

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation EVANS SCHOOL FOUNDATION		<b>A Employer identification number</b> 95-3335848	
Number and street (or P O box number if mail is not delivered to street address) 6510 LA JOLLA SCENIC DRIVE		<b>B Telephone number</b> (see instructions) (858) 459-2066	
City or town, state or province, country, and ZIP or foreign postal code LA JOLLA, CA 92037		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,618,537</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	117,423			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	41,974	41,974		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	87,269			
	<b>b</b> Gross sales price for all assets on line 6a <u>220,888</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		87,269		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	246,666	129,243	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	3,260	978	0	978
	<b>c</b> Other professional fees (attach schedule)	10,085	10,085	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	1,665	605	0	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	1,056	0	0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	16,066	11,668	0	978
	<b>25</b> Contributions, gifts, grants paid	92,000			92,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	108,066	11,668	0	92,978	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	138,600				
<b>b Net investment income</b> (if negative, enter -0-)		117,575			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	47,451	44,879	44,879
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	252	203	96
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	594,883	706,215	1,003,379
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	435,735	457,850	450,392
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	114,664	122,438	119,791
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,192,985	1,331,585	1,618,537	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,192,985	1,331,585	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	0	0		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,192,985	1,331,585		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	1,192,985	1,331,585		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	1,192,985
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	138,600
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,331,585
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	1,331,585

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-13 regarding controlled entities, donor advised funds, and public inspection requirements.

14 The books are in care of LISA CRAMER Telephone no (858) 459-2066

Located at 6510 LA JOLLA SCENIC DRIVE LA JOLLA CA ZIP+4 92037

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 LISA CRAMER  
 6510 LA JOLLA SCENIC DRIVE  
 LA JOLLA, CA 920376448  
 (858) 459-2066

**b** The form in which applications should be submitted and information and materials they should include  
 SCHOLARSHIP APPLICATION FORM AVAILABLE UPON REQUEST

**c** Any submission deadlines  
 NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 NONE

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
LISA CRAMER 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	PRESIDENT 1 00	0	0	0
KATHLEEN DIXON 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	VICE PRESIDENT 1 00	0	0	0
DEIRDRE ANDREWS 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	SECRETARY 1 00	0	0	0
DAVID CORTNEY 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	TREASURER 1 00	0	0	0
RON FARR 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	DIRECTOR 0 00	0	0	0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TALIA BUTLER 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	16,500
NATE BUTLER 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	4,500
PAIGE FISCHER 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				92,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HANK FISCHER 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	2,500
NATE SULLIVAN 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	5,000
ANDREW SULLIVAN 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				92,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RENEE SULLIVAN 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	5,000
CAMERON GELLER 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	18,000
PIPER HANSEN 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	9,000
<b>Total . . . . .</b> ▶ <b>3a</b>				92,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EMA VALDES-PAPENHAGE 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	3,000
GWEN BLAIR 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	4,000
ANNA ERATT 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				92,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAXIM ERATT 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	2,000
MNIKITA ERATT 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	2,000
TAJ FLINT 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				92,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
KIAN HART 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	4,000
ZOYA HART 6510 LA JOLLA SCENIC DRIVE LA JOLLA, CA 92037	NONE	N/A	SCHOLARSHIP	4,000
<b>Total . . . . . ▶ 3a</b>				92,000

**TY 2018 Accounting Fees Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	3,260	978	0	978

**TY 2018 All Other Program Related Investments Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848**Category****Amount**

NONE

0

**TY 2018 Distribution from Corpus Election**

**Name:** EVANS SCHOOL FOUNDATION

**EIN:** 95-3335848

**Election:** PURSUANT TO CODE SEC. 4942(H)(2) AND REG. 53.4942(A)-3 (D)(2), THE EVANS SCHOOL FOUNDATION, ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS COMING FROM CORPUS.

**TY 2018 Investments Corporate Bonds Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CHARLES SCHWAB 3249-8104	457,850	450,392

**TY 2018 Investments Corporate Stock Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CHARLES SCHWAB 3249-8104	706,215	1,003,379

**TY 2018 Investments Government Obligations Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848**US Government Securities - End  
of Year Book Value:**

203

**US Government Securities - End  
of Year Fair Market Value:**

96

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2018 Investments - Other Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
CHARLES SCHWAB/FOREIGN BONDS	AT COST	122,438	119,791

**TY 2018 Other Expenses Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	1,056	0	0	0

**TY 2018 Other Professional Fees Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	10,085	10,085	0	0

**TY 2018 Substantial Contributors  
Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848

<b>Name</b>	<b>Address</b>
CARE INSTITUTE GROUP INC	7820 LOOKOUT DRIVE LA JOLLA, CA 92037
RUSSELL AND COSTELLO FAMILY FOUNDATION	770 N GRANDOS SOLANA BEACH, CA 92075

**TY 2018 Taxes Schedule****Name:** EVANS SCHOOL FOUNDATION**EIN:** 95-3335848

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAXES	1,060	0	0	0
FOREIGN TAX WITHHELD	605	605	0	0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
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](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
EVANS SCHOOL FOUNDATION

**Employer identification number**  
95-3335848

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (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 other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

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

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

<b>Name of organization</b> EVANS SCHOOL FOUNDATION	<b>Employer identification number</b> 95-3335848
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**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	CARE INSTITUTE GROUP INC	\$ 15,000	Person <input checked="" type="checkbox"/>
	C/O ARNOLD WHITMAN 7820 LOOKOUT DRI		Payroll <input type="checkbox"/>
	LA JOLLA, CA 92037		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
2	RUSSELL & COSTELLO FAMILY FOUNDATION	\$ 13,048	Person <input checked="" type="checkbox"/>
	770 N GRANADOS		Payroll <input type="checkbox"/>
	SOLANO BEACH, CA 92075		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
3	MR & MRS MINASIAN	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 958		Payroll <input type="checkbox"/>
	RANCHO SANTA FE, CA 92067		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 )

<b>Name of organization</b> EVANS SCHOOL FOUNDATION	<b>Employer identification number</b> 95-3335848
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**Part II** **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> EVANS SCHOOL FOUNDATION	<b>Employer identification number</b> 95-3335848
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

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

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

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

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

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

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

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

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