

For Office Use Only:

PMT #	_____
AMT	_____
INIT	_____

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

Form AG990-IL  
Revised 3/05

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

CO # 01-054447

Report for the Fiscal Period:

Beginning 07/01/2017

& Ending 06/30/2018

MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

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

MO DAY YR

Date Organization was created: 07/01/2006

Federal ID # \*\*-\*\*\*\*\*

Are contributions to the organization tax deductible?  Yes  No

LEGAL NAME EVANSTON TOWNSHIP HIGH SCHOOL DISTRICT 202 ED. FOUNDATION	Year-end amounts	
MAIL ADDRESS 1600 DODGE AVENUE, NO. W122	A) ASSETS	A) \$ 4,424,600.
CITY, STATE EVANSTON, IL	B) LIABILITIES	B) \$ 5,566.
ZIP CODE 60201	C) NET ASSETS	C) \$ 4,419,034.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	97.045%	D) \$ 1,159,527.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	2.955%	F) \$ 35,308.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 1,194,835.

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	PERCENTAGE	AMOUNT
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ 0.

J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	92.113%	K) \$ 1,200,292.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	92.113%	L) \$ 1,200,292.
M) MANAGEMENT AND GENERAL EXPENSE	3.673%	M) \$ 47,859.
N) FUNDRAISING EXPENSE	4.214%	N) \$ 54,913.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 1,303,064.

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:	PERCENTAGE	AMOUNT
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$

PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:	AMOUNT
T) NAME, TITLE: NONE	T) \$
U) NAME, TITLE:	U) \$
V) NAME, TITLE:	V) \$

V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM # HIGHEST BY \$ EXPENDED)	CODE CATEGORIES	List on back side of instructions
W) DESCRIPTION: SUPPORT EVANSTON TOWNSHIP HIGH SCHOOL PROGRAMS			CODE
X) DESCRIPTION: AND FACILITIES.			W) # 002
Y) DESCRIPTION:			X) # 002
			Y) #

790081 04-01-17

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>FIRST BANK &amp; TRUST - EVANSTON, 820 CHURCH ST, EVANSTON, IL 60201</u>		
<u>EVANSTON COMMUNITY FOUNDATION, 1560 SHERMAN AVE #535, EVANSTON IL 60201</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>MS. JOANNE BERTSCHE - 847-424-7157</u>		

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

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

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

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

\_\_\_\_\_  
PRESIDENT or TRUSTEE (PRINT NAME)                      SIGNATURE                      DATE

\_\_\_\_\_  
TREASURER or TRUSTEE (PRINT NAME)                      SIGNATURE                      DATE

CHERYL K. ROHLFS, CPA  
\_\_\_\_\_  
PREPARER (PRINT NAME)                      SIGNATURE                      DATE