Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public inspection

A I	For th	e 2022 calendar year, or tax year beginning and	ending		
	Check it applicat			D Employer identifi	cation number
	Addr	ge ESP II INC.			
X	Name	Doing business as		38-40057	73
	initial return Final return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe (847) 72	
	termi			G Grass receipts \$	34,841,485.
Г	Amer	ded CLENTITEM II 60026-0022		H(a) Is this a group re	
	Appli	F Name and address of principal officer: JOHN M. KACZKOWSKI		for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Гах-е>	em at status: X 501(c)(3) 501(c) insert no. 4947(a) 1 (or 527		list. See instructions
JI	Nebs	te: WWW.WGAESF.ORG		H(c) Group exemption	
K	orm o	for anization; X Corporation Trust Association Other	£ Year		M State of legal domicile; IL
Pa	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: ESF			
Activities & Governance		CORPORATION ESTABLISHED TO HOLD THE EXCES	S CASH	AND INVEST	MENTS OF
Than 1	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	****************	4	18
95	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ě	6	Total number of volunteers (estimate if necessary)			18
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		0.	0.
2	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,680,777.	3,701,453.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 must equal Part VIII, column (A), line 12		25,680,777.	3,701,453.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
å	d	Total fundraising expenses (Part IX, column (D), line 25)	0.		
<u> </u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		330,929.	414,418.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		330,929.	414,418.
	19	Revenue less expenses. Subtract line 18 from line 12		25,349,848.	3,287,035.
10	1			ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	1	66,680,392.	153,028,217.
t As	21	Total liabilities (Part X, line 26)		0.	0.
Net		Net assets or fund balances. Subtract line 21 from line 20	1	66,680,392.	153,028,217.
_	irt II	Signature Block			
Und	er peni	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	сопи	Declaration of precarer other than officer is based on all information of wh	ich preparer	has any knowledge and a	
		Miss Hatal-with		50 200 2000	
Sigi	-	Signatule of phi er 1F09F0107D8B450		Date	
Her	0	JOHN M. KACZKOWSKI, PRESIDENT & CEO			
_		Type or print name and Ittle	10	244	-
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid			CPA 0	7/28/23 self-em to	
	1918	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749
Use	Only	Firm's address 1301 WEST 22ND STREET, SUITE 1100			
_		OAK BROOK, IL 60523		Phone no. (6	30) 573-8600
Maj	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

I AND INVESTMENTS OF I	FIT CORPORATION EST EVANS SCHOLARS FOUN ogram services during the year which le O. significant changes in how it conduct	ABLISHED TO HOLD THE EXTENDED TO HOLD THE EXTENDED TO HOLD THE EXECUTION TRUST.	Yes X No
describe the organization's mission: II, INC. IS A NONPROI H AND INVESTMENTS OF I organization undertake any significant property of the services on Schedule organization cease conducting, or make and describe these changes on Schedule O. The the organization's program service according to the organization are the if any, for each program service reporter.	FIT CORPORATION EST EVANS SCHOLARS FOUN ogram services during the year which le O. significant changes in how it conduct	ABLISHED TO HOLD THE EXTENDED TO HOLD THE EXTENDED TO HOLD THE EXECUTION TRUST.	
II, INC. IS A NONPROID INVESTMENTS OF IT AND INVESTMENTS OF IT INV	evans scholars foun ogram services during the year which le O. significant changes in how it conduct omplishments for each of its three larges	DATION TRUST. were not listed on the s, any program services?	
e organization undertake any significant prom 990 or 990-EZ? " describe these new services on Schedule organization cease conducting, or make and describe these changes on Schedule O. See the organization's program service according 501(c)(3) and 501(c)(4) organizations are a if any, for each program service reporter	evans scholars foun ogram services during the year which le O. significant changes in how it conduct omplishments for each of its three larges	DATION TRUST. were not listed on the s, any program services?	
orm 990 or 990-EZ? " describe these new services on Schedu organization cease conducting, or make: " describe these changes on Schedule O. be the organization's program service according 501(c)(3) and 501(c)(4) organizations are be if any, for each program service reporte	le O. significant changes in how it conduct complishments for each of its three larg	s, any program services?	Yes X No
orm 990 or 990-EZ? " describe these new services on Schedu organization cease conducting, or make: " describe these changes on Schedule O. be the organization's program service according 501(c)(3) and 501(c)(4) organizations are be if any, for each program service reporte	le O. significant changes in how it conduct complishments for each of its three larg	s, any program services?	Yes X No
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" describe these new services on Schedu organization cease conducting, or make of describe these changes on Schedule O. the the organization's program service according 501(c)(3) and 501(c)(4) organizations are elif any, for each program service reporter	le O. significant changes in how it conduct complishments for each of its three larg	s, any program services?	Yes X No
organization cease conducting, or make a "describe these changes on Schedule O. be the organization's program service according 501(c)(3) and 501(c)(4) organizations are e if any, for each program service reporte	significant changes in how it conduct complishments for each of its three larg		
" describe these changes on Schedule O. be the organization's program service acco n 501(c)(3) and 501(c)(4) organizations are e if any, for each program service reporte	omplishments for each of its three larg		37
be the organization's program service acco n 501(c)(3) and 501(c)(4) organizations are e if any, for each program service reporte	omplishments for each of its three larg		Yes X No
n 501(c)(3) and 501(c)(4) organizations are e_if any, for each program service reporte			
e if any, for each program service reporte			
	-	its and allocations to others, the total expensi	as, and
I (Exheliade th	including grants of \$) (Revenue \$	-
ORGANIZATION HOLDS TH			
LARS FOUNDATION TRUST		The state of the s	
) (Expenses \$	including grants of \$) (Revenue S)
)/5	5-1-15	\ /a .	
) (Expenses \$	including grants of \$) (Revenue \$)
rogram services (Describe on Schedule O	7		
•	rants of \$	Revenue \$	
	(Expenses \$) (Expenses \$		

Form 990 2022 ESF II, INC.

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
ı	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	100		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a		X
ь	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? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D. Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	1		-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic lovernment on Part IX, column A, line 1? If "Yes " complete Schedule I, Parts I, and I	21		X
22200	12-13-22	Form	990	(2022

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

232004 12-13-22

leambline winnings to grize winners?

Form 990 (2022)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	_
	5		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 0			
_	filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	310		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	10		-
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-7?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	- 5	-
7	Organizations that may receive deductible contributions under section 170(c).		755	
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1 -4	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		100	-
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
	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		_
	Sponsoring organizations maintaining donor advised funds,		1	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:		(10)	
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
_	Gross income from members or shareholders		0.17	
D	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1,2,0		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand		3	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	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?	17		-
	If "Yes " complete Form 6069.	_	000	10000
32005	12-13-22	Form	I AAA	(2022)

232005 12-13-22

Form		005773		a _{ae} 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No"	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	V V		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18		
	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.			
ь	Enter the number of voting members included on line 1a, above, who are independent 1b	18		
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?	2		X
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, 4	and the second s	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-	 "
	and the state of t	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
_		8a	x	
a	The governing body? Each committee with authority to act on behalf of the governing body?		X	
	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	1	
9		9		x
Sec	organization's mailing address? (r "Yes," provide the number and addresses on Schedule O	3	_	- 42
	(101 b) 1 Ono to 1/1/15 Section B requests information about policies not required by the internal revenue Gode.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			**
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	104		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form	10b	77	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.)? 11a	1	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	10.	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			-
		12b	-A	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1,0	v	
	on Schedule O how this was done	12c	-	-
13	Did the organization have a written whistleblower policy?		X	-
14	Did the organization have a written document retention and destruction policy?	14	X	-
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?		77	
	The organization's CEO, Executive Director, or top management official			-
þ	Other officers or key employees of the organization	15b	X	-
	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?	. 16a	-	X
b	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?	16b		_
Sec	tion C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availa	ble
	for public inspection, Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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 finan	cial	
	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			
	STEVE BRUEGGEMAN - 847-724-4600			
	2501 PATRIOT BOULEVARD, GLENVIEW, IL 60026-8022			

232006 12-13-22

ESF II, INC.

38-4005773

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

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 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 employees."
- 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) JOHN M. KACZKOWSKI	1.00										
PRESIDENT & CEO	39.00			X				0.	922,857.	64,110	
(2) STEVE BRUEGGEMAN	1.00										
CHIEF FINANCIAL OFFICER	39.00			X				0.	321,171.	- 56,863	
(3) KEVIN BUGGY	1.00										
CHAIRMAN	1.00	X		X				0.	0.	0	
(4) ROBERT M. ALSTEEN	1.00										
TRUSTEE	1.00	X						0.	0.	0	
(5) JEFFREY L. BRYDEN	1.00										
TRUSTEE	1.00	X						0.	0.	0	
(6) JAMES T. BUNCH	1.00										
TRUSTEE	1.00	X						0.	0.	0	
(7) JOSEPH M. DESCH	1.00										
TRUSTEE	2.00	X			ь			0.	0.	0	
(8) JOESEPH M. FERRARO	1.00										
TRUSTEE	1.00	x						0.	0.	0	
(9) JOHN N. FIX	1.00										
TRUSTEE	1.00	X				м		0.	0.	0	
(10) EDWARD R. JAMES	1.00					т					
TRUSTEE	1.00	х						0.	0.	_ 0	
(11) JASON W. KINANDER	1.00										
TRUSTEE	1.00	X			L			0.	0.	0	
(12) R. E. BUFFY MAYERSTEIN	1.00										
TRUSTEE	1.00	X						0.	0.	0	
(13) MICHAEL L. MCDERMOTT	1.00					Т					
TRUSTEE	1.00	X						0.	0.	0	
(14) JOHN S. MENDESH	1.00					Т					
TRUSTEE	1.00	x						0.	0.	0	
(15) FRANCIS W. MORLEY	1.00										
TRUSTEE	1.00	x						0.	0.	0	
(16) JAMES M. OKEANE	1.00	-							7.		
TRUSTEE	1.00	x						0.	0.	0	
(17) DENNIS M. OKEEFE	1.00	-						J.	0.		
TRUSTEE	1.00	x						0.	0.	0	

Part VII Section A. Officers, Directors	Trustees Key Em	pìoy	ees,	and	Hi	phes	t Co	om ensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	offi	not a	ss per	ition mare rson i	han d than d is both or/bust	an	(D) Reportable compensation from	Reportable Est compensation ame			mated unt of ther
	(list any hours for related organizations below line)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highesi compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		froi orgai and	ensation n the nization related izations
18) RICHARD E. PETERSON	1.00											
RUSTEE	1.00	X	-		H		-	0.		0.	_	0
19) DAVID M. ROBINSON PRUSTEE	1.00	x			١.			0.		0.		0
(20) GEOFF SOLICH	1.00	1AX			Н			0,		•		
PRUSTEE	1.00	X			-			0.		0.	_	0
		-										
	1											
		-								4		
		-	H	-	L	-	_			-	-	
	_ 121	L			L							
1b Subtotal c Total from continuation sheets to P	art VII, Section A							0.		0.		,973 0
d Total (add lines 1b and 1c) 2 Total number of individuals (including									1,244,02 000 of reportable	8.	120	,973
com ensation from the or anization											- 1	es No
3 Did the organization list any former of			кеу е	empl	oye	e, or	higi	hest compensated emple	oyee on	1		
line 1a? If "Yes," complete Schedule . 4 For any individual listed on line 1a, is:	the sum of reportab	le co	mpe	ensat	tion	and	oth				3	x
and related organizations greater than 5 Did any person listed on line 1a receive rendered to the organization?	e or accrue compe	nsati	on fr	om a	any	unre					5	X
Section B. Independent Contractors	CATHORIC CLITTING	M.M.	-		-	-						
1 Complete this table for your five higher									·	ensat	ion fron	1
the or anization. Report compensation	n for the calendary	eare	enou	in Wi	IU) (or will	(AIII)	(B)	gar.		(C)	
Name and bus		No	INC	3	_		+	Description of se	ervices	С	ompens	ation
		_					+			_		_
							1					
A Table of the control of the contro				1.5	a la			afa ana Anata ana ana an	an Ab a			
2 Total number of independent contract \$100,000 of corp ensation from the contract		ot lir	nited	o to 1		se lis:)	ted :	above) who received mo	re tnan			
OTOGOGO OF CONTESTS BROWN STOTEL (THE C	A THE RECEIVED				_		_				Form 9	20

232008 12-13-22

		[2022] ESF II, INC.				38-4005	773 Page
ra	rt VI			T. Alete Designation			_
		Check if Schedule O contains a respons	e or note to any line	(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ots H	1 a	Federated campaigns 1a				7	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
₽,	0	Fundraising events 1c					
동결	d						
S. [8]	e	Government grants (contributions) 1e					
걸	,	All other contributions, gifts, grants, and similar amounts not included above 1f					
음력		Noncash contributions included in lines ta-1f	- 17			5	
9	b	Total. Add lines 1a-1f				10.00	
			Business Code				
9	2 a	in a					
ا ک	b						
Program Service	0						
	d						
Ď.	е						
١.	f	All other program service revenue					
-	9	Total. Add lines 2a-2f		-			
	3	Investment income (including dividends, inte		3,286,196.			2006206
	4	other similar amounts) Income from investment of tax-exempt bond		3,200,190.			3286196
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 65				1 100	
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
- 1	7 a	Gross amount from sales of (i) Securities					
- 1		assets other than inventory 7a 31,555,289	-				
.	Ь	Less: cost or other basis	1 1				
5		and sales expenses 76 31,140,032 Gain or (loss) 7c 415,257				1.0	
Не		, ,		415,257.	-		415,257
ᇤ		Net gain or (loss) Gross income from fundraising events (not		423,237.			415,257
١ŝ	0 4	including \$ of	1 1				
٦		contributions reported on line 1c). See	1 1				
- 1		Part IV, line 18	a			9 11	
- 1	b	Less: direct expenses 8	b				
- 1	c	Net income or (loss) from fundraising events					1
- 1	9 a	Gross income from gaming activities. See					
-1		Part IV, line 19					
-		Less: direct expenses	b		45		
- 1		Net income or (loss) from gaming activities	1				
- 1	10 2	Gross sales of inventory, less returns and allowances					
- 1	h	Less: cost of goods sold 10	_				
-		Net income or loss from sales of inventory					
			Business Code				
Revenue	11 a						
E S	þ				-	1	
	c					7.	
		All other revenue					
_1		Total, Add lines 11a-11d		3,701,453.	^		ABO4 455
	12	Total revenue. See instructions		3,101,403.	0.	0.	3701453

232009 12-13-22

Form 990 (2022)

38-4005773 Page 10

orm 990	2022	POL II	, TINC.
Part IX	Statement	of Functional	Expenses

	(D) draising penses
As do, 90, 4nd 100 of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r)(3)(8) Other salaries and wages Pension plan accruals and contributions (include section 4018(r) and 403(b) employer contributions) Other employee benefits Payroll taxes Peas for services (nonemployees): Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 investment management fees Other. (If fine 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology 15 Royalties Payments of travel or entertainment expenses	
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15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
tor any tegeral, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest 21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
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 0.)	
â	
b	
С	
d	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 414, 418. 0. 414, 418.	0.
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 if following SOP 98-2 (ASC 958-720)	

Form 990 2022

ESF II, INC.

38-4005773 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	611.	1	1,150,491
1	2	Savings and temporary cash investments	9,308,871.	2	5,060,308
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
-1		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		100	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
į į	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	138,935,370.	11	121,595,353
	12	Investments - other securities. See Part IV, line 11		12	25,222,065
	13	Investments · program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	153,028,217
٦	17	Accounts payable and accrued expenses		17	
- 1	18	Grants payable		18	
-1	19	Deferred revenue		19	
П	20	Tax-exempt bond liabilities		20	
-1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,		1	
3		trustee, key employee, creator or founder, substantial contributor, or 35%			
e de la constance		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X			
1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
П		Organizations that follow FASB ASC 958, check here			
1		and complete lines 27, 28, 32, and 33.			
í	27	Net assets without donor restrictions	164,980,392.	27	151,328,217
	28	Net assets with donor restrictions	1,700,000.	28	1,700,000
.		Organizations that do not follow FASB ASC 958, check here			
.		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		32	153,028,217
- 1	33	Total liabilities and net assets/fund balances	166,680,392.	33	153,028,217

	990 2022 ESF II, INC.	38-	4005773	Paue 1	2
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a resulonse or note to any line in this Part XI			[X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,701		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,418	
3	Revenue less expenses. Subtract line 2 from line 1	3	3,287		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	166,680		
5	Net unrealized gains (losses) on investments	5	-20,735	479	
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			Ξ
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,796	,269	٠
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_
	column (B)	10	153,028	3,217	
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	- 11	Yes No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1000		П
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	,	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			_
За	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?		3a	x	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi		- 1	-
~	or audits explain why on Schedule Q and describe any steps taken to undergo such audits				
	The state of the s			200	_

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OM8 No. 1545-0047

Open to Public Inspection

Employer identification number

		II, INC.					3	8-4005773
Part	Reason for Public	Charity Status.	(All organizations must o	complete t	his part.) S	ee instruction	s.	
The organ	nization is not a private foun	dation because it is: (I	For lines 1 through 12, o	heck only	one box.)			
1 🔲	A church, convention of cl	hurches, or associatio	n of churches described	d in section	on 170(b)(1)(A)(i).		
2 🔲	A school described in sec							
з 🔲	A hospital or a cooperative	e hospital service orga	anization described in s	ection 17	0(b)(1)(A)(i	ii).		
4	A medical research organi					-)(îîî). Enter	the hospital's name,
	city, and state:					- 7, -,		
5	An organization operated	for the benefit of a col	llege or university owner	d or operat	ted by a go	vernmental u	nit describ	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)						
6 🔲	A federal, state, or local go	overnment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).		
7 🔲	An organization that norm						ne general	public described in
	section 170(b)(1)(A)(vi). (0			•				,
8 🔙	A community trust describ	ed in section 170(b)(1)(A)(vi). (Complete Par	rt IL.)				
9 🔲	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ed in conju	inction with a	land-grant	college
	or university or a non-land	grant coflege of agrici	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
	university:							
10 🔲	An organization that norm	ally receives (1) more	than 33 1/3% of its supp	oort from c	contribution	ns, membersh	ip fees, an	d gross receipts from
	activities related to its exe							
	income and unrelated bus	iness taxable income	(less section 511 tax) fro	om busine	sses acqui	red by the org	anization i	after June 30, 1975.
	See section 509(a)(2). (Co							
11 🔲	An organization organized	and operated exclusi-	vely to test for public sa	fety, See	section 5	09(a)(4).		
12 X	An organization organized	and operated exclusi-	vely for the benefit of, to	perform t	the functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported o	rganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section 5	509(a)(3).	Check the box on
	lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting org	ganization operated, st	upervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving
	the supported organizat	ion(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the s	upporting
	organization. You must	complete Part IV, Se	ections A and B.					-
ь 🛚 🛚	Type II. A supporting or	ganization supervised	or controlled in connec	tion with it	s supporte	ed organization	n(s), by har	ving
	control or management							=
	organization(s). You mu	st complete Part IV,	Sections A and C.					
c 🗌	Type Ili functionally int	egrated. A supporting	g organization operated	in connec	tion with, a	and functional	ly integrate	ed with,
	its supported organization	on(s) (see instructions)	. You must complete	Part IV, Se	ections A,	D, and E.		
d [_	Type III non⊬functional	ly integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppor	ted organi	zation(s)
	that is not functionally in	tegrated. The organiz	ation generally must sat	tisfy a disti	ribution red	quirement and	an attenti	veness
	requirement (see instruc	tions). You must con	nplete Part IV, Sections	s A and D,	and Part	v.		
е 🗌	Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, o	or Type III non-function	nally integrated supporti	ing organiz	ation.			
f Enti	er the number of supported	organizations						1
	vide the following informatio							
	(i) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-10	14 \$;; 610	201.11 n 1.15	(v) Amount of		(vi) Amount of other
	organization		above (see instructions)	Yes	No	support (see in	structions)	support (see instructions)
	SCHOLARS		4.11.0					1
FOUND	ATION TRUST	36-2518129	7	Х			0.	0.
			-			-		
					- 1			

	ESF II, IN				38-400	5773 Page 2
Part II Support Schedule for						
(Complete only if you checke fails to qualify under the test				m railed to quality	under Part III. If the	organization
Section A. Public Support	5 nated below, piec	sse complete Fait	191.)			
					1	
Calendar year (or fiscal year beginning in)	(a) 2018	(ь) 2019	(c) 2020	(d) 2021	(e) 2022	(r) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	-	-		-	-	-
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				-		_
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					-	
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a governmental unit or publicly						1
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11.				5		
column (f)				2	Lancon C	
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support		-				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4			141		10,000	111 1 5 6 6 6
8 Gross income from interest.						
dividends, payments received on				0 = 1.0		
securities loans, rents, royalties.						
and income from similar sources						
9 Net income from unrelated business	V					
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities.	, etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3)	
or anization check this box and sto					,	
Section C. Computation of Publ					-	
14 Public support percentage for 2022 (14	%
15 Public support percentage from 2021						%
16a 33 1/3% support test - 2022, if the						
stop here. The organization qualifies		-				
b 33 1/3% support test - 2021. If the	_					
and stop here. The organization qua 17a 10% -facts-and-circumstances test			1			
and if the organization meets the fact	7	•				,
meets the facts-and-circumstances to					-	
b 10% -facts-and-circumstances test	-		*		17a and line 15 is	
more, and if the organization meets to						10/001
organization meets the facts-and-circ					4:	
18 Private foundation. If the or anization						
			22,		0 1 1 1	(2)

Schedule A Form 990 2022 ESF II, INC.

38-4005773 Pale 3

Part III Supp	ort Schedule	for Organizations	Described in	n 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	0
ruality under the tests listed helow, liease complete Part II	

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(n) Total
1 Gifts, grants, contributions, and				1		
membership fees received. (Do not				100		
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513					-	
4 Tax revenues levied for the organ-						
ization'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 the 7c from time 6. Section B. Total Support					1	
	1-10010	(F) 0010	f=1,0000	(d) 0001	1-1-0000	SW T-A-1
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6 10a Gross income from interest,					1	
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.)					1	
Total support. (Add lines 9, 10c, 11, and 12.)First 5 years. If the Form 990 is for the	overenization's fi	irot cocond third	founds or little tour	rear as a sastian	504(n)(2) avenue esti	
	-	rist, second, tilid,	-			и,
Section C. Computation of Public						
15 Public support percentage for 2022 (lin			column (fi)		15	
16 Public support percenta e from 2021 5			****		16	
Section D. Computation of Invest					10	
17 Investment income percentage for 202			ne 13. column fil		17	
18 Investment income percentage from 2			on line 54 and line			2:
19a 33 1/3% support tests - 2022. If the c	-					/ is not
more than 33 1/3%, check this box and	*	-				L
b 33 1/3% support tests - 2021. If the o	_					nd
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the or anization	did not check a	box on line 14_19	a or 19b, check th	nis box and see in		
232023 12-09-22					Schedule A	(Form 990) 20:

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

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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).
- 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 (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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	x	
2		X
		X
3a	18	
3b		
3c		
4a		х
4b		
4c		
Ea		X
5a		Δ
5b 5c		
6		X
7		X
8		X
9a		X
9b		x
9c		х
10a		х
10b A (For	n 990)	

Sche	dule A Form 990 2022 ESF II, INC. 38-	-400577	3 Pa	ane 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	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		X
ь	A family member of a person described on line 11a above?	11b		X
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		14	
	detail in Part VI.	11c		Х
Sec	tion 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)	24		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
7	the supported organization(s).	1	Х	
Sec	tion 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	1001		
	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		
Sec	tion 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 instruction)	ons).		
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 governmental entity (si	ee instructior	76).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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,		9	
_	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2,1,1		
đ	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "You " deposition in Part VI the rate played by the organization in this report			
	THE IS SHOURD BY SHOULD IN STUDY "Vec " Meenthe in MRIT MI the role bloudd by the experience in this second	14.00		

232025 12-09-22

1	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			Part VII See instruction
<u> </u>	All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructio
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term carrital pain	1		
2	Recoveries of prior- ear distributions	2		
3	Other cross income (see instructions	3		
4	Add lines 1 through 3.	4		
5	Detreciation and deteletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property hold 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		
Sect	ion 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;	100		
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Accuisition indebtedness are licable to non-exemit-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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year from Section A, line 8, column A	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year from Section B, line 8 column A	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

ESF II, INC. 38-4005773 Page 7 Schedule A Form 990 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | Continued Section D - Distributions **Current Year** Amounts paid to supported or anizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported or anizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide dense in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive forovide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required + contain for In Part VI). See instructions. 3 Excess distributions car over if any to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e Applied to underdistributions of prior years h Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f, Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A	Form 990 2022 ESF II, INC.	38-4005773	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition See instructions.	r 17b; Part III, line 12; I and 2; Part IV, Section V, Section B, line 1e; Pa	C,

SCHEDULE D

(Form 990)

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

ESF II

Employer identification number 38-4005773

Pa	organizations Maintaining Donor Advised F		unds or Accounts. Complete if the
_	Organization answered 103 011 0111 000, 1 arriv, into 0.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	no that the assets held in done	or advised funds
	are the organization's property, subject to the organization's excl	-	
б	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		•
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organi	zation answered "Yes" on Fon	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (for example, recreation	or education) Preserv	ation of a historically important land area
	Protection of natural habitat		ation of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in th	e form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь			
c	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
			2d
3	Number of conservation easements modified, transferred, release		
	year	, ,	, , , , , , , , , , , , , , , , , , , ,
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic		ling of
	violations, and enforcement of the conservation easements it hol	ds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing co	inservation easements during the year
8	Does each conservation easement reported on line 2(d) above sa	itisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial	statements that describes the
-	or anization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of Ar	t, Historical Treasures,	or Other Similar Assets,
_	Complete if the organization answered "Yes" on Form 990	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, n	ot to report in its revenue state	ement and balance sheet works
	of art, historical treasures, or other similar assets held for public e	exhibition, education, or resea	ch in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes the	ese items.
ь	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue stateme	nt and balance sheet works of
	art, historical treasures, or other similar assets held for public ext	hibition, education, or research	in furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasur		
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1		s
b	Assets included in Form 990 Part X		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2022

232051 09-01-22

Sch	edule D Form 990 2022 ESF II, rt III Organizations Maintaining Co	INC.	Historical Tre	assuras or Otha	ar Simila	38-40	0577	3 Pa	ne 2
3	Using the organization's acquisition, accession						contir	nued	_
•	collection items (check all that apply):	,, and other records,	Cricon arry or trie	onoming triat make i	sigi ilik din	435 01 163			
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other	nango program					
c	Preservation for future generations	· ·							
4	Provide a description of the organization's co	llections and explain l	how they further th	ne organization's exe	empt puzpo	se in Part	ΧIII		
5	During the year, did the organization solicit or	·		_		/OÇ 1111 Q. (, ,,,,,,,		
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part	ements. Complete							
12	Is the organization an agent, trustee, custodia		ny for contribution	s or other assets not	included				
14	on Form 990, Part X?						Yes		No
'n	If "Yes," explain the arrangement in Part XIII a						103	_	140
_	in it is a committee an angular in the control	and domplete the lolle	mily table.				Amount	t	
c	Beginning balance				10				_
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				1f				_
	Did the organization include an amount on Fo						Yes		No
	If "Yes " explain the arrangement in Part XIII.						05		NO
_	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears t	ack
1a	Beginning of year balance	1,700,000.	1,700,000.			700,000	(4)	,	
b	Contributions					,	1	700,0	00
0	Net investment earnings, gains, and losses	211,440,	368,366,	226,244.	-	30,866	1	,	
d	Grants or scholarships	211,440.	368,366,		_	30,866			_
	Other expenditures for facilities		, .			,			
	Administrative expenses								
,	End of year balance	1,700,000,	1,700,000.	1,700,000.	1 7	700,000.	1	700 (100
2	Provide the estimated percentage of the curre				-,-	,		,	-
	Board designated or quasi-endowment		%	n new as.					
b	Permanent endowment 100	%	70						
		/ ₆							
C	The percentages on lines 2a, 2b, and 2c shou								
20	Are there endowment funds not in the posses		an that are held o	ad administered for t	ho				
əα	organization by:	ision of the organizati	on that are nelu ar	id administered for t	116		- 27	Yes	NIA.
	T							103	X
	(i) Unrelated organizations						3a(i)	-	X
la.	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizat	loss flated as verylyse	d an Cohadula DO				3a(ii)	-	_
	Describe in Part XIII the intended uses of the			1			3b	_	_
Par	rt VI Land, Buildings, and Equipme		ment junos.						_
1 (2)	Complete if the organization answered		Dart IV line 11a S	an Form 990 Part Y	line 10				
_	Description of property	_	_				(A) D (
	Description of property	(a) Cost or oth basis (investme	1 1		Accumulate epreciation		(d) Bool	(value	
_	t and		oney Dasis	(or self ()	preciation	-	_		
	Land		_						_
1a									
1a b	Buildings								
b	Leasehold improvements								
b c d	Leasehold improvements Equipment								
b c d	Leasehold improvements								0.

232052 09-01-22

on Form 000 Doct IV line 1:	
	1b. See Form 990, Part X, line 12.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	END-OF-YEAR MARKET VALUE
9,412,860.	END-OF-YEAR MARKET VALUE
2,676,960.	END-OF-YEAR MARKET VALUE
	END-OF-YEAR MARKET VALUE
25,222,065.	
n Form 990, Part IV, line 11	1c, See Form 990, Part X, line 13.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	1d. See Form 990, Part X, line 15.
n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15. (b) Book value
Description	
Description	(b) Book value

232053 09-01-22

or anization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a,		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
Investment expenses not included on Form 990, Part VIII, line 7b			
Other (Describe in Part XIII.)	4b		
: Add lines 4a and 4b			
Total revenue. Add lines 3 and 4c. This must equal Form 990, Part Line 12		5	
Reconciliation of Expenses per Audited Financial Sta	*	es per neturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line			
Total expenses and losses per audited financial statements	,		
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
Donated services and use of facilities			
Prior year adjustments			
Other losses			
1 Other (Describe in Part XIII.) 2 Add lines 2a through 2d		20	
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII.)			
Add lines 4a and 4b		4c	
Total expenses. Add lines 3 and 4c. This must equal Form 990. Fart Uline 18			
art XIII Supplemental Information.	M		
s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4:	y additional information.		
E ORGANIZATION'S ENDOWMENT CONSISTS OF F	UNDS ESTABLISH	ED TO SUPPORT	THE
GANIZATION'S PURPOSE TO PROVIDE SCHOLARS	HIPS AND OTHER	EDUCATIONAL.	
	IMID OTHER		
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PORTORITIES TO CADDIES.			
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PORTORITIES TO CADDIES.			
PORTUNITIES TO CADDIES.			
RT X, LINE 2:	L MAYER IBIDED O	TIGHT ON FOLLO	(2)
RT X, LINE 2:	TAXES UNDER S	ECTION 501(C)	(3)
RT X, LINE 2: F II, INC. IS EXEMPT FROM FEDERAL INCOME THE INTERNAL REVENUE CODE (IRC) AND IS	ALSO EXEMPT FR	OM STATE INCO	ME
RT X, LINE 2: F II, INC. IS EXEMPT FROM FEDERAL INCOME	ALSO EXEMPT FR	OM STATE INCO	ME

Part	XIII :	orm 990 Supplen	nental	Info	ESF I	ontii	nued									0 ,	1005773	Pa
								ΑT	IT	IS	NOT	NEC	ESSARY	TO	RECORD	A	LIABLIT	īΨ
OR	UNC	ERTAL	N TA	X P	OSITION	15	AS	OF	Di	CEI	IBEK	3 L ,	2022.			_		_
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SCHEDULE J (Form 990)

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.

Attach to Form 990.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

ESF II, INC.

Part I Questions Regarding Compensation

Employer identification number
38-4005773

-		_		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	No
	Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence		110	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		1115	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
þ	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	1b		
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?	2	_	
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	100		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	UIG		
	Independent compensation consultant Compensation survey or study	1511		
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		166	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		XII	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		X
ь	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	12.0	351	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a		X
Ь	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	750	100	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6/c)?	9		
LLIA	Part Danson Danson And Marking and Alla Instruction of the Part 2000	1.0	200	0000

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

Pa e 2

ESF II, INC.

Schedule J Form 990; 2022

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. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use durlicate copies if additional space is needed.

38-4005773

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.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MiSC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN M. KACZKOWSKI	2	0.	0.	0.	0	0.		0.
PRESIDENT & CEO	(ii)	620,817.	302,040.	0.	40,500.	23,610.	986,967.	0.
(2) STEVE BRUEGGEMAN	ε	0.	0.	0.	0	0.		0
CHIEF FINANCIAL OFFICER	(1)	264,864.	56,307.	.0	40,500.	16,363.	378 034.	0.
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Schedule J Form 990: 2022 ESF II, INC.	38-4005773 Pale 3	8
Fart 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.	this part for any additional information.	1
		1
PART I, LINE 3:		I = I
THE ORGANIZATION RELIED ON A RELATED ORGANIZATION TO DETERMINE COMPENSATION		
FOR ITS CEO/PRESIDENT. THE RELATED ORGANIZATION USED THE FOLLOWING		1
PRACTICES TO ESTABLISH THE COMPENSATION FOR THE CEO/PRESIDENT:		1
COMPENSATION COMMITTEE		1
INDEPENDENT COMPENSATION CONSULTANT		1
WRITTEN EMPLOYMENT CONTRACT		- 1
COMPENSATION SURVEY OR STUDY		- 1
APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE		
		1
		1
		1
		- 1
		1
		-1
		1
	Schedule J (Form 990) 2022	18

SCHEDULE O (Form 990) 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 the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Oppartment of the Treasury Internal Revenue Service Name of the organization

ESF II, INC.

Employer identification number 38-4005773

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVANS SCHOLARS FOUNDATION TRUST.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANZIATION CHANGED ITS NAME TO ESF II, INC. AMENDED ARTICLES OF INCORPORATION ARE ATTACHED TO THIS RETURN.

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

A COPY OF THE FORM 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY BY THE CHIEF FINANCIAL OFFICER, THE AUDIT COMMITTEE, THE WESTERN GOLF ASSOCIATION TREASURER, THE TRUSTEES, AND THE WESTERN GOLF ASSOCIATION BOARD OF GOVERNORS PRIOR TO FILING.

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

COMPLIANCE IS DONE BY KEY MANAGEMENT STAFF SIGNING A CONFLICT OF INTEREST STATEMENT ANNUALLY. IN SITUATIONS WHERE A PERSON CAN BE BOTH A GOVERNOR OF WGA AND A TRUSTEE OF ESFT OR ESFC, ONLY ONE FORM IS SIGNED.

A CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES. ANY CONFLICTS ARE SELF-REPORTED BY THE MEMBER TO THE PRESIDENT JOHN KACZKOWSKI. ANY MEMBERS WHO DETERMINE THEY HAVE A CONFLICT MUST ABSTAIN FROM VOTING ON THE ISSUE IN QUESTION. ALL CONFLICTS ARE DISCLOSED AND REVIEWED ANNUALLY AT THE DECEMBER AUDIT COMMITTEE MEETING.

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

REVIEW OF COMPENSATION IS DONE BY AN INDEPENDENT HUMAN RESOURCE COMMITTEE

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule 0 Form 990 2022	Pa e
Name of the organization ESF II, INC.	Employer identification number 38-4005773
DERIVED FROM THE WGA BOARD OF GOVERNORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER FROM EVANS SCHOLARS FOUNDATION TRUST (36-2518129)	3,796,269.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSIGHT OF THE	AUDIT OF ITS
CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF AN INDE	PENDENT
ACCOUNTANT.	

DocuSign Envelope ID: B32AA2E6-A8C6-4568-A7DE-1C1026A8A834

SCHEDULER

(Form 990)

OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

(g) Section 512(b)(13) Š Employer identification number Open to Public × 2022 Inspection Direct controlling Yes × 38-4005773 entity 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. Direct controlling ESTERN GOLF entity SSOCIATION End-of-year assets W/W **e** Public charity status (if section 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. INE Total income Exempt Code 0 section Go to www.irs.gov/Form990 for instructions and the latest information. 01(C)(4) 01(0)(3) 8 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Attach to Form 990. ILLINOIS LLINOIS OR THE BENEFIT OF CADDIES DUCATIONAL OPPORTUNITIES O PROMOTE AND SUPERVISE INTTERS PERTAINING TO OR CHOLARSHIPS AND OTHER Primary activity Primary activity OR CADDIES INC. - 36-2518129 Name, address, and EffN (if applicable) -36 - 6002857ESF II, Name, address, and EiN of related organization of disregarded entity EVANS SCHOLARS FOUNDATION WESTERN GOLF ASSOCIATION 60026-8022 GLENVIEW IL 60026-8022 2501 PATRIOT BOULEVARD 2501 PATRIOT BOULEVARD Name of the organization Department of the Treasury Infornal Revenue Service II GLENVIEW, Part Part II

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Schedule B Form 990, 2022 ESF II, INC.

38-4005773

Pa e 2 General or Percentage managing ownership arren? Schedule R (Form 990) 2022 Yes No Section Section 512(b)(13) controlled enti ? 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. Ξ Percentage ownership 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. Ê Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 Disproportionate Yes No aftocations? Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) 9 Share of total income Direct controlling entity Predominant income (related, unclated, excluded from tax under sections 512-514) g <u>@</u> Legal domicite (state or foreign country) 33 0 (d)
Direct controlling
entity Primary activity (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 09-14-22 Part III Part IV

Schedule R Form 990; 2022 ESF II, INC.

Ра е З

38-4005773

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

Schedule R (Form 990) 2022		34	232163 09-14-22
			(6)
			(5)
			(4)
			(3)
			(2)
OF TRANSACTIONS	3,796,269. CASH VALUE	ß	(1) EVANS SCHOLARS FOUNDATION (36-2518129)
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of related organization
saction thresholds.	line including covered relationships and tran	vho must com lete this	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
ts X			s Other transfer of cash or property from related or anization/s
T X X			p Reimbursement paid to related organization(s) for expenses
10 X			 Sharing of paid employees with related organization(s)
The X		ion(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
		inization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
1k X		anization(s)	 k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)
			יייייייייייייייייייייייייייייייייייייי
× >			i Exchange of assets with related organization(s)
X pt			g Sale of assets to related organization(s)
₩			f Dividends from related organization(s)
			e Loans or loan guarantees by related organization(s)
			d Loans or foan guarantees to or for related organization(s)
			c Gift, grant, or capital contribution from related organization(s)
4 × ×			
	ited organizations listed in Parts II-IV?	is with one or more reli	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?
Yes No			Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

38-4005773

Page 4

Schedule R Form 990 2022 ESF II, INC.

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)

of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax unc sections 512-514)	Are all graduates sec. 501(c)(3) Ser. Ves. No	Share of total income	Share of end-of-year assets	(n) Disproportionate allocations?	(h) (i) (k) Dispopor Code V-UB1 General or Percentage Monte amount in box 20 menaging ownership Yes No (Form 1985) Yes No	General or J General or J managing artner?	Percenta Ownersh
							_			
									E	
				_						

chedule R Form 990 2022 ESF II, INC. art VII Supplemental Information	38-4005773 Pa
Provide additional information for responses to questions on Schedule R. See instructions.	

232165 09-14-22