Form	<b>990-EZ</b>	

# Short Form

OMB No. 1545-1150

2017

Open to Public Inspection

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.
s be not onton occurry numbere on and rennay be made publici

		of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest info		Inspection		
AF	or the	2017 calenda	ar year, or tax year beginning 07/01 , 2017, and end	ling	06/30	, 20 <sub>18</sub>	
Bc	heck if ap	pplicable:	C Name of organization	D En	nployer id	entification number	
A	Address c	change	ELEMENTARY SCHOOL DISTRICT NO 181 FOUNDATION		3	6-4259388	
1	lame cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	uite E Te	E Telephone number		
	nitial retu		PO BOX 715		63	80-244-7698	
	inal retur Mended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	FG	roup Exe	mption	
		n pending	Hinsdale, IL, 60522		umber I		
		ting Method:	Cash Accrual Other (specify)	H Chec	k ▶ 🔽	if the organization is <b>not</b>	
	/ebsite		.dl81foundation.org			ach Schedule B	
JТа	ax-exen		eck only one) – ✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □52	· _ ·		0-EZ, or 990-PF).	
			Corporation Trust Association Other	. ,		. ,	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total asse	ts		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$	70,091	
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	e the instr	uctions		
			the organization used Schedule O to respond to any question in this I				
	1		ons, gifts, grants, and similar amounts received			51,687	
	2		ervice revenue including government fees and contracts		2	0	
	3	-	ip dues and assessments		3	0	
	4	Investment			4	92	
	5a		pount from sale of assets other than inventory 5a		0		
	b		or other basis and sales expenses		0		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0	
	6		id fundraising events				
	а	•	ome from gaming (attach Schedule G if greater than				
ne		\$15,000) .			0		
Revenue	b	Gross inco	ome from fundraising events (not including \$ 0 of contrib	outions	-		
Sev.			aising events reported on line 1) (attach Schedule G if the				
			ch gross income and contributions exceeds \$15,000)   6b	18,3	12		
	с	Less: direc	et expenses from gaming and fundraising events 6c	10,9	_		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b ar				
		line 6c) .			6d	7,360	
	7a	Gross sale	s of inventory, less returns and allowances		0		
	b		of goods sold		0		
	с		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0	
	8	-	nue (describe in Schedule O)		8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	. 9	59,139	
	10		d similar amounts paid (list in Schedule O)		10	0	
	11		aid to or for members			0	
ŝ	12		ther compensation, and employee benefits			0	
nse	13		al fees and other payments to independent contractors			8,825	
Expenses	14		y, rent, utilities, and maintenance			0	
Щ	15		ublications, postage, and shipping			1,204	
	16		enses (describe in Schedule O)			41,997	
	17		enses. Add lines 10 through 16			52,026	
S	18		(deficit) for the year (Subtract line 17 from line 9)			7,113	
set	19		or fund balances at beginning of year (from line 27, column (A)) (must			· · ·	
As		end-of-yea	ar figure reported on prior year's return)		19	61,641	
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	0	
z	21		or fund balances at end of year. Combine lines 18 through 20		-	68,754	
For	Paper		tion Act Notice, see the separate instructions. Cat. No. 1064	21		Form 990-EZ (2017)	

Form	990-EZ (2017)					Page <b>2</b>
Ра	rt II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to an			•	· · · · · · ·
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			61,860		69,507
23	Land and buildings		· · · · · ·  _		23	0
24	Other assets (describe in Schedule O)			-	24	0
25				61,860		69,507
26	Total liabilities (describe in Schedule O)			219		753
27 Par	Net assets or fund balances (line 27 of column t III Statement of Program Service Accom	<u> </u>	,	61,641	21	68,754
Fai	Check if the organization used Schedule	• •		,		Expenses
Wha		See Schedule O, Sta			(Re	equired for section
						1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the			~	janizations; optional for iers.)
28	Teacher Grant funding for exceptional education pro	ograms in the classro	om.			
	(Grants \$ 0) If this amount	includes foreign gra			28	10 450
29		00	,		20	a 10,450
29	Funding for district-wide student educational progra and educators to the community.		ring nationally-recog			
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	●	29	a 16,212
30	World Changer Awards for exceptional teaching and				20	10,212
00	world changer Awards for exceptional teaching and					
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .		30	a 3,750
31	Other program services (describe in Schedule O)					<b>u 0</b> ,750
•.			ints, check here		31	a 3,135
32	Total program service expenses (add lines 28a t				32	
1	t IV List of Officers, Directors, Trustees, and Key				nstru	
	Check if the organization used Schedule					🗍
	5	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensatior		e) Estimated amount of other compensation
Març	jaret Cooper	15	6,000		0	0
Exec	cutive Director					
Matt	hew Bousquette	4	0		0	0
Pres	ident					
Coll	een Wilcox	4	0		0	0
Vice	President					
Jam	es Fawley	2	0		0	0
	surer					
	drew Janes	2	0		0	0
	etary					
	Bielski	1	0		0	0
Dire					_	
	n Bielski	1	0		0	0
Dire					_	
	han Christiansen	1	0		0	0
Dire					+	
	inne Furey	1	0		0	0
Dire		-	-			
	ey Head	1	0		0	0
Dire		-	-		-	
	ey McCarroll	1	0		0	0
Dire					_	
(Cor	tinued on Schedule O, Statement 3)	-				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ie	
		5 r art	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0 Did the organization file <b>Form 1120-POL</b> for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9       39a			-
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	40c reimbursed by the organization	40e		
41	List the states with which a copy of this return is filed $\blacktriangleright$ IL	400		V
42a		530-24	1.769	R
			522	
b	Located at $\blacktriangleright$ PO Box 715, Hinsdale, IL 60522 $\angle$ ZIP + 4 $\blacktriangleright$ At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40		-
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
45-	•	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		<i>v</i>
		1-1-0	1	

Form 990-EZ (2017)

					F	Page 4
					Yes	No
Did the organization engage, directly or in						
to candidates for public office? If "Yes," c	complete Schedule C,	Part I		46		~
VI Section 501(c)(3) organizations	sonly					
All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete the	e tables f	or lin	es
50 and 51.						
Check if the organization used Sch	hedule O to respond	to any question in th	nis Part VI			. 🗆
•	•	<b>.</b> .			Yes	No
Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect during the t	ax		
year? If "Yes," complete Schedule C, Part	tll			47		~
Is the organization a school as described ir	n section 170(b)(1)(A)(ii	)? If "Yes," complete §	Schedule E	48		~
Did the organization make any transfers to	o an exempt non-cha	ritable related organiz	ation?	49a		~
		•				
Complete this table for the organization's	five highest compens	sated employees (oth	er than officers, directo	rs, truste		-
employees) who each received more than	1 \$100,000 of comper	isation from the orgar		e, enter "N	ione."	
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)				
	<ul> <li>to candidates for public office? If "Yes," of Section 501(c)(3) organizations: All section 501(c)(3) organization 50 and 51. Check if the organization used Sch</li> <li>Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers t If "Yes," was the related organization a second the organization make any transfers the stable for the organization's employees) who each received more than</li> </ul>	<ul> <li>to candidates for public office? If "Yes," complete Schedule C,</li> <li>Section 501(c)(3) organizations only</li> <li>All section 501(c)(3) organizations must answer que 50 and 51.</li> <li>Check if the organization used Schedule O to respond</li> <li>Did the organization engage in lobbying activities or have a syear? If "Yes," complete Schedule C, Part II</li> <li>Is the organization a school as described in section 170(b)(1)(A)(ii Did the organization make any transfers to an exempt non-cha If "Yes," was the related organization a section 527 organization complete this table for the organization's five highest compensemployees) who each received more than \$100,000 of comperimentation (b) Average hours per week</li> </ul>	<ul> <li>to candidates for public office? If "Yes," complete Schedule C, Part I</li></ul>	to candidates for public office? If "Yes," complete Schedule C, Part I	to candidates for public office? If "Yes," complete Schedule C, Part I       46         VI       Section 501(c)(3) organizations only         All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables f 50 and 51.       50 and 51.         Check if the organization used Schedule O to respond to any question in this Part VI       47         Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II       47         Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       48         Did the organization make any transfers to an exempt non-charitable related organization?       49a         If "Yes," was the related organization's five highest compensated employees (other than officers, directors, trusted employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N         (a) Name and title of each employee       (b) Average hours per week dropentation       (c) Reportable compensation       (d) Health benefits, contributions to employee benefit plans, and deferred other complexed to position	to candidates for public office? If "Yes," complete Schedule C, Part I       46         VI       Section 501(c)(3) organizations only         All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51.         Check if the organization used Schedule O to respond to any question in this Part VI       Yes         Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II       Yes         Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       47         If "Yes," was the related organization a section 527 organization?       49a         If "Yes," was the related organization's five highest compensated employees (other than officers, directors, trustees, an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."         (a) Name and title of each employee       (b) Average hours per week devide to position       (c) Reportable compensation. If there is none, enter "None."       (e) Estimated amon other compensation other compensation form the organization. If there is none, enter "None."

		componication	
None	-		
	-		
	-		
	-		
	-		

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		-	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? <b>Note:</b> All se completed Schedule A		

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

Sign Here	Signature of officer James Fawley, Treasurer			Date		
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check 🗌 if self-employed	PTIN
Use Only	Firm's name			Firm's EIN ►		
	Firm's address ►			Phone r	no.	
May the IRS	discuss this return with the pre-	parer shown above? See instructions	S		🕨 [	🗌 Yes 🗌 No

SCHEDULE A	
(Form 990 or 990-EZ	)

## **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. Employer identification number

OMB No. 1545-0047 2017

**Open to Public** 

Inspection

(A)

(C)

(D)

(E) Total

ELEN	MENTARY SCHOOL DISTRICT NO 181					36-42	
Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	organization is not a private foundat	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	A church, convention of church	ies, or associati	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	
2	A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E2	Z).)	
3	A hospital or a cooperative hos	pital service org	anization described in	n <b>section</b>	170(b)(1	l)(A)(iii).	
4	A medical research organizatio hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in <b>s</b>	section 170(b)(1)(A)(	iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	ment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organiz or university or a non-land-gran university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, le (less se	and (2) no more than action 511 tax) from	n 33¹/₃% of its
11	$\Box$ An organization organized and	operated exclus	sively to test for public	c safety. S	See <b>sect</b> i	ion 509(a)(4).	
12	An organization organized and of one or more publicly suppo Check the box in lines 12a throu	rted organizatio	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	<b>Type I.</b> A supporting organi the supported organization supporting organization. <b>Yc</b>	s) the power to	regularly appoint or e	lect a ma	jority of t		
b	<b>Type II.</b> A supporting organ control or management of t organization(s). <b>You must c</b>	he supporting o	rganization vested in	the same			
с	<b>Type III functionally integr</b> its supported organization(s						Illy integrated with,
d	<b>Type III non-functionally in</b> that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	
е	Check this box if the organi functionally integrated, or T						e II, Type III
f	Enter the number of supported o	• •					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							

Conout							Faye Z
Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, p	lease comple	ete Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,146	48,868	62,463	38,242	51,687	254,406
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	53,146	48,868	62,463	38,242	51,687	254,406

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)						0
$\frac{6}{\text{Sooti}}$	Public support. Subtract line 5 from line 4 on B. Total Support						254,406
	dar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	53,146	48,868	62,463	38,242	51,687	254,406
8	Gross income from interest, dividends, payments received on securities loans,	33,140	40,000	02,403	30,242	51,007	234,400
	rents, royalties, and income from similar sources	9	9	14	40	92	164
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or	3,016	0	0	0	0	3,016
10	loss from the sale of capital assets						
	(Explain in Part VI.)	8.000	13,158	10,249	5,468	7,360	44,235
11	Total support. Add lines 7 through 10					.,	301,821
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						🕨 🗌
	on C. Computation of Public Suppor						
14 15	Public support percentage for 2017 (line 6					14 15	84.29 %
15 16a	Public support percentage from 2016 Sch <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> -2017. If the organi			 			86.5 %
104	box and <b>stop here.</b> The organization qua						
b	33 <sup>1</sup> / <sub>3</sub> % support test-2016. If the organi	-		-			
	this box and stop here. The organization						
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>26</b> 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	ation meets th	e "facts-and-c ts-and-circums	circumstances' stances" test.	' test, check t	this box and s	stop here.
18	Private foundation. If the organization di instructions		box on line 13	, , ,		k this box and	see ►□

## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
4	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	ξ,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
12							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	,			ما بامنىما فمرسطا			
14	First five years. If the Form 990 is for the	0	•				( )( )
0	organization, check this box and <b>stop he</b>						🕨
_	on C. Computation of Public Suppor	-		<u> </u>			
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sch					16	%
	on D. Computation of Investment In				(7)		
17	Investment income percentage for 2017 (			-		17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests-2017. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2016. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this l	box and <b>stop h</b>	<b>nere.</b> The organ	ization qualifies	as a publicly s	upported orga	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	uctions 🕨 🗌

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

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

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

- Yes No
   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?
   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).
  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

2

3

2a

2b

3a

3b

Yes No

Page 5

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

tegrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	ons must complete Sectio	ns A through E.
		(B) Current Year

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>b</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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check have if the comment user is the completion's first on a new functional	الم الم	amata al Tura a III autor a sta	

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

	le A (Form 990 or 990-E2) 2017			Page
Part		b) Supporting Organi	zations (continued)	Ourse at Veers
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish a		ut a al	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2018</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	Excess from 2015			
	Excess from 2016			
~	Excess from 2017			

Page **8** 

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

Schedule A, Part II, Line 10 - Net income from fundraising activities	
Schedule A, Part III, Line 12 - none	

SCHE	DUL	E (	)
(Form	990	or	990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
ELEMENTARY SCHOOL DISTRICT NO 181 FOUNDATION	36-4259388
Form 990-EZ, Part I, Line 16 - Program service expenses, marketing expense, fundraising expense, an	d administrative expense.
Form 990-EZ, Part II, Line 26 - Nordic Energy donations owed to middle school PTOs.	

Form: Form 990-EZ (2017)

Page: 2

#### **ELEMENTARY SCHOOL DISTRICT NO 181 FOUNDATION**

EIN: 36-4259388

Part III

**Primary Exempt Purpose** 

#### **Primary Exempt Purpose**

To inspire community involvement, pride, and support for the exceptional education provided to all District 181 students.

Schedule O, Statement 2	ELEMENTARY SCHOOL DISTRICT NO 181 FOUNDATION				
Form: Form 990-EZ (2017) EI			l: 36-4259388		
Page: <b>2</b>		Pa	art III, Line 31		
Other Pro	ogram Service Accomplishments				
Description	Grants And Allocations	Includes Foreign	Program Service		
		Grants	Expenses		
KIDS Grants to promote volunteerism and social awareness am	ong District 181 students. 0		3,135		
Total:			3,135		

#### Schedule O, Statement 3

Form: Form 990-EZ (2017)

EIN: 36-4259388

Part IV

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name Title	Lois Mejdrich Director	1	0	0	0
Name Title	Maureen Miks Director	1	0	0	0
Name Title	Chris Pequet Director	1	0	0	0
Name Title	David Pequet Director	1	0	0	0
Name Title	Danette Riehle Director	1	0	0	0
Name Title	Jennifer Stout Director	1	0	0	0
Name Title	Kara Thompson Director	1	0	0	0
Name Title	Braden Waverley Director	1	0	0	0
Name Title	Susan Wilson Director	1	0	0	0