

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Form 990 header section containing organization name (EVANSTON COMMUNITY FOUNDATION), EIN (36-3466802), and other identifying information.

Part I Summary

Table with 22 rows detailing financial and operational data, including mission statement, revenue (Total: 7,573,677), expenses (Total: 5,361,606), and net assets (Total: 30,431,842).

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) and preparer information (ASHLEY WHITMAN, FORVIS MAZARS, LLP).

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
THE EVANSTON COMMUNITY FOUNDATION MOBILIZES COMMUNITY RESOURCES TO DRIVE SYSTEMIC SOCIAL CHANGE AND BUILD A THRIVING, RESILIENT EVANSTON. WE ACHIEVE THIS BY: INVESTING IN COMMUNITY WITH A LONG-TERM AND SUSTAINABLE PERSPECTIVE, EMPOWERING LEADERS TO FOSTER INNOVATION AND COLLABORATION, AND PRIORITIZING COMMUNITY VOICE AND CHOICE.

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

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

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

4a (Code:) (Expenses \$ 1,758,425 including grants of \$ 1,259,309) (Revenue \$)
THROUGH ITS GRANTMAKING THE FOUNDATION DISTRIBUTES RESOURCES THROUGH LOCAL ORGANIZATIONS FOR PUBLIC GOOD. SINCE 2020 WE'VE ADAPTED GRANTMAKING TO MEET COMMUNITY NEED, INCLUDING ADDING OPPORTUNITIES TO SUPPORT COLLECTIVE AND ENDURING INITIATIVES AND PROVIDING OPERATING SUPPORT. WE WILL CONTINUE TO LISTEN TO COMMUNITY TO KEEP OUR GRANTMAKING FOCUSED ON SUPPORTING COMMUNITY PRIORITIES.

4b (Code:) (Expenses \$ 1,530,051 including grants of \$ 1,150,045) (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.

4c (Code:) (Expenses \$ 697,703 including grants of \$ 646,856) (Revenue \$)
THE FOUNDATION SUPPORTS AN EMPOWERED, ENGAGED COMMUNITY THAT COLLABORATES ACROSS SECTORS TO DEFINE PROBLEMS AND DEVELOP SOLUTIONS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 480,204 including grants of \$ 0) (Revenue \$ 25,615)

4e Total program service expenses 4,466,383

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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.
CYNTHIA DOMINGUEZ, 1560 SHERMAN AVENUE, SUITE 535, EVANSTON, IL 60201, (847) 492-0990

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SOL ANDERSON PRESIDENT AND CEO	40.0			✓				171,658	0	21,212
(2) KIMBERLY HOLMES-ROSS EXECUTIVE DIRECTOR EC2C AS OF 3/24	40.0			✓				130,705	0	10,060
(3) CYNTHIA DOMINGUEZ COO AS OF 10/24	40.0			✓				131,606	0	8,568
(4) REBECCA PARMET VP OF DEVELOPMENT	40.0			✓				122,807	0	7,891
(5) KARLI BUTLER VP COM LEADERSHIP & INV AS OF 8/24	40.0			✓				91,813	0	13,133
(6) REBECCA CACAYURAN VP COM INVESTMENT THRU 6/24	40.0 0.0			✓				62,479	0	9,773
(7) SHARON ROBINSON BOARD CHAIR	2.0	✓		✓				0	0	0
(8) LAURA-MIN PROCTOR VICE CHAIR	2.0	✓		✓				0	0	0
(9) MATTHEW FELDMAN TREASURER	2.0	✓		✓				0	0	0
(10) BRYANT WALLACE SECRETARY	2.0	✓		✓				0	0	0
(11) LARRY SINGER PAST CHAIR	2.0	✓						0	0	0
(12) PAUL BRENNER DIRECTOR	2.0	✓						0	0	0
(13) CINDY CASTRO DIRECTOR	2.0	✓						0	0	0
(14) BETTY COHNS DIRECTOR	2.0	✓						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BOB EASTER DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) LINDA GERBER DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) SANDEEP GHAEEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) SARAH GORDON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) DAVID GRAHAM DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) LEE HART DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) ALLI HENRY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) BARBARA HILLER DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) CHRIS ROTHWELL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) MARCEL SALLIS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								711,068	0	70,637
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								711,068	0	70,637

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 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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 499,998				
	b	Membership dues	1b				
	c	Fundraising events	1c 66,003				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,870,872				
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,619,693				
	h	Total. Add lines 1a-1f		5,436,873			
	Program Service Revenue	2a	LEADERSHIP EVANSTON TUITION Business Code 561000	25,615	25,615		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		25,615			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,317,522		1,317,522	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c 0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a 5,477,580				
	b	Less: cost or other basis and sales expenses	7b 4,695,736				
	c	Gain or (loss)	7c 781,844	0			
	d	Net gain or (loss)		781,844		781,844	
8a	Gross income from fundraising events (not including \$ 66,003 of contributions reported on line 1c). See Part IV, line 18						
		8a 85,731					
		b	Less: direct expenses	8b 73,908			
c	Net income or (loss) from fundraising events		11,823		11,823		
9a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
		10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	----- Business Code					
	b	-----					
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		7,573,677	25,615	0	2,111,189	

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	3,056,210	3,056,210		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	781,705	465,950	200,103	115,652
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	583,706	348,540	148,576	86,590
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,715	7,590	3,240	1,885
9 Other employee benefits	103,531	60,681	27,921	14,929
10 Payroll taxes	109,370	64,103	29,496	15,771
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,240		45,240	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	228,435	200,723	22,260	5,452
12 Advertising and promotion				
13 Office expenses	62,115	31,766	22,824	7,525
14 Information technology				
15 Royalties				
16 Occupancy	115,025	64,086	42,148	8,791
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,054	44,054		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 <u>COMMUNICATIONS</u>	102,469	59,449	9,534	33,486
b <u>STAFF AND BOARD EXPENSE</u>	75,542	35,307	33,563	6,672
c <u>ANNUAL REPORT & NEWSLETTER</u>	22,289	17,831		4,458
d <u>DUES</u>	19,200	10,093	3,166	5,941
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	5,361,606	4,466,383	588,071	307,152
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,789	1	275,187
	2 Savings and temporary cash investments	2,677,370	2	2,696,161
	3 Pledges and grants receivable, net	88,859	3	290,421
	4 Accounts receivable, net	17,919	4	11,283
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,379	9	14,805
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 164,110		
	b Less: accumulated depreciation	10b 164,110	10c	0
	11 Investments—publicly traded securities	36,043,541	11	41,372,145
	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		14	
	15 Other assets. See Part IV, line 11	66,166	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,909,023	16	44,660,002	
Liabilities	17 Accounts payable and accrued expenses	110,564	17	218,907
	18 Grants payable	256,850	18	244,000
	19 Deferred revenue	16,090	19	18,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	10,468,623	21	13,746,753
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	68,959	25	0
	26 Total liabilities. Add lines 17 through 25	10,921,086	26	14,228,160
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	14,540,842	27	17,038,085
	28 Net assets with donor restrictions	13,447,095	28	13,393,757
	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	27,987,937	32	30,431,842
33 Total liabilities and net assets/fund balances	38,909,023	33	44,660,002	

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	7,573,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,361,606
3	Revenue less expenses. Subtract line 2 from line 1	3	2,212,071
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,987,937
5	Net unrealized gains (losses) on investments	5	2,194,421
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(1,962,587)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,431,842

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
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.		

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 (Check all that apply)						(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			
(25) ANNE VELA-WAGNER ----- DIRECTOR	2.0 -----	✓						0	0	0
(26) MICHAEL WALKER ----- DIRECTOR	2.0 -----	✓						0	0	0
(27) ERIC WITHERSPOON ----- DIRECTOR	2.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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).)
- 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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,557,515	3,957,802	3,399,348	4,180,844	5,436,873	25,532,382
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	8,557,515	3,957,802	3,399,348	4,180,844	5,436,873	25,532,382
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)						5,826,708
6 Public support. Subtract line 5 from line 4						19,705,674

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8,557,515	3,957,802	3,399,348	4,180,844	5,436,873	25,532,382
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	629,293	777,157	774,947	844,373	1,317,522	4,343,292
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						29,875,674
12 Gross receipts from related activities, etc. (see instructions)					12	143,835
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 2024 (line 6, column (f), divided by line 11, column (f))	14	65.96 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	69.67 %
16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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>):		
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	0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <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 0
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 2024 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.00

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2024 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		0	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			0
7	Excess distributions carryover to 2025. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

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

Name of organization 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	----- ----- -----	\$ 2,012,237	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 567,145	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 515,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 499,998	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 298,186	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	----- ----- -----	\$ 115,000	Person <input checked="" 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.)
-----	----- ----- -----	\$ -----	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) <small>(See instructions.)</small>	(d) Date received
1	PUBLICLY TRADED SECURITIES ----- ----- -----	\$ 2,012,237	12/31/2024
3	PUBLICLY TRADED SECURITIES ----- ----- -----	\$ 38,246	11/15/2024
6	PUBLICLY TRADED SECURITIES ----- ----- -----	\$ 298,186	12/13/2024
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public Inspection

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus two Yes/No questions.

Part II Conservation Easements

Form for Conservation Easements including questions about purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and revenue/assets.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,524,057	18,042,011	22,174,150	19,988,450	18,349,964
b Contributions	720,528	158,000	125,760	142,017	403,407
c Net investment earnings, gains, and losses	2,244,760	2,394,827	(3,206,457)	2,954,345	2,292,951
d Grants or scholarships					
e Other expenditures for facilities and programs	1,090,490	1,070,781	1,051,442	910,662	1,057,872
f Administrative expenses					
g End of year balance	21,398,855	19,524,057	18,042,011	22,174,150	19,988,450

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

- a** Board designated or quasi-endowment 44.00 %
- b** Permanent endowment 56.00 %
- c** Term endowment 0.00 %

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		53,445	53,445	0
d Equipment		110,665	110,665	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	0

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

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	INVESTMENT INCOME ALLOCATED TO FUNDS HELD AS AGENCY ENDOWMENTS	- 1,160,821

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	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 - INTENDED USES OF ENDOWMENT FUNDS	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 - FIN 48 (ASC 740) FOOTNOTE	THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE STATE LAW. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION RECOGNIZES THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE FOUNDATION HAS NO ON-GOING FEDERAL OR STATE INCOME TAX AUDITS.

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 <u>CELEB EVANSTON</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	151,734			151,734
	2 Less: Contributions	66,003			66,003
	3 Gross income (line 1 minus line 2)	85,731	0	0	85,731
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	73,908			73,908
	10 Direct expense summary. Add lines 4 through 9 in column (d)				73,908
11 Net income summary. Subtract line 10 from line 3, column (d)				11,823	

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	36-2177139	501(C)3	300,000				DONOR ADVISED
(2) EVANSTON PUBLIC LIBRARY 1703 ORRINGTON AVE, EVANSTON, IL, 60201	36-6005870	501(C)3	178,320				AGENCY FUND DISTRIBUTION
(3) (SEE STATEMENT)	30-0395044	501(C)3	158,379				AGENCY FUND DISTRIBUTION
(4) EVANSTON COMMUNITY FOUNDATION 1560 SHERMAN AVENUE, EVANSTON, IL, 60201	36-3466802	501(C)3	94,830				DONOR ADVISED
(5) AFTER SCHOOL MATTERS 66 EAST RANDOLPH STREET, CHICAGO, IL, 60601	36-4409182	501(C)3	75,000				DONOR ADVISED
(6) (SEE STATEMENT)	27-2378677	501(C)3	75,000				DONOR ADVISED
(7) BOOKS & BREAKFAST 1316 SHERMAN AVE, EVANSTON, IL, 60201-4361	46-3717739	501(C)3	65,000				(SEE STATEMENT)
(8) REBUILDING EXCHANGE 1245 HARTREY AVENUE, EVANSTON, IL, 60202	27-3797852	501(C)3	50,150				DONOR ADVISED
(9) (SEE STATEMENT)	36-4306362	501(C)3	45,000				(SEE STATEMENT)
(10) PADRES EMPODERADOS ATTN: CYNTHIA LARA, EVANSTON, IL, 60201	00-0000000	501(C)3	45,000				(SEE STATEMENT)
(11) FIRSTREPAIR ATTN: ROBIN RUE SIMMONS, EVANSTON, IL, 60201	86-3191322	501(C)3	38,500				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 104

3 Enter total number of other organizations listed in the line 1 table 0

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) C&W FOUNDATION ATTN: CLARENCE D. WEAVER, EVANSTON, IL 60201	82-2114121	501(C)3	36,000				DONOR ADVISED
(13) EVANSTON LATINOS ATTN: REBECA MENDOZA, EVANSTON, IL, 60201	85-0828172	501(C)3	35,000				GRASSROOTS/EMERGING NONPROFITS
(14) REPARATIONS STAKEHOLDER AUTHORITY OF EVANSTON (RSAE) 2010 DEWEY AVENUE, #302A, EVANSTON, IL, 60201	86-3806645	501(C)3	30,000				ECRRF COLLECTIVE & ENDURING GRANTS
(15) KING ARTS PTA 2424 LAKE STREET, EVANSTON, IL, 60201	23-7409213	501(C)3	29,563				SPECIAL PROJECT
(16) JAMES B. MORAN CENTER FOR YOUTH ADVOCACY 1900A DEMPSTER ST, EVANSTON, IL, 60202	36-3180725	501(C)3	29,450				NONPROFIT GROWTH & SUSTAINABILITY
(17) CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE, EVANSTON, IL, 60201-3057	36-3346917	501(C)3	28,050				ECRRF COLLECTIVE & ENDURING GRANTS
(18) YWCA EVANSTON/NORTH SHORE ATTN: DEVELOPMENT, EVANSTON, IL, 60201	36-2193618	501(C)3	27,900				EC2C SYSTEMS CHANGE DISTRIBUTION
(19) OAKTON SCHOOL PTA 436 RIDGE AVENUE, EVANSTON, IL, 60202	36-3612145	501(C)3	27,748				SPECIAL PROJECT
(20) WASHINGTON SCHOOL PTA ATTN: ELIZABETH CARDENAS-LOPEZ, PRINCIPAL, EVANSTON, IL, 60202	36-3661869	501(C)3	27,489				SPECIAL PROJECT
(21) OPEN STUDIO PROJECT 903 SHERMAN AVENUE, EVANSTON, IL, 60202	36-3894275	501(C)3	27,320				GRASSROOTS/EMERGING NONPROFITS
(22) OSCAR M. CHUTE MIDDLE SCHOOL PTA 1400 OAKTON STREET, EVANSTON, IL, 60202	36-3661096	501(C)3	25,846				SPECIAL PROJECT
(23) GICHIGAMIIN INDIGENOUS NATIONS MUSEUM GICHIGAMIIN INDIGENOUS NATIONS MUSEUM, EVANSTON, IL, 60201	20-0679235	501(C)3	25,500				NONPROFIT GROWTH & SUSTAINABILITY
(24) KUUMBA EVANSTON 3536 HILLSIDE ROAD, EVANSTON, IL, 60201	86-1839182	501(C)3	25,500				GRASSROOTS/EMERGING NONPROFITS
(25) MCGAW YMCA 1000 GROVE STREET, EVANSTON, IL, 60201	36-2169194	501(C)3	25,500				NONPROFIT GROWTH & SUSTAINABILITY
(26) INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET, EVANSTON, IL, 60202	36-2167753	501(C)3	25,250				NONPROFIT GROWTH & SUSTAINABILITY
(27) ARTSIE INC 607 BARTON AVE, EVANSTON, IL, 60202-2110	87-4022175	501(C)3	25,000				GRASSROOTS/EMERGING NONPROFITS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) ERIE FAMILY HEALTH CENTERS 1701 W SUPERIOR STREET, CHICAGO, IL, 60622	36-3088628	501(C)3	25,000				NONPROFIT GROWTH & SUSTAINABILITY
(29) EVANSTON ASPA ATTN: MELISSA RAMAN MOLITOR, EVANSTON, IL, 60201	93-1831211	501(C)3	25,000				GRASSROOTS/EMERGING NONPROFITS
(30) FAMILY PROMISE CHICAGO NORTH SHORE PO BOX 484, GLENCOE, IL, 60022	27-0288849	501(C)3	25,000				GRASSROOTS/EMERGING NONPROFITS
(31) LATINOS EN EVANSTON NORTHSORE 2210 CENTRAL ST., EVANSTON, IL, 60201	86-1268421	501(C)3	25,000				GRASSROOTS/EMERGING NONPROFITS
(32) WINGS PROGRAM, INC. PO BOX 95615, PALATINE, IL, 60095	36-3456061	501(C)3	25,000				DONOR ADVISED
(33) YOUNG, BLACK & LIT 1626 DARROW AVE., EVANSTON, IL, 60201	83-0750153	501(C)3	25,000				NONPROFIT GROWTH & SUSTAINABILITY
(34) YOUTH TECHNOLOGY CORPS NFP, INC. 1055 W BRYN MAWR, CHICAGO, IL, 60660	38-3656629	501(C)3	25,000				GRASSROOTS/EMERGING NONPROFITS
(35) DAVID E. WALKER SCHOOL PTA ATTN: TERRY VELAN, TREASURER, EVANSTON, IL, 60203	36-3661868	501(C)3	24,264				SPECIAL PROJECT
(36) LINCOLN ELEMENTARY SCHOOL PTA 910 FOREST AVENUE, EVANSTON, IL, 60202	36-3661103	501(C)3	23,033				SPECIAL PROJECT
(37) BESSIE RHODES PTA 3701 DAVIS STREET, SKOKIE, IL, 60076	00-0000000	501(C)3	22,494				SPECIAL PROJECT
(38) TECH ALL STARS PROGRAM 727 REBA PLACE, EVANSTON, IL, 60202	99-5062319	501(C)3	22,400				GRASSROOTS/EMERGING NONPROFITS
(39) NICHOLS MIDDLE SCHOOL PTA 800 GREENLEAF STREET, EVANSTON, IL, 60202	36-3661105	501(C)3	21,729				SPECIAL PROJECT
(40) DAWES SCHOOL PTA 440 DODGE AVENUE, EVANSTON, IL, 60202	36-3661098	501(C)3	21,587				SPECIAL PROJECT
(41) WILLARD SCHOOL PTA 2700 HURD AVENUE, EVANSTON, IL, 60201-1486	37-1521462	501(C)3	20,545				SPECIAL PROJECT
(42) KINGSLEY PTA 2300 GREEN BAY ROAD, EVANSTON, IL, 60201-2229	36-3787516	501(C)3	20,540				SPECIAL PROJECT
(43) HAVEN MIDDLE SCHOOL PTA 2417 PRAIRIE AVE, EVANSTON, IL, 60201	36-3661101	501(C)3	20,196				SPECIAL PROJECT
(44) BOYS HOPE/GIRLS HOPE OF ILLINOIS (BHGH) ATTN: KATE HARKEN, WILMETTE, IL, 60091-1021	51-0248353	501(C)3	20,000				E-TOWN INNOVATION
(45) EVANSTON COLLECTIVE 2121 DEWEY AVE, EVANSTON, IL, 60201-3057	36-3180725	501(C)3	20,000				EC2C SYSTEMS CHANGE DISTRIBUTION
(46) EVANSTON HEALTH DEPT. ATTN: IKE OGBO, EVANSTON, IL, 60201-2716	36-6005870	501(C)3	20,000				E-TOWN INNOVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) PEER SERVICES, INC. 1560 SHERMAN AVE SUITE 535, EVANSTON, IL, 60201	36-2848969	501(C)3	20,000				E-TOWN INNOVATION
(48) WRAPAROUND EVANSTON MILWAUKEE COUNTY DHHS, MILWAUKEE, WI, 53205	36-3180725	501(C)3	20,000				EC2C SYSTEMS CHANGE DISTRIBUTION
(49) PURPLE LINE ADVENTURE PLAY ATTN: YULIA BORISOVA, EVANSTON, IL, 60202	84-3282348	501(C)3	19,243				GRASSROOTS/EMERGING NONPROFITS
(50) EVANSTON ROUNDTABLE MEDIA ATTN: TRACY QUATTROCKI, EVANSTON, IL, 60201-4395	85-0811163	501(C)3	19,000				DONOR ADVISED
(51) DEWEY PTA 1502 ASHLAND AVENUE, EVANSTON, IL, 60201	36-3661099	501(C)3	18,779				SPECIAL PROJECT
(52) LINCOLNWOOD SCHOOL PTA 2600 COLFAX STREET, EVANSTON, IL, 60201	37-0342808	501(C)3	18,734				SPECIAL PROJECT
(53) EVANSTON GROWS ATTN: JEAN FIES, EVANSTON, IL, 60204	87-4161092	501(C)3	17,500				ROOT2FRUIT:ROOT2FRUIT
(54) NORTHLIGHT THEATRE ATTN: CELINE GRAB-LUCKI, SKOKIE, IL, 60077	23-7390464	501(C)3	17,500				DONOR ADVISED
(55) CENTER FOR INDEPENDENT FUTURES ATTN: DICK MALONE, EXECUTIVE DIRECTOR, EVANSTON, IL, 60201	36-4492994	501(C)3	16,500				E-TOWN INNOVATION
(56) Y.O.U. (YOUTH & OPPORTUNITY UNITED) ATTN: MARTIN MAXWELL, CFO, EVANSTON, IL, 60201	36-2734966	501(C)3	15,179				DONOR ADVISED
(57) COMMUNITY PARTNERS FOR THE CIVICS CENTER 1000 N ALAMEDA ST, LOS ANGELES, CA, 90012	95-4302067	501(C)3	15,000				DONOR ADVISED
(58) GIVEDIRECTLY, INC P.O. BOX 3221, NEW YORK, NY, 10008	27-1661997	501(C)3	15,000				DONOR ADVISED
(59) THE TRADE COLLECTIVE INC. 1910 GREENWOOD ST., EVANSTON, IL, 60202	99-2850402	501(C)3	15,000				EC2C SYSTEMS CHANGE DISTRIBUTION
(60) EVANSTON SYMPHONY ORCHESTRA ASSOCIATION ATTN: GENERAL MANAGER, EVANSTON, IL, 60201	36-6108588	501(C)3	13,940				AGENCY FUND DISTRIBUTION
(61) EVANSTON SCHOLARS 1234 SHERMAN AVENUE, SUITE 214, EVANSTON, IL, 60202	90-0685357	501(C)3	13,650				DONOR ADVISED
(62) MIDTOWN-METRO ACHIEVEMENT CENTERS 718 SOUTH LOOMIS ST, CHICAGO, IL, 60607	36-3417278	501(C)3	13,300				SCHOLARSHIPS
(63) ORRINGTON SCHOOL PTA 2636 ORRINGTON AVENUE, EVANSTON, IL, 60201-1113	36-3661864	501(C)3	12,566				SPECIAL PROJECT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) CHILDCARE NETWORK OF EVANSTON 1560 SHERMAN AVE SUITE 535, EVANSTON, IL, 60201	23-7108030	501(C)3	12,000				EC2C SYSTEMS CHANGE DISTRIBUTION
(65) NORTH CHANNEL COMMUNITY ROWING 1101 DAVIS STREET, EVANSTON, IL, 60204	86-1203768	501(C)3	12,000				EC2C SYSTEMS CHANGE DISTRIBUTION
(66) CITY OF EVANSTON - LORRAINE H. MORTON CIVIC CENTER LORRAINE H. MORTON CIVIC CENTER, EVANSTON, IL, 60201	36-6005870	501(C)3	11,471				COMMUNITY CATALYST
(67) JEWISH RECONSTRUCTIONIST CONGREGATION 303 DODGE AVENUE, EVANSTON, IL, 60202	36-6118264	501(C)3	11,175				DONOR ADVISED
(68) WOMEN INITIATING NEW DIRECTIONS (WIND) PO BOX 8101, EVANSTON, IL, 60204	84-3592931	501(C)3	10,600				GRASSROOTS/EMERGING NONPROFITS
(69) AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, 11TH FLOOR, NEW YORK, NY, 10018-7904	22-2584370	501(C)3	10,500				DONOR ADVISED
(70) TRILOGY, INC. ATTN: SUSAN DOIG, PRESIDENT AND CEO, CHICAGO, IL, 60626	36-2795409	501(C)3	10,500				DONOR ADVISED
(71) CODECREW 460 SOUTH HIGHLAND, MEMPHIS, TN, 38111	47-4691807	501(C)3	10,000				DONOR ADVISED
(72) CUSP FOUNDATION INC 5102 WILLIAMSBURG RD, BRENTWOOD, TN, 37027	81-5101281	501(C)3	10,000				DONOR ADVISED
(73) EVANSTON CASE 1740 RIDGE AVE., EVANSTON, IL, 60201	81-0724708	501(C)3	10,000				ROOT2FRUIT:ROOT2FRUIT
(74) EVANSTON RULES (FISCAL SPONSOR: SHOREFRONT LEGACY CENTER) 8850 FORESTVIEW ROAD, EVANSTON, IL, 60203	88-3476017	501(C)3	10,000				EC2C SYSTEMS CHANGE DISTRIBUTION
(75) SOUTHEASTERN ILLINOIS COMMUNITY FOUNDATION PO BOX 1211, EFFINGHAM, IL, 62401	37-1390271	501(C)3	10,000				DONOR ADVISED
(76) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 STREET JUDE PLACE, MEMPHIS, TN, 38105	62-0646012	501(C)3	10,000				DONOR ADVISED
(77) THE NIGHT MINISTRY 1735 NORTH ASHLAND AVENUE, CHICAGO, IL, 60622	36-3145764	501(C)3	10,000				DONOR ADVISED
(78) UNICEF USA 200 W. MADISON, CHICAGO, IL, 60606	13-1760110	501(C)3	10,000				DONOR ADVISED
(79) UNITED WAY SUNCOAST ATTN: ACCOUNTS RECEIVABLE, TAMPA, FL, 33634	59-3725701	501(C)3	10,000				DONOR ADVISED
(80) NEW ISRAEL FUND (NIF) P. O. BOX 70358, PHILADELPHIA, PA, 19176-0358	94-2607722	501(C)3	9,500				DONOR ADVISED

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL, CHICAGO, IL, 60632	36-2971864	501(C)3	9,450				DONOR ADVISED
(82) YOUTH JOB CENTER 1114 CHURCH STREET, EVANSTON, IL, 60201	36-3252809	501(C)3	8,530				AGENCY FUND DISTRIBUTION
(83) AMALGAMATED FOUNDATION 1825 K STREET NW, WASHINGTON, DC, 20006	82-1517696	501(C)3	8,500				DONOR ADVISED
(84) PARK SCHOOL PTA 828 MAIN STREET, EVANSTON, IL, 60202	90-1140073	501(C)3	7,604				SPECIAL PROJECT
(85) GATEWAY FOUNDATION ATTN: JEREMY KLEMANSKI, PRESIDENT & CEO, CHICAGO, IL, 60604	36-2670036	501(C)3	7,500				DONOR ADVISED
(86) TIDES FOUNDATION 1012 TORNEY AVENUE, SAN FRANCISCO, CA, 94129-1755	51-0198509	501(C)3	7,000				DONOR ADVISED
(87) EVANSTON/SKOKIE DISTRICT 65 PTA COUNCIL PO BOX 1843, EVANSTON, IL, 60204-1843	36-3114011	501(C)3	6,900				SPECIAL PROJECT
(88) HAYMARKET OPERA COMPANY 1920 N. SEMINARY AVENUE, UNIT 1F, CHICAGO, IL, 60614	27-4348359	501(C)3	6,500				DONOR ADVISED
(89) EVANSTON CRADLE TO CAREER, LLC 1560 SHERMAN AVENUE, EVANSTON, IL, 60201	36-3466802	501(C)3	6,100				COMMUNITY CATALYST
(90) PROJECT KESHER 729 SEVENTH AVE, 9TH FLOOR, NEW YORK, NY, 28802	36-3673594	501(C)3	6,000				DONOR ADVISED
(91) UNRWA USA P.O. BOX 18697, WASHINGTON, DC, 20036	20-2714426	501(C)3	6,000				DONOR ADVISED
(92) WBEZ, CHICAGO PUBLIC RADIO 848 E. GRAND AVENUE, 3RD FLOOR, CHICAGO, IL, 60611	36-3687394	501(C)3	5,800				DONOR ADVISED
(93) SOUTHERN POVERTY LAW CENTER (SPLC) 400 WASHINGTON AVENUE, MONTGOMERY, AL, 36104	63-0598743	501(C)3	5,750				DONOR ADVISED
(94) EVANSTON COMMUNITY COOPERATIVE 1560 SHERMAN AVE, EVANSTON, IL, 60201	99-0386087	501(C)3	5,500				COMMUNITY CATALYST
(95) PLANNED PARENTHOOD FEDERATION OF AMERICA ATTN: ONLINE SERVICES, WASHINGTON, DC, 20090-7166	13-1644147	501(C)3	5,300				DONOR ADVISED
(96) CLUB TREE'DHOUSE 2138 DEWEY AVE, APT 2, EVANSTON, IL, 60201	92-1026295	501(C)3	5,000				E-TOWN INNOVATION
(97) EVANSTON EARLY CHILDHOOD COUNCIL 740 CUSTER AVENUE, EVANSTON, IL, 60201	23-7108030	501(C)3	5,000				COMMUNITY CATALYST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) HOST FOUNDATION 1145 GREEN BAY ROAD, GLENCOE, IL, 60022	36-3591868	501(C)3	5,000				DONOR ADVISED
(99) JEH EARLY CHILDHOOD CENTER - D65 1500 MCDANIEL AVENUE, EVANSTON, IL, 60201	36-6007570	501(C)3	5,000				SPECIAL PROJECT
(100) NORTHSHORE HOSPITALS FOUNDATION 1001 UNIVERSITY PLACE, EVANSTON, IL, 60201	36-2167060	501(C)3	5,000				DONOR ADVISED
(101) NORTHWESTERN MEMORIAL HEALTHCARE 541 N FAIRBANKS CT, RM 1630, CHICAGO, IL, 60611	37-0960170	501(C)3	5,000				DONOR ADVISED
(102) RICE EDUCATION CENTER 1101 WASHINGTON STREET, EVANSTON, IL, 60202	36-6007570	501(C)3	5,000				SPECIAL PROJECT
(103) SHOWERUP 4935 MAIN ST., SPRING HILL, TN, 37174	81-3713374	501(C)3	5,000				DONOR ADVISED
(104) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW, WASHINGTON, DC, 20001	27-3521132	501(C)3	5,000				DONOR ADVISED

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>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. WITH NEEDS THAT EMERGED IN 2020, ECF OPENED UP GRANTMAKING TO COMMUNITY-BASED ORGANIZATIONS AND LOCAL BUSINESSES THAT WERE NOT NECESSARILY A 501(C)(3). ECF CONTINUES TO ISSUE GRANTS TO NONTRADITIONAL APPLICANTS IN ORDER TO BEST SERVE THE NEEDS OF EVANSTON.</p> <p>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 GRANTEEES MUST BE 501(C)(3) ORGANIZATIONS, DESCRIBED IN SECTION 170(B)(1)(A), AND NOT BE CLASSIFIED AS SUPPORTING ORGANIZATIONS UNDER THE INTERNAL REVENUE SERVICE CODE SECTION 509(A)(3). THE FOUNDATION DOES NOT MAKE DISTRIBUTIONS TO ANY TYPE OF SUPPORTING ORGANIZATION. (2) GRANT IS CONSISTENT WITH THE 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 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 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 THE GUIDESTAR CHARITY CHECK SERVICE.</p>
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF CHICAGO GIFT ADMINISTRATION AND BUSINESS DA, CHICAGO, IL 60615</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>EVANSTON TOWNSHIP HIGH SCHOOL DISTRICT 202 1600 DODGE AVENUE, EVANSTON, IL, 60204-3494</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>EVERGREEN CLIMATE INNOVATIONS 20 N WACKER DRIVE, SUITE 1200, CHICAGO, IL, 60606</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>FARMWORKER AND LANDSCAPER ADVOCACY PROJECT 33 N. LASALLE STREET, CHICAGO, IL, 60602</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>BOOKS & BREAKFAST: NONPROFIT GROWTH & SUSTAINABILITY</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>FARMWORKER AND LANDSCAPER ADVOCACY PROJECT: NONPROFIT GROWTH & SUSTAINABILITY</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>PADRES EMPODERADOS: GRASSROOTS/EMERGING NONPROFITS</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>FIRSTREPAIR: EC2C SYSTEMS CHANGE DISTRIBUTION</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization

EVANSTON COMMUNITY FOUNDATION

Employer identification number

36-3466802

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input 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 checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 and/or 1099-NEC 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				
1	SOL ANDERSON	(i) 169,158	(ii) 2,500	(iii) 0	2,000	19,212	192,870	0
	PRESIDENT AND CEO	(ii) 0	0	0	0	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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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 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	✓	12	2,619,693	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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
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.		

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	SECURITIES ARE SOLD THROUGH THE FOUNDATION'S BROKERAGE ACCOUNT AT CHARLES SCHWAB.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Evanston Community Foundation

Employer identification number

36-3466802

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$480,204 INCLUDING GRANTS OF)(REVENUE \$25,615) THE FOUNDATION STRENGTHENS EVANSTON'S NONPROFIT ORGANIZATIONS THROUGH PARTNERSHIPS AND COLLABORATIONS, DELIVERS WORKSHOPS FOR NONPROFITS, RUNS OUR LEADERSHIP EVANSTON PROGRAM, AND PROMOTES COMMUNITY ENGAGEMENT.						
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE MEETS ON A REGULAR BASIS WITH THE PRESIDENT & CEO. IT IS COMPRISED OF THE COMMITTEE CHAIRS, THE BOARD CHAIR, VICE-CHAIR, AND SECRETARY. WHILE MOST DECISIONS ARE APPROVED AT BOARD MEETINGS, OCCASIONALLY A TIME-SENSITIVE ISSUE MAY ARISE FOR WHICH THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	OUR CONFLICT OF INTEREST POLICY, INCLUDING THE CONFLICT OF INTEREST DISCLOSURE FORM, IS COMPLETED ANNUALLY BY ALL BOARD MEMBERS AND 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 COO 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMMITTEE SERVES AS THE PERSONNEL COMMITTEE OF THE FOUNDATION. THE COMMITTEE EVALUATES PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY, SURVEYING ALL BOARD MEMBERS AND STAFF FOR THEIR WRITTEN INPUT AND PRESENTING THE COMMENTS AS PART OF THE PERFORMANCE REVIEW. THE PRESIDENT AND CEO'S COMPENSATION FOR THE COMING YEAR IS DETERMINED IN A CLOSED SESSION OF THE EXECUTIVE COMMITTEE WITH REFERENCE TO THE ANNUAL COUNCIL ON FOUNDATIONS' GRANTMAKERS SALARY AND BENEFITS REPORT. THE REPORT PRESENTS COMPENSATION DATA FOR OFFICERS AND KEY STAFF POSITIONS IN COMMUNITY FOUNDATIONS ACROSS THE UNITED STATES, CATEGORIZED BY POSITION, REGION AND ASSET SIZE. WHEN AVAILABLE, OTHER REFERENCE SOURCES SUCH AS THE GUIDESTAR NONPROFIT COMPENSATION REPORT ARE INCLUDED IN THE COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE'S COMPENSATION DISCUSSIONS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY AND RETAINED IN FOUNDATION FILES. THE PRESIDENT AND CEO'S MOST RECENT COMPENSATION REVIEW WAS CONDUCTED IN MARCH 20245 AND DISCUSSED WITH THE CEO BY THE CHAIR, VICE CHAIR, AND PAST CHAIR OF THE BOARD.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SUPERVISORS REVIEWED 2024 PERFORMANCE WITH THEIR TEAM MEMBERS; ANY CHANGES TO 2025 COMPENSATION WAS REPORTED IN Q1-Q2 OF 2025.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS</td> <td>- 1,160,821</td> </tr> <tr> <td>TRANSFER TO FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS</td> <td>- 801,766</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS	- 1,160,821	TRANSFER TO FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS	- 801,766
(a) Description	(b) Amount						
FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS	- 1,160,821						
TRANSFER TO FUNDS HELD AS ORGANIZATIONAL ENDOWMENTS	- 801,766						

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 (82-2011323) 1560 SHERMAN AVE, EVANSTON, IL 60201	YOUTH SUCCESS	IL	520,940	491,876	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)							

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.

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**

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)													