilities and net assets/fund balances	29,499,708.	33	33,831,110.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,345,048.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,554,347.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,790,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,037,985.
5	Net unrealized gains (losses) on investments	5	2,808,547.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-788,866.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,848,367.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Employer identification number

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 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,859,103.	2,804,996.	2,592,142.	3,392,185.	8,557,515.	19,205,941.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	1,859,103.	2,804,996.	2,592,142.	3,392,185.	8,557,515.	19,205,941.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						2,722,327.
6 Public support. Subtract line 5 from line 4						16,483,614.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	1,859,103.	2,804,996.	2,592,142.	3,392,185.	8,557,515.	19,205,941.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	515,199.	620,231.	803,710.	690,917.	629,293.	3,259,350.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		15,323.				15,323.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						22,480,614.
12 Gross receipts from related activities, etc. (see instructions)					12	199,708.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	73.32%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	68.60%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2020

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

Name of the organization EVANSTON COMMUNITY FOUNDATION	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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **EVANSTON COMMUNITY FOUNDATION**

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	N/A	\$ 184,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,516,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,433,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 626,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 265,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **EVANSTON COMMUNITY FOUNDATION**

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	N/A	\$ 313,785.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **EVANSTON COMMUNITY FOUNDATION**

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	333 SHS APPLE STOCK	\$ 101,785.	07/22/2020

Name of organization **EVANSTON COMMUNITY FOUNDATION**

Employer identification number
36-3466802

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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. See instructions.) ► \$ _____
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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Employer identification number

36-3466802

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for purposes, a table for held at end of tax year, and various questions about monitoring and expenses.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

Schedule D (Form 990) 2020

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,349,964.	15,430,721.	16,944,788.	14,959,336.	14,114,917.
b Contributions	403,407.	750,663.	261,206.	348,629.	627,232.
c Net investment earnings, gains, and losses	2,292,951.	2,993,589.	-1,137,346.	2,369,128.	915,456.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,057,872.	825,009.	637,927.	732,305.	698,269.
f Administrative expenses					
g End of year balance	19,988,450.	18,349,964.	15,430,721.	16,944,788.	14,959,336.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 41.0000 %
 - b** Permanent endowment ▶ 59.0000 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		53,445.	53,329.	116.
d Equipment		134,549.	110,645.	23,904.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,020.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and CHARITABLE GIFT ANNUITIES PAYABLE. Total row shows 5,563.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue... 11,432,478. Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... 9,345,048. Row 4: Amounts included on Form 990... Row 5: Total revenue. Add lines 3 and 4c. 9,345,048.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements... 7,554,347. Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... 7,554,347. Row 4: Amounts included on Form 990... Row 5: Total expenses. Add lines 3 and 4c. 7,554,347.

Part XIII Supplemental Information.

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.

SEE PAGE 5

Series of horizontal lines for supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

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

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE STATE LAW. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION

Part XIII Supplemental Information (continued)

RECOGNIZES THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE FOUNDATION HAS NO ON-GOING FEDERAL OR STATE INCOME TAX AUDITS.

SCHEDULE D, PART XI, LINE 2D

INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY ENDOWMENTS:

\$(721,117)

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CELEB. EVANSTON (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	97,375.		97,375.	
	2	Less: Contributions	88,330.		88,330.	
	3	Gross income (line 1 minus line 2)	9,045.		9,045.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	39,122.		39,122.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				39,122.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-30,077.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

EVANSTON COMMUNITY FOUNDATION

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CIVIL LIBERTIES UNION (ACLU) 125 BROAD ST NEW YORK, NY 10004	13-6213516	501(C)(3)	10,800.				HUMAN RIGHTS
(2) ART ENCOUNTER 927 NOYES ST. STUDIO 222 EVANSTON, IL 60201	36-2996611	501(C)(3)	28,000.				OPERATING SUPPORT
(3) BESSIE RHODES PTA 3701 DAVIS STREET EVANSTON, IL 60201	36-4027144	501(C)(3)	13,180.				DISASTER RELIEF
(4) BOOKS & BREAKFAST 419 GREENWOOD STREET EVANSTON, IL 60201	46-3717739	501(C)(3)	122,250.				BASIC HUMAN NEEDS COUNSELING
(5) C&W MARKET AND ICE CREAM PARLOR 1901 CHURCH ST EVANSTON, IL 60201	46-5521124		407,603.				DISASTER RELIEF - FO
(6) CANAL SHORES GOLF COURSE/EVANSTON WILMETTE 1030 CENTRAL ST. EVANSTON, IL 60201	36-2016649	501(C)(3)	15,000.				YOUTH DEVELOPMENT
(7) CARTER INVESTMENTS, DBA FEAST & IMBIBE 1601 PAYNE STREET EVANSTON, IL 60201	46-1883235		449,209.				DISASTER RELIEF - FO FOOD SECURITY
(8) CENTER FOR INDEPENDENT FUTURES 1015 DAVIS STREET EVANSTON, IL 60201	36-4492994	501(C)(3)	22,500.				DISASTER RELIEF - BA BASIC HUMAN NEEDS
(9) CENTER FOR NEIGHBORHOOD TECHNOLOGY 17 NORTH STATE STREET, #1400	36-2967283	501(C)(3)	38,500.				ENVIRONMENT COUNSELING
(10) CHESSMEN CLUB OF THE NORTH SHORE P.O. BOX 1265 EVANSTON, IL 60204	36-3408237	501(C)(3)	14,600.				DISASTER RELIEF - BA BASIC HUMAN NEEDS
(11) CHILDCARE NETWORK OF EVANSTON 1335 DODGE AVENUE EVANSTON, IL 60201	23-7108030	501(C)(3)	185,625.				OPERATING SUPPORT, D DISASTER RELIEF
(12) CHILDREN'S ADVOCACY CENTER OF NORTH AND NOR 640 ILLINOIS BOULEVARD	36-3711203	501(C)(3)	25,000.				OPERATING SUPPORT

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

EVANSTON COMMUNITY FOUNDATION

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHUTE MIDDLE SCHOOL 1400 OAKTON ST EVANSTON, IL 60202-2721	36-3661096	501(C)(3)	113,464.				DISASTER RELIEF
(2) CITY OF EVANSTON - DEMENTIA FRIENDLY EVANST 300 DODGE AVE EVANSTON, IL 60202	36-6005870	501(C)(3)	5,500.				DISASTER RELIEF
(3) CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201-3057	36-3346917	501(C)(3)	461,610.				DISASTER RELIEF - HOUSING
(4) CRADLES TO CRAYONS 4141 W GEORGE STREET CHICAGO, IL 60641	04-3584367	501(C)(3)	7,500.				DISASTER RELIEF - BASIC HUMAN NEEDS
(5) CURT'S CAFE 2922 CENTRAL ST EVANSTON, IL 60201	45-3934105	501(C)(3)	149,677.				DISASTER RELIEF - FOOD SECURITY
(6) DAWES SCHOOL PTA 440 DODGE AVENUE EVANSTON, IL 60202	36-3661098	501(C)(3)	35,608.				DISASTER RELIEF - BASIC HUMAN NEEDS
(7) DEPAUL UNIVERSITY - PPE INITIATIVE 1 E. JACKSON BLVD CHICAGO, IL 60604	36-2167048	501(C)(3)	10,000.				DONOR ADVISED: DONOR DEVELOPMENT
(8) DEWEY PTA 1502 ASHLAND AVENUE EVANSTON, IL 60201	36-3661099	501(C)(3)	15,126.				DISASTER RELIEF - BASIC HUMAN NEEDS
(9) ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR STREET, 3RD FLOOR	36-3088628	501(C)(3)	10,000.				DISASTER RELIEF
(10) ETHS FOUNDATION 1600 DODGE AVENUE EVANSTON, IL 60204-3494	30-0395044	501(C)(3)	107,410.				PROGRAM SUPPORT
(11) EVANSTON CHAMBER OF COMMERCE 1609 SHERMAN AVENUE, STE. 205	36-1051450	501(C)(6)	137,133.				PPE FOR EARLY CHILDHOOD
(12) EVANSTON CRICKETT CLUB 1728 HOVLAND CT EVANSTON, IL 60201	36-4462568	501(C)(7)	37,500.				COVID RELIEF - BASIC HUMAN NEEDS

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

EVANSTON COMMUNITY FOUNDATION

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EVANSTON LATINOS/FUERZA LATINA 1500 MCDANIEL AVENUE EVANSTON, IL 60201	85-0828172	501(C)(3)	49,250.				COVID RELIEF - BASIC
(2) EVANSTON OWN IT 9353 FORESTVIEW ROAD EVANSTON, IL 60203	81-4381946	501(C)(3)	25,000.				COVID RELIEF - BASIC
(3) EVANSTON PUBLIC LIBRARY 1703 ORRINGTON AVENUE EVANSTON, IL 60201	36-6005870	501(C)(3)	7,300.				COVID RELIEF - BASIC
(4) EVANSTON REBUILDING WAREHOUSE 1245 HARTREY AVENUE EVANSTON, IL 60202	27-3797852	501(C)(3)	82,518.				DISASTER RELIEF DEVELOPMENT
(5) EVANSTON SCHOLARS 1234 SHERMAN AVENUE, SUITE 214	90-0685357	501(C)(3)	29,750.				DISASTER RELIEF
(6) EVANSTON SKOKIE SCHOOL DISTRICT 65 1500 MCDANIEL BOULEVARD EVANSTON, IL 60201	36-4003165	501(C)(3)	14,000.				K - 8 EDUCATION
(7) EVANSTON SYMPHONY ORCHESTRA ASSOCIATION PO BOX 778 EVANSTON, IL 60204	36-6108588	501(C)(3)	14,453.				PROGRAM SUPPORT
(8) EVANSTON TOWNSHIP HIGH SCHOOL 1600 DODGE AVENUE EVANSTON, IL 60201	30-0395044	501(C)(3)	8,245.				SCHOLARSHIPS
(9) EVANSTON/SKOKIE DISTRICT 65 PTA COUNCIL PO BOX 1843 EVANSTON, IL 60204-1843	36-3114011	501(C)(3)	91,150.				DISASTER RELIEF - BA
(10) FAMILY FOCUS 2010 DEWEY AVENUE EVANSTON, IL 60201	36-2884042	501(C)(3)	40,500.				DISASTER RELIEF - OP
(11) FAMILY PROMISE CHICAGO NORTH SHORE PO BOX 484 GLENCOE, IL 60022	27-0288849	501(C)(3)	26,582.				DISASTER RELIEF - OP
(12) FARMWORKER AND LANDSCAPER ADVOCACY PROJECT 33 N. LASALLE STREET CHICAGO, IL 60602	36-4306362	501(C)(3)	440,000.				DISASTER RELIEF - BAS

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

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36-3466802

Part I General Information on Grants and Assistance

- 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**
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRLS PLAY SPORTS, INC. NFP PO BOX 8072 EVANSTON, IL 60202	47-1837292	501(C)(3)	9,025.				DISASTER RELIEF - OP
(2) GREATER CHICAGO FOOD DEPOSITORY P.O. BOX 74008557 CHICAGO, IL 60674-8557	36-2971864	501(C)(3)	7,300.				PROGRAM SUPPORT DEVELOPMENT
(3) GYROS PLANET 1903 CHURCH STREET EVANSTON, IL 60201	83-4029384		188,990.				DISASTER RELIEF - FO
(4) HAITIAN CONGRESS TO FORTIFY HAITI 1611 SIMPSON STREET EVANSTON, IL 60201	32-0157967	501(C)(3)	100,000.				DISASTER RELIEF - BA
(5) HAVEN MIDDLE SCHOOL PTA 2417 PRAIRIE AVE EVANSTON, IL 60201	36-3661101	501(C)(3)	21,084.				DISASTER RELIEF - BA
(6) HIP CIRCLE EMPOWERMENT CENTER 727 HOWARD STREET EVANSTON, IL 60202	82-1362255	501(C)(3)	10,000.				PROGRAM SUPPORT
(7) IMPACT BEHAVIORAL HEALTH PARTNERS 565 HOWARD STREET EVANSTON, IL 60201	36-3611260	501(C)(3)	19,000.				DISASTER RELIEF - BA
(8) INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET EVANSTON, IL 60202	36-2167753	501(C)(3)	191,000.				DISASTER RELIEF - EA
(9) INSTITUTE FOR THERAPY THROUGH THE ARTS 2130 GREEN BAY ROAD EVANSTON, IL 60201	47-3047364	501(C)(3)	25,000.				PROGRAM SUPPORT
(10) INTERFAITH ACTION OF EVANSTON P.O. BOX 1414 EVANSTON, IL 60204	36-3169298	501(C)(3)	23,386.				DISASTER RELIEF - BA
(11) JAMES B. MORAN CENTER FOR YOUTH ADVOCACY 1900A DEMPSTER STREET EVANSTON, IL 60202	36-3180725	501(C)(3)	87,400.				PROGRAM SUPPORT
(12) JENNIFER'S EDIBLES, INC. 1623 SIMPSON STREET EVANSTON, IL 60201	85-1353471	501(C)(3)	152,808.				DISASTER RELIEF - FO

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Schedule I (Form 990) 2020

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH CHILD & FAMILY SERVICES (JCFS) 216 W JACKSON BLVD., SUITE 700	36-2167757	501(C)(3)	5,500.				PROGRAM SUPPORT
(2) JEWISH RECONSTRUCTIONIST CONGREGATION 303 DODGE AVENUE EVANSTON, IL 60202	36-6118264	501(C)(3)	19,900.				PROGRAM SUPPORT
(3) KING ARTS PTA 2424 LAKE STREET EVANSTON, IL 60201	23-7409213	501(C)(3)	24,592.				DISASTER RELIEF - BA
(4) KINGSLEY PTA 2300 GREEN BAY ROAD EVANSTON, IL 60201-2229	36-3787516	501(C)(3)	14,448.				DISASTER RELIEF - BA
(5) LEARNING BRIDGE EARLY CHILDHOOD EDUCATION C 1840 ASBURY AVENUE EVANSTON, IL 60201	36-2167017	501(C)(3)	53,160.				DISASTER RELIEF - EA
(6) LINCOLN ELEMENTARY SCHOOL PTA 910 FOREST AVENUE EVANSTON, IL 60202	36-3662282	501(C)(3)	17,949.				DISASTER RELIEF - BA
(7) LINCOLNWOOD SCHOOL PTA 2600 COLFAX EVANSTON, IL 60201	37-3342808	501(C)(3)	18,242.				DISASTER RELIEF - BA
(8) LITERACY WORKS 641 W. LAKE STREET, SUITE 200	36-4350749	501(C)(3)	12,500.				LITERACY
(9) MCGAW YMCA 1000 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	131,500.				ECRR OPERATING GRANT
(10) MEALS ON WHEELS NORTHEASTERN ILLINOIS 1723 SIMPSON EVANSTON, IL 60201	36-2662113	501(C)(3)	79,250.				DISASTER RELIEF-FOOD
(11) METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN, SUITE 1000	36-2167940	501(C)(3)	25,000.				DISASTER RELIEF - OP
(12) MIDTOWN EDUCATIONAL FOUNDATION 718 SOUTH LOOMIS STREET CHICAGO, IL 60607	36-3417278	501(C)(3)	11,570.				SCHOLARSHIPS

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

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Schedule I (Form 990) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MITCHELL MUSEUM OF THE AMERICAN INDIAN 3001 CENTRAL STREET EVANSTON, IL 60201	20-0679235	501(C)(3)	12,191.				PROGRAM SUPPORT
(2) MUDLARK THEATER 1417 HINMAN AVE. EVANSTON, IL 60201	36-4573236	501(C)(3)	23,500.				DISASTER RELIEF - OP
(3) MUSIC THEATER WORKS 516 FOURTH STREET WILMETTE, IL 60091-2829	36-3125199	501(C)(3)	5,500.				PROGRAM SUPPORT
(4) NATIONAL ALLIANCE ON MENTAL ILLNESS, COOK C 8324 SKOKIE BOULEVARD SKOKIE, IL 60077	36-3714540	501(C)(3)	16,791.				DISASTER RELIEF - OP
(5) NICHOLS MIDDLE SCHOOL PTA 800 GREENLEAF STREET EVANSTON, IL 60202	36-3661105	501(C)(3)	20,882.				DISASTER RELIEF - BA
(6) NORTHLIGHT THEATRE 9501 SKOKIE BLVD. SKOKIE, IL 60077	23-7390464	501(C)(3)	28,500.				DISASTER RELIEF - BA
(7) OAKTON PTA - DISTRICT 65 430 RIDGE AVE EVANSTON, IL 60202	36-3612145	501(C)(3)	54,593.				DISASTER RELIEF - BA
(8) OPEN COMMUNITIES 1880 OAK AVE EVANSTON, IL 60201	36-2934709	501(C)(3)	79,090.				DONOR DESIGNATED:DON
(9) OPEN STUDIO PROJECT 903 SHERMAN AVENUE EVANSTON, IL 60202	36-3894275	501(C)(3)	18,332.				DISASTER RELIEF - OP
(10) ORRINGTON SCHOOL PTA 2636 ORRINGTON AVENUE	36-3861864	501(C)(3)	9,009.				DISASTER RELIEF - BA
(11) PARK SCHOOL PTA 828 MAIN STREET EVANSTON, IL 60202	90-1140073	501(C)(3)	15,000.				DISASTER RELIEF - BA
(12) PEER SERVICES, INC. 906 DAVIS ST EVANSTON, IL 60201	36-2848969	501(C)(3)	65,000.				DISASTER RELIEF - BA

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

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Schedule I (Form 990) 2020

**SCHEDULE I
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Name of the organization

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PIVEN THEATRE WORKSHOP 927 NOYES ST. #110 EVANSTON, IL 60201	36-3000868	501(C)(3)	9,875.				DISASTER RELIEF - BA
(2) PROJECT KESHER 729 SEVENTH AVE., 9TH FLOOR	36-3673594	501(C)(3)	8,000.				PROGRAM SUPPORT
(3) PUERTA ABIERTA PRESCHOOL 933 CHICAGO AVENUE EVANSTON, IL 60202	36-4179815	501(C)(3)	47,500.				DISASTER RELIEF - OP
(4) RAINBOWS FOR ALL CHILDREN 614 DEMPSTER STREET, SUITE C	36-3262836	501(C)(3)	10,000.				DISASTER RELIEF - OP
(5) REBA EARLY LEARNING CENTER 740 CUSTER AVENUE EVANSTON, IL 60202-2268	36-3790750	501(C)(3)	85,000.				EARLY CHILDHOOD
(6) REBA PLACE DEVELOPMENT CORP. 737 REBA PLACE EVANSTON, IL 60202	36-3994092	501(C)(3)	25,208.				COMMUNITY DEVELOPMEN
(7) ROTARY CLUB OF EVANSTON P.O. BOX 84 EVANSTON, IL 60201	23-7181131	501(C)(3)	7,000.				PROGRAM SUPPORT
(8) STEM SCHOOL EVANSTON 8625 CENTRAL PARK AVE SKOKIE, IL 60078	85-2070403	501(C)(3)	25,000.				RACIAL JUSTICE
(9) SUNRISE MOVEMENT EDUCATION FUND 50 F STREET NW, SUITE 800	46-4773036	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) TEERTSEMASESOTTEHG 250 RIDGE AVE EVANSTON, IL 60202	367-06-6807		251,915.				DISASTER RELIEF - FO
(11) THE ACTORS GYMNASIUM 927 NOYES STREET, SUITE 100	36-4030275	501(C)(3)	10,000.				YOUTH
(12) THE DAVID E. WALKER SCHOOL PTA 3601 CHURCH STREET EVANSTON, IL 60203	36-3661868	501(C)(3)	14,018.				DISASTER RELIEF - BA

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

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Schedule I (Form 990) 2020

**SCHEDULE I
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36-3466802

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRILOGY, INC. 1400 WEST GREENLEAF AVE CHICAGO, IL 60626	36-2795409	501(C)(3)	15,000.				DISASTER RELIEF - BA
(2) WARREN W. CHERRY PRESCHOOL 1418 LAKE STREET EVANSTON, IL 60201	36-3809526	501(C)(3)	13,500.				DISASTER RELIEF -OPE
(3) WASHINGTON SCHOOL PTA - DISTRICT 65 914 ASHLAND AVE EVANSTON, IL 60202	36-3661869	501(C)(3)	18,337.				DISASTER RELIEF - BA
(4) WILLARD PTA 2700 HURD AVENUE EVANSTON, IL 60201-1486	37-1521462	501(C)(3)	12,707.				DISASTER RELIEF - BA
(5) Y.O.U. (YOUTH & OPPORTUNITY UNITED) 1911 CHURCH STREET EVANSTON, IL 60201	36-2734966	501(C)(3)	38,800.				OPERATING SUPPORT, D
(6) YOUNG BLACK & LIT 1200 PITNER AVE. EVANSTON, IL 60202	83-0750153	501(C)(3)	15,000.				LITERACY
(7) YOUTH JOB CENTER 1114 CHURCH STREET EVANSTON, IL 60201	36-3252809	501(C)(3)	57,000.				DISASTER RELIF
(8) YWCA EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	121,545.				DISASTER RELIEF - BA
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 86.

3 Enter total number of other organizations listed in the line 1 table 6.

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Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DISASTER RELIEF	170.	85,000.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ORDER TO FOCUS ON COVID RELIEF GRANTS AS DESCRIBED BELOW.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTEES SUBMITTED REPORTS ON THE USE OF FUNDS AND COMMUNITY IMPACT
WITHIN A SPECIFIC TIME FRAME.

DONOR ADVISED FUND GRANTS - GRANTS FROM A DONOR ADVISED FUND MAY BE
APPROVED AND ISSUED IF THE FOUNDATION DETERMINES THAT ALL SEVEN OF THE
FOLLOWING REQUIREMENTS HAVE BEEN MET: (1) GRANT DOES NOT REQUIRE THE
EXERCISE OF EXPENDITURE AUTHORITY; RECOMMENDED GRANTEES MUST BE 501(C)(3)
ORGANIZATIONS, DESCRIBED IN SECTION 170(B)(1)(A), AND NOT BE CLASSIFIED
AS SUPPORTING ORGANIZATIONS UNDER THE INTERNAL REVENUE SERVICE CODE
SECTION 509(A)(3). THE FOUNDATION DOES NOT MAKE DISTRIBUTIONS TO ANY TYPE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OF SUPPORTING ORGANIZATION. (2) GRANT IS CONSISTENT WITH THE PURPOSE, MISSION, PRINCIPLES AND POLICIES OF THE EVANSTON COMMUNITY FOUNDATION, INCLUDING THE FOUNDATION'S EQUAL OPPORTUNITY POLICY. (3) NO DISTRIBUTIONS MAY BE MADE TO AN INDIVIDUAL, INCLUDING EXPENSE REIMBURSEMENT TO THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES. NO GRANTS, LOANS, COMPENSATION OR SIMILAR PAYMENTS MAY BE MADE TO THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES. (4) GRANT RECOMMENDATION DOES NOT INCLUDE ANY REFERENCE TO A CHARITABLE PLEDGE OR OTHER PERSONAL FINANCIAL OBLIGATION OF THE FUND DONOR(S), ADVISOR(S) OR RELATED PARTIES. (5) NEITHER THE EVANSTON COMMUNITY FOUNDATION, NOR THE FUND DONOR(S), ADVISOR(S) OR RELATED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PARTIES, WILL RECEIVE ANY TANGIBLE BENEFIT, GOODS OR SERVICES IN EXCHANGE FOR THE RECOMMENDED GRANT(S). (6) IF FUND DONOR(S) OR ADVISOR(S) RECOMMEND GRANTS TO SCHOOLS AND/OR ORGANIZATIONS FOR VARIOUS SCHOLARSHIP PROGRAMS, DONOR(S) AND ANY OTHER ADVISOR(S) MAY NOT PARTICIPATE IN SELECTING THE INDIVIDUAL RECIPIENTS; DONOR(S) OR ADVISOR(S) MAY NOT EARMARK GRANTS FOR CERTAIN INDIVIDUALS, NOR MAY THEY BENEFIT FROM GRANTS ISSUED. (7) GRANT RECOMMENDATION IS SUBMITTED IN WRITING, EITHER BY EMAIL, LETTER OR VIA THE GRANT REQUEST PROCESS AVAILABLE ON THE FOUNDATION'S DONOR PORTAL. TO DETERMINE ORGANIZATION STATUS UNDER THE INTERNAL REVENUE CODE, THE EVANSTON COMMUNITY FOUNDATION SUBSCRIBES TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE GUIDESTAR CHARITY CHECK SERVICE.

**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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Employer identification number

36-3466802

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MONIQUE JONES 1 PRESIDENT & CEO (THRU 12/20)	(i)	139,871.	10,368.	7,598.		1,194.	159,031.	
	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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.

SCHEDULE J, PART I, LINE 7

THE PRESIDENT AND CEO WAS ELIGIBLE FOR INCENTIVE COMPENSATION BASED UPON
ACHIEVEMENT OF STRATEGIC AND OPERATIONAL OBJECTIVES AS SET FORTH BY THE
EXECUTIVE COMMITTEE OF THE BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

EVANSTON COMMUNITY FOUNDATION

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	16.	551,638.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

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

SCHEDULE M, PART I, LINE 32B

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

36-3466802

FORM 990, PART III, LINE 2

IN MID-MARCH 2020, THE FOUNDATION RADICALLY EXPANDED ITS FUNDRAISING AND
RESTRUCTURED ITS GRANTMAKING AND PROGRAMS TO RESPOND TO THE COVID-19
PANDEMIC.

FORM 990, PART III, LINE 4A

THROUGH ITS GRANTMAKING, THE FOUNDATION DISTRIBUTES RESOURCES THROUGH
LOCAL ORGANIZATIONS FOR THE PUBLIC GOOD. IN MID-MARCH 2020, THE
FOUNDATION SUBSTANTIALLY EXPANDED ITS FUNDRAISING AND RESTRUCTURED ITS
GRANTMAKING AND PROGRAMS TO RESPOND TO THE COVID-19 PANDEMIC. THE
FOUNDATION LAUNCHED THE EVANSTON COMMUNITY RAPID RESPONSE FUND TO FOSTER
A UNIFIED PHILANTHROPIC RESPONSE TO THE IMPACT OF COVID-19 ON THE
EVANSTON COMMUNITY. GRANTS FROM THE FUND FOCUSED ON THREE PHASES OF
RESPONSE WHICH OVERLAP: RELIEF, RECOVERY AND REBUILDING. THROUGH DEEP
LISTENING AND PARTNERSHIP, NEW GRANT OPPORTUNITIES WERE LAUNCHED TO
ADDRESS IMMEDIATE BASIC NEEDS, SUPPORT COLLECTIVE AND ENDURING
INITIATIVES, AND PROVIDE OPERATING SUPPORT FOR NONPROFITS. THE
PREPONDERANCE OF GRANTS ISSUED IN 2020 SUPPORTED EVANSTON'S RESPONSE TO
THE COVID-19 PANDEMIC. AS EVANSTON MOVES FORWARD TOWARD REBUILDING A
MORE RESILIENT AND EQUITABLE COMMUNITY, ECF WILL CONTINUE TO
STRATEGICALLY ALIGN ITS GRANTS AND PROGRAMS.

FORM 990, PART III, LINE 4D

THE EVANSTON COMMUNITY FOUNDATION SEEKS TO MAXIMIZE OPPORTUNITIES FOR

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

PROVIDING LEADERSHIP IN SERVICE TO OUR COMMUNITY, BRINGING TOGETHER EVANSTON'S RESIDENTS, NONPROFITS, CIVIC ORGANIZATIONS AND BUSINESSES. THE FOUNDATION PARTICIPATES IN, COLLABORATES ON, OR DEVELOPS PROGRAMS AND SERVICES THAT ARE INCLUSIVE AND RESPONSIVE TO OUR COMMUNITY AND THAT SUSTAIN OUR NONPROFIT ORGANIZATIONS.

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

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

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

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

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

THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE OF THE

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

FOUNDATION. THE COMMITTEE EVALUATES PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY, SURVEYING ALL BOARD MEMBERS FOR THEIR WRITTEN INPUT AND PRESENTING THE BOARD COMMENTS AS PART OF THE PERFORMANCE REVIEW. THE PRESIDENT AND CEO'S COMPENSATION FOR THE COMING YEAR IS DETERMINED IN A CLOSED SESSION OF THE EXECUTIVE COMMITTEE WITH REFERENCE TO THE ANNUAL COUNCIL ON FOUNDATIONS' GRANTMAKERS SALARY AND BENEFITS REPORT. THE REPORT PRESENTS COMPENSATION DATA FOR OFFICERS AND KEY STAFF POSITIONS IN COMMUNITY FOUNDATIONS ACROSS THE UNITED STATES, CATEGORIZED BY POSITION, REGION AND ASSET SIZE. WHEN AVAILABLE, OTHER REFERENCE SOURCES SUCH AS THE GUIDESTAR NONPROFIT COMPENSATION REPORT ARE INCLUDED IN THE COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE'S COMPENSATION DISCUSSIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY AND RETAINED IN FOUNDATION FILES. THE PRESIDENT & CEO'S MOST RECENT COMPENSATION REVIEW WAS CONDUCTED IN FEBRUARY AND MARCH, 2020 AND DISCUSSED WITH THE CEO BY THE CHAIR AND VICE CHAIR OF THE BOARD.

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

THE PRESIDENT REVIEWED 2019 PERFORMANCE WITH STAFF MEMBERS AND CONFIRMED 2020 COMPENSATION IN DECEMBER 2019.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY

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

ENDOWMENTS :	\$ (721 , 117)
TRANSFER OF FUNDS HELD AS AGENCY ENDOWMENTS :	\$ (67 , 749)

TOTAL :	\$ (788 , 866)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Employer identification number

36-3466802

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EVANSTON CRADLE TO CAREER LLC 36-3466802 1560 SHERMAN AVE EVANSTON, IL 60201	YOUTH SUCCESS	IL	865,637.	500,861.	EVAN COM FND
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning 01/01, 2020, and ending 12/31, 2020

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EVANSTON COMMUNITY FOUNDATION		D Employer identification number 36-3466802
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1560 SHERMAN AVE SUITE 535	E Group exemption number (see instructions)
			City or town, state or province, country, and ZIP or foreign postal code EVANSTON, IL 60201	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶	33,831,110.	
G Check organization type ▶		<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity
H Check if filing only to ▶		<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶		<input type="checkbox"/>		
J Enter the number of attached Schedules A (Form 990-T) ▶				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," enter the name and identifying number of the parent corporation ▶				
L The books are in care of ▶ JANET L FISCHER		Telephone number ▶ 847.492.0990		

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0.
6	Deduction for net operating loss. See instructions.	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 199A deduction. See instructions.	9	
10	Total deductions. Add lines 8 and 9	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6 a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ _____ Refunded ▶ _____	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
4 a Did the organization change its method of accounting? (see instructions)		
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	▶ MATTHEW FELDMAN	11/15/2021	TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BERNADETTE D ZITA		11/15/2021		P00089845
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 630-282-9500	
	Firm's address ▶ 1901 S. MEYERS ROAD, SUITE 500, OAKBROOK TERRACE, IL 60181-5209				

SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.