



GLENCOE PARK DISTRICT
FINANCE COMMITTEE OF THE WHOLE MEETING
Tuesday, January 31, 2017 - 6:30 p.m.
Takiff Center

Consistent with the requirements of the Illinois Compiled Statutes
5 ILCS 120/1 through 120/6 (Open Meetings Act), notices of this meeting were posted.
Location of the meeting is the Takiff Center, 999 Green Bay Rd, Glencoe, IL 60022

AGENDA

- I. Call to Order
- II. Roll Call
- III. Matters from the Public
- IV. Operational Budget Review
 - A. Budget Summaries
 - B. Corporate Fund - Administration, G & A Department, Parks/Maintenance, Watts, Beach/Boathouse
 - C. Recreation Fund – Administration/Takiff Center, Recreation Programs, Children’s Circle
 - D. “Minor” Funds – Special Recreation, Pension/Retirement, Bond and Interest, Liability Insurance, Workers’ Compensation, Audit
- V. Proposed Capital Projects
- VI. Discussion of Proposed Conferences/Training – FY2017/18
- VII. Discussion of Proposed Annual Salary Merit Pool – FY2017/18
- VIII. GYS and GJHP Stipend Requests
- IX. Other Business
- X. Adjourn

The Glencoe Park District is subject to the requirements of the Americans with Disabilities Act of 1990. Individuals with disabilities who plan to attend this meeting and who require certain accommodations in order to allow them to observe and/or participate in this meeting, or who have questions regarding the accessibility of the meeting or facilities, are asked to contact the Park District at 847-835-3030. Executive Director E-mail address: lsheppard@glencoe parkdistrict.com

IV. Operational Budget Review

V. Proposed Capital Projects

**VI. Discussion on Proposed
Conferences/Training – FY2017/18**

**VII. Discussion of Proposed Annual Salary
Merit Pool – FY2017/18**

**The FY2017/18 Budget First Draft was delivered to
Commissioners on Wednesday, January 18, 2017.**

Glencoe Park District

January 31, 2017

Finance Committee of Whole Meeting

VIII. GYS Stipend Request

Glencoe Park District
January 31, 2017
Finance Committee of Whole Meeting



Glencoe's teen center since 1971

Glencoe Youth Services
PO Box 316
Glencoe, IL 60022
www.glencoeyouthservices.org

Board of Directors

Presidents

Jennifer Adler
Debbie Jha

Members

Susan Brilliant
Walter Calhoun
Liz McClain
Gina Parisi
Judy Gordon
Alison Schatz
James Conte

GYS Executive Director

Edward Simon

Youth Board Presidents

Andrew Brilliant
Eden Hirschfeld

Youth Board Members

Mac Mandell
Phillip Shaw
Jessica Kamen
Will Thorton
Silvia Miller
Nathan Friedman
Jonah Miller
Annie Kaplan
Maddie Hahamy

Supporting

Organizations

New Trier Township
Village of Glencoe
Glencoe Park District
Carmel Presbyterian
St. Elizabeths
North Shore Methodist
North Shore Comm Bank
Am Shalom

January 25th, 2017

Dear Park Board Members,

Enclosed is the 2015-2016 annual report for Glencoe Youth Services. We are requesting \$10,000 in funding for Glencoe Youth Services and \$1,000 for the Special Needs Adult Pals program (SNAP, formally known as the Young Adult Program) from the Glencoe Park District for the 2017-2018 fiscal year.

In 2015-2016, GYS had 273 individual youth visit a total of 2,492 times. While we saw increase in the number of youth who engaged with our center, we had almost 1,000 visit increase from the last FY. These numbers are the direct result of our investment of the past few years in middle school programming, while refocusing the way we engage with high school youth. We are including a full day to day breakdown of our statistics for the Park Board to review.

We are also particularly proud of changes to our SNAP program this year, including making sure each week we provide a healthy meal to our SNAPPERS. This has also given the community a chance to give back to our program, by sponsoring one of our weekly dinners. We have also fostered a large pool of teen volunteers, who come to the program each week and have now become life-long advocates for all adults with disabilities.

In 2016-2017, we will continue to provide programs that will attract a variety of youth as well as meet the needs of the youth we serve.

We would like to thank the Park District for the significant and continuing support you have provided GYS and SNAP since our inception. The list of contributions the Park District has made to Glencoe Youth Services is long and varied from the provision of Holmes Shelter, the use of other park district properties, fundraising opportunities, and a significant annual financial contribution. We are sincerely grateful for all the support, financial and otherwise, the Park District has provided to GYS and SNAP/YAP over the years.

Thank you for your consideration of this request. Please feel free to contact me if you have any questions or require further information.

Sincerely,

Edward Simon
Executive Director
Glencoe Youth Services
847.835.3121

GYS is a 501 (c) (3) tax-exempt organization

The Winnetka/Glencoe Youth Organization will operate four separate programs, which run independently but are brought together for collaborative programming:

1. **Glencoe Center Programming:**

Hours (Mondays-Thursdays (3-6 PM) Fridays (3-9 PM) Saturdays (5-9 PM)

A middle school and high school drop-in center in the current GYS building. Just as GYS is operating currently, the center will be open 6 days a week (Monday-Saturday), for after-school middle school programming during the week, while serving high school students on the weekends, with each Saturday being an outside program. Outside of our regular hours, the Glencoe site will continue to host a variety of programs, from community service outings, to laser tag, to mentoring opportunities and homework help. GYS also has an independent youth board, charged with being leaders in the community while creating social and community service outings.

2. **The Special Needs Adult Pals (SNAP) program:**

Hours: Tues (6-9 PM)

Run out of the current GYS building on Tuesday nights, the SNAP program provides recreation, support, and advocacy for adults with disabilities. The Winnetka/Glencoe Youth Organization will continue to oversee this program just as GYS does currently. It is a goal of the strategic planning to work to find ways to expand this program's scope (particularly working with the New Trier High School transitions program).

What are the demographics of the clients served in the prior year?
(breakdown by community).

15-16 Roster Breakdown (GYS)

Hometown	# of Youth
Glencoe	191 (70%)
Winnetka	18 (7%)
Wilmette	26 (9%)
Kenilworth	2 (1%)
Northfield	3 (1%)
Other	33 (12%)
TOTAL	273

Grade	Male	Female	T
5 th /6 th	26	30	56
7 th	56	8	64
8 th	25	4	31
Freshman	10	11	21
Sophomore	11	8	19
Junior	24	6	30
Senior	23	16	39
Grad	11	2	13
TOTAL	198	64	273

#	TEEN Center Budget	2015-2016 (actuals)	2016-17	2017-18
5000	Income			
5100	Grants			
5110	New Trier Township	38000	35000	35000
5120	Village of Glencoe	9000	9000	9000
5130	Glencoe Park District	10000	10000	10000
5140	Navigant		0	0
5160	Other			
5200	Supporting Organizations			
	Religious			
5210	St. Elizabeth's	0	200	200
5220	Carmel Presbyterian	100	100	100
5230	Glencoe Union Church	0	100	100
5240	North Shore Methodi	625	625	625
	North congregation Israel	180	180	180
	Civic Organizations			
	Family Service of Glencoe	200	200	200
5250	Women's Library Club			
5260	Men's Library Club			
5300	Foundations & Trusts			
5310	Glencoe Educ Foundati			
5320	Rochman Foundation	0		
5330	Goldschmidt FF	0		
5340	Cole Foundation	0		
5350	Highland Pk Bank Found	1000	1000	1000
5360	Takiff Family Foundatn	0	0	0
5400	Corporate Contributions	0		
	Other	100	100	500
	Wintrust Bank	236	200	200
	Total			
5500	Outreach Campaigns			
	Board Donations	0	2000	2000
	Phoneathon		1500	1000
5510	Past Donor Mailing	6401	7000	8000
5520	Targeted Village Residents Appeal	4000	5000	6000
5530	Giving Tuesday	0	0	0
5540	Other	0	0	0
5600	Vending Income	1892	2000	2000
5700	Fundraising Events			
5710	July 4	615	700	500
5720	Movies on the Green	60	100	100
5730	Harvestfest	837	2000	2000
5740	TC Board Fundraiser	1852	2500	3000
5750	Participant Fundraiser	160	250	250
5770	Other	100	0	0
5800	Other Income	155	150	150
	Total Income	75519	79905	82105

6500 Expenses

6600	Operations			
6610	Telecommunications	1612	1700	1700
6620	Utilities	1593	1700	1700
6630	Web Expenses	218	150	150
6640	Mailing Expenses	1190	750	750
6700	Business Expenses	110	88	88
	Office Supplies	282	250	250
6710	Registration fees	25	25	25
6720	Accounting fees	833	834	834
6730	Marketing fees	784	1000	1000
6800	Insurance Expense			
6810	Worker's Comp	1059	1200	1200
6820	General Liability	1973	2000	2000
6830	D & O Insurance	515	415	415
6840	Off-Premises Ins			
6900	Facilities & Equipment	634	450	450
7000	Payroll			
7010	Employee payroll	48982	54000	56000
7020	Payroll Taxes	4446	6600	7600
7030	Payroll Service	659	560	560
7040	Benefits	4216	4600	4300
7050	Bookkeeper	2998	3000	3000
7060	Bonuses	500	500	500
7070	Hiring Expenses	66	100	100
7100	Program Expenses	2476	3000	3000
	Total Expenses	75178	82922	85622
	Into Reserves		3017	3517
	NET			

GLENCOE YOUTH SERVICES
FINANCIAL STATEMENTS
JUNE 30, 2016 and 2015
INDEPENDENT AUDITORS' REPORT

STEPHEN G. MITCHELL
CERTIFIED PUBLIC ACCOUNTANT
560 GREEN BAY ROAD
WINNETKA, ILLINOIS 60093
(847) 441-6140

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Glencoe Youth Services

INDEPENDENT ACCOUNTANT'S REPORT

To the Board of Directors
Youth Connection

We have reviewed the accompanying balance sheet of the Glencoe Youth Services as of June 30, 2016 and 2015, and the related statements of Support and revenue, functional expenses and changes in fund balances for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the Youth Connection.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly we do not express such an opinion.

Based on our review we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

August 26, 2016

Stephen G. Mitchell CPA

GLENCOE YOUTH SERVICES

STATEMENT OF ASSETS AND FUNDS BALANCES JUNE 30, 2016 AND 2015

<u>ASSETS</u>	<u>6-30-16</u>	<u>6-30-15</u>
Cash in bank and on hand	109,273	100,711
Prepaid insurance	250	250
Property and Equipment	<u>-0-</u>	<u>-0-</u>
TOTAL ASSETS	109,523	100,961
	=====	=====
<u>LIABILITIES AND FUND BALANCE</u>		
LIABILITIES		
Accrued payroll taxes	1,391	2,460
PRIOR YEAR RESERVE ADJUSTMENT	9,134	-0-
FUND BALANCE	<u>98,998</u>	<u>98,501</u>
TOTAL LIABILITIES AND FUND BALANCE	109,523	100,961
	=====	=====

The accompanying notes are an integral part of the Financial Statements.

GLENCGE YOUTH SERVICES
STATEMENT OF SUPPORT AND REVENUE, FUNCTIONAL EXPENSES AND CHANGES
IN FUND BALANCE FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

SUPPORT AND REVENUE:	<u>6-30-16</u>	<u>6-30-15</u>
Support:		
New Trier Township		
Teen Center	38,000	38,000
Yap	10,000	10,000
Other support organizations		
Teen Center	19,000	20,865
Yap	2,000	1,300
Individual contributions	<u>12,276</u>	<u>15,053</u>
Total support	<u>91,276</u>	<u>85,218</u>
Revenue:		
Fundraising events	3,536	4,418
Interest income	20	51
Miscellaneous including Yap	<u>4,469</u>	<u>543</u>
Total revenue	<u>8,125</u>	<u>5,012</u>
Total support and revenue	<u>89,401</u>	<u>90,230</u>
FUNCTIONAL EXPENSES:		
Salaries	60,876	62,736
Payroll taxes	5,238	6,087
Employee benefits	4,217	2,100
Rent and utilities	5,049	4,763
Maintenance and repairs	35	53
Program costs Teen Center	2,476	2,925
Supplies	283	659
Insurance	4,397	4,600
Printing and postage	1,190	35
Fundraising expenses	965	248
Professional contract services	984	750
Youth adult program	1,347	1,380
Miscellaneous	<u>1,847</u>	<u>3,066</u>
Total functional expenses	<u>88,904</u>	<u>91,402</u>
EXCESS (DEFICIENCY) OF SUPPORT AND REVENUE OVER FUNCTIONAL EXPENSES	497	(1,172)
FUND BALANCE-Beginning of year as	<u>98,501</u>	<u>96,465</u>
ADJUSTED		
PRIOR YEAR RESERVE ADJUSTMENT	9,134	-0-
FUND BALANCE-End of Year	<u>108,132</u>	<u>98,501</u>

The accompanying notes are an integral part of the Financial Statements

GLENCOE YOUTH SERVICES

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016

1. PURPOSE AND ORGANIZATION

Glencoe Youth Services ("The Organization") is a private, not-for-profit community youth organization providing recreational, educational and informal counseling services to youth between the ages of fourteen and nineteen who are enrolled in high school and living in New Trier Township.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are prepared on the accrual basis of accounting.

Equipment purchases in excess of \$250 are capitalized. Depreciation and amortization is provided using the straight line method over the estimated useful lives of the assets. Leasehold improvements over \$250 are capitalized and amortized over the remaining lease term.

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

Donated materials, equipment, and services when received, are reflected as contributions in the accompanying statement at their estimated fair market values at the date of receipt.

The preparation of financial statements in conformity with generally accepted accounting principles necessarily requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements as well as revenues and expenses during the reporting period. Actual amounts when ultimately realized could differ from those estimates.

Although a substantial number of volunteers have donated significant amounts of their time in the Organization's program services and in its fund raising campaigns, no amounts have been reflected in the financial statements for donated services as no objective basis is available to measure the value of such services.

3. FEDERAL INCOME TAX STATUS

Income taxes are not provided for in the financial statements since the Organization is exempt from federal and state income taxes under section 501(c)(3) of the Internal Revenue Code and similar state provisions. The organization is not classified as a private foundation.

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning Jul 1, 2015, and ending Jun 30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 First reclassification
 Amended return
 Application pending

C Name of organization: GLENCOE YOUTH SERVICES
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
P.O. BOX 316
 City or town, state or province, country, and ZIP or foreign postal code:
GLENCOE IL 60022

D Employer identification number:
36-3448096

E Telephone number:
(847) 835-3121

F Name and address of principal officer:
ELIZABETH PITEZZA P.O. BOX 316 GLENCOE IL 60022

G Gross receipts: \$ 89,401.

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
If "No," attach a list. (See instructions.)

I Tax-exempt status: 501(c)(3) 501(c) () * (insert no.) 4947(a)(1) or 527

J Website: N/A

K Form of organization: Corporation Trust Association Other *

L Year of formation: 1950 **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT ATTACHED

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	5
4	5
5	
6	10
7a	0.
7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	85,218.	81,276.
9 Program service revenue (Part VIII, line 2g)	4,418.	3,635.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51.	20.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	543.	4,469.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,230.	89,401.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,925.	2,476.
14 Benefits paid to or for members (Part IX, column (A), line 4)		60,876.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,923.	9,455.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) *	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,554.	17,322.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,402.	90,129.
19 Revenue less expenses. Subtract line 18 from line 12	-1,172.	-728.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	100,961.	109,523.
21 Total liabilities (Part X, line 26)	2,460.	1,391.
22 Net assets or fund balances. Subtract line 21 from line 20	98,501.	108,132.

Part II Signature Block

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

Signature of officer: DEBBIE SELLER Title: _____

Preparer's name: STEPHEN G. MITCHELL CPA Preparer's signature: [Signature] Date: 08/25/16 Check if self-employed PTIN: P01495392

Preparer's name: STEPHEN G. MITCHELL, CPA Preparer's EIN: _____
 Preparer's address: 560 GREEN BAY RD. WINNETKA IL 60093 Phone no.: _____

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE STATEMENT ATTACHED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,476, including grants of \$ 0.) (Revenue \$ 1,469.)

PROGRAM COSTS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,476.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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.		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.		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 Revenue Procedure 95-19? If 'Yes,' complete Schedule C, Part III.		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.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		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.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		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.		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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	
b 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.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		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.		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 8 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		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.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 6% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	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		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8866-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4968?		X
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form T20 to report these payments? If 'No,' provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13														X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?														
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done														
13 Did the organization have a written whistleblower policy?														X
14 Did the organization have a written document retention and destruction policy?														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?														
a The organization's CEO, Executive Director, or top management official														X
b Other officers or key employees of the organization														X
If 'Yes' to line 15a or 15b, describe the process in 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?														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?														

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ <u>Illinois</u>
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ SARAH AMITAVI P.O. BOX 316 GLENCOE IL 60093 (847) 835-3121

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (if any) for related organizations below dotted line	(C) Position (do not check more than one box, unless person is both an officer and a shareholder/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) SEE STATEMENT ATTACHED	0.00	X				0.	0.	0.	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									
(8) -----									
(9) -----									
(10) -----									
(11) -----									
(12) -----									
(13) -----									
(14) -----									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hourly per week (or any hours for related organization - food bank, etc.) (do not include this)	(C) Function (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization (and) related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total						0.	0.	0.	
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						0.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	81,276.			
	g Noncash contributions included in lines 1a-1f: 5					
h Total. Add lines 1a-1f		81,276.				
Program Service Revenue	Business Code					
	2 a misc	512000	3,636.	3,636.	0.	0.
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		3,636.				
Other Revenues	3 Investment income (including dividends, interest and other similar amounts)		20.	20.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	6 Royalties					
	6 a Gross rents		(i) Real	(ii) Personal		
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18		a			
	b Less: direct expenses		b			
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b MISCELLANEOUS		512	4,469.	4,469.	0.	0.
c						
d All other revenue						
e Total. Add lines 11a-11d			4,469.			
12 Total revenue. See instructions			89,401.	8,125.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule G contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,476.	2,476.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.	60,876.	60,876.		
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	4,217.	4,217.	0.	0.
10 Payroll taxes.	5,238.	5,238.	0.	0.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	984.	984.	0.	0.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule G.)				
12 Advertising and promotion.				
13 Office expenses.	1,508.	1,508.	0.	0.
14 Information technology.				
15 Royalties.				
16 Occupancy.	5,049.	5,049.	0.	0.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule G.)				
a MISCELLANEOUS	1,847.	1,847.	0.	0.
b INSURANCE	4,397.	4,397.	0.	0.
c FUNDRAISING	965.	965.	0.	0.
d YOUTH ADULT PROGRAM	1,347.	1,347.	0.	0.
e All other expenses.	1,225.	1,225.	0.	0.
25 Total functional expenses. Add lines 1 through 24e.	90,129.	90,129.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash — non-interest-bearing	100,711.	1	109,273.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	250.	9	250.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	10c
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	100,961.	16	109,523.
Liabilities	17	Accounts payable and accrued expenses	2,460.	17	1,391.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,460.	26	1,391.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	98,501.	27	98,998.
	28	Temporarily restricted net assets		28	9,134.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	98,501.	33	108,132.
	34	Total liabilities and net assets/fund balances	100,961.	34	109,523.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,129.
3	Revenue less expenses. Subtract line 2 from line 1	3	-728.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,501.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97,773.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2015

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning Jul 1, 2015, and ending Jun 30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WINNETKA YOUTH ORGANIZATION
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. BOX 302
 City or town, state or province, country, and ZIP or foreign postal code
WINNETKA IL 60093

D Employer identification number
23-7058578

E Telephone number
(847) 446-0443

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 109,738.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	99,278.
	2 Program service revenue including government fees and contracts	2	1,594.
	3 Membership dues and assessments	3	
	4 Investment income	4	13.
	5 a Gross amount from sale of assets other than inventory	5 a	
	b Less: cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	8,853.
c Less: direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	8,853.	
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	109,738.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	68,496.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	17,598.
	15 Printing, publications, postage, and shipping	15	875.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16, Other Expenses	16	22,918.
	17 Total expenses. Add lines 10 through 16 ▶	17	109,887.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-149.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	38,582.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	38,433.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,582.	38,433.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	38,582.	38,433.
26 Total liabilities (describe in Schedule O) See L-26 Stmt.	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,582.	38,433.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 OPERATING HIGH SCHOOL AGE COMMUNITY YOUTH CENTER		
(Grants \$ 75,395.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	21,360.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	21,360.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARY WALDON PRESIDENT	3.00	0.	0.	0.
STEPHEN NEUBERGER TREASURER	3.00	0.	0.	0.
WESLEY BAUMANN DIRECTOR	3.00	0.	0.	0.
SHELLA DOLKART DIRECTOR	3.00	0.	0.	0.
CARLA EDWARDS DIRECTOR	3.00	0.	0.	0.
AL ROSS DIRECTOR	3.00	0.	0.	0.
JOHN THOMAS DIRECTOR	3.00	0.	0.	0.
JESSICA JUCKER DIRECTOR	3.00	0.	0.	0.
KRISTEN LEAHY EXECUTIVE DIRECTOR	40.00	38,500.	4,200.	0.
ALEXANDRIA RECKER PROGRAM DIRECTOR	40.00	4,821.	300.	0.
ALLISON SARWARK	20.00	13,943.	0.	0.

Part V Other information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
35c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
36		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0
b Did the organization file Form 1120-POL for this year?	37 b	X
37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	
b Gross receipts, included on line 9, for public use of club facilities	39 b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
40e		
41 List the states with which a copy of this return is filed		

42a The organization's books are in care of KRISTEN LEAHY Telephone no. (847) 446-0443
 Located at 620 LINCOLN AVE. WINNETKA, IL ZIP+4 60093

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42 b	X
42b		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country:	42 c	X
42c		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 d

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name MURRAY P. KRUGMAN	Preparer's signature _____	Date 09/11/16	Check <input type="checkbox"/> if self-employed	PTIN P00532869
Firm's name M. P. KRUGMAN & CO.	Firm's address TWO NORTHFIELD PLAZA, SUITE 101 NORTHFIELD IL 60093		Firm's EIN 36-4218249	Phone no. (847) 446-2730

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

WINNETKA YOUTH ORGANIZATION

23-7058578

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 0
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))		(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2 Tax revenues levied for the organization'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 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business 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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	3
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	3

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	3
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	3

19 a 33-1/3% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	X	
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)		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		X
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 11a or 11b in Part I, answer (b) and (c) below		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)		X
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		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		X
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		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below		X
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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete line 2 below.
- b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c)	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

BAA

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7: S			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

BAA

Part VI

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

WINNETKA YOUTH ORGANIZATION

23-7058578

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes; but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

WINNETKA YOUTH ORGANIZATION

23-7058578

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW TRIER TOWNSHIP 739 ELM ST. WINNETKA IL 60093	\$ 51,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WINNETKA PARK DISTRICT 540 HIBBARD RD. WINNETKA IL 60093	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COLEMAN FAMILY 1229 SCOTT AVE. WINNETKA IL 60093	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number
23-7058578

WINNETKA YOUTH ORGANIZATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
PAYROLL TAXES	5,613.
INSURANCE	7,074.
MISCELLANEOUS PERSONNEL EXPENSES	431.
TRAVEL	320.
COMMUNITY OUTREACH	1,722.
MEMBERSHIP FEES	965.
FUNDRAISING	2,348.
PROGRAM EXPENSES	3,857.
SUPPLIES	167.
PAYROLL SERVICE FEES	565.
PROFESSIONAL FEES	450.
PAYROLL TAX ADJUSTMENT	-594.
Total	22,918.

Form 990-EZ, Part III, Statement of Program Service Accomplishments
Organization's Primary Exempt Purpose

WINNETKA YOUTH ORGANIZATION OPERATES AS A HIGH SCHOOL AGE DROP IN CENTER. IT IS RECREATIONAL BASED WITH INFORMAL COUNSELING. IT FUNCTIONS WITH A NON THREATENING ENVIRONMENT AND THROUGH

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCRUED EXPENSES	0.	
Total	0.	

VIII. GJHP Stipend Request

Glencoe Park District
January 31, 2017
Finance Committee of Whole Meeting

Glencoe Park District Funding Request

Glencoe Junior High Project

January 11, 2017

Contact: Audra Donnelly, Executive Director

Address: 620 Greenwood Ave., Glencoe, IL 60022

Email: audra@gjhp.org

Phone: (847)835-7623

AMOUNT REQUESTED: \$12,000

Glencoe Junior High Project provides opportunities for Glencoe middle school students to engage with the community for the purpose of fostering socially aware, civic-minded and community-oriented individuals. Operating for over 45 years, the Glencoe Junior High Project was developed by parents and business leaders in the community to address concerns over local vandalism. The purpose of the organization was to provide worthwhile recreational activities for students. It did this through the formation of an umbrella organization that coordinated four separate, yet jointly governed programs, one of which was GJHP's predecessor, the "Junior High Club". Today, GJHP is made up of 4 parts; 1) The Oasis 2) Social Activities & Events 3) Civic Engagement 4) The Performing Arts Program.

GJHP has adapted over the years to meet the changing needs of students. Five years ago, the organization adopted a direction-changing vision and strategic plan. This strategic plan fine-tuned GJHP's structure to better highlight and support the four programming areas. The plan's main strategic directives are as follows: (1) Expand the Civic Engagement Program to incorporate an education component for the participants as well as new ways in measuring and evaluating success/feedback from students and their parents. (2) Build increased capacity of fundraising by expanding the 'appeal' to include new marketing opportunities to help increase donor commitment. (3) Engage with new partners (other local non-profits and professionals) increasing the level of expertise offered to meet student's social and emotional developmental needs; subsequently creating a wider range of after school programming. (4) Implement annual reviews, completed by a Student Board, of programs, participant's experience and assessments to keep pace with continually changing needs of the organization.

How funds were used this past year:

The funds from this past year were used towards employing two full-time Youth Directors. With the growth of the program, it is necessary to employ two full time Youth Directors to ensure the success and safety of the program. Having two full-time directors allowed us to continue to provide more programs, new social activities and events, and offer more civic engagement opportunities.

How funds will be used if approved:

We respectfully continue to request funding to keep the organization up to date on the needs and desires of the students and community as a whole. The programs provided by GJHP impact students at a particularly critical time in their lives. The GJHP has the ability to provide opportunities that, in the absence of the GJHP, would not exist in our community in any similar capacity.

GJHP will continue to implement new programs, add additional service organizations, increase the number of volunteer hours, and increase the number of collaborations with local partners in our community. We take pride in the number of collaborative programs we run with local organizations, as we know a community working together can accomplish far more than a single organization. Our newest collaboration with Family Service of Glencoe, "A Legacy Project: Connecting Generations Through Story", is a program that will pair middle school students with a senior citizen from the Glencoe community to interview each other with the goal of learning about different generations, creating friendships and helping the senior citizens leave a lasting mark on the world.

As in previous years, if approved, the funding will be used to sustain the salaries of our two full-time Youth Directors. With the growth of the program, we feel it is necessary to employ two full time Youth Directors to ensure the success and safety of the program.

Glencoe Junior High Project Daily Log

Monday

9:00am-10:30am Administrative responsibilities
10:30am-2:00pm Oasis – student drop in center
2:00pm-3:30pm Weekly meeting with GJHP Co-Presidents
4:00pm-5:00pm Book Buddies

Tuesday

10:00am-10:30am Administrative responsibilities
10:30am-2:00pm Oasis – student drop in center
2:00pm-3:30pm Administrative responsibilities
3:30pm-7:00pm Civic Engagement

Wednesday

9:00am-10:30am Administrative responsibilities
10:30am-2:00pm Oasis – student drop in center
2:00pm-3:30pm Administrative responsibilities or meetings with outside organizations
4:00pm-5:00pm Book Buddies

Thursday

10:00am-10:30am Administrative responsibilities
10:30am-2:00pm Oasis – student drop in center
2:00pm-3:30pm Administrative responsibilities
3:30pm-7:00pm Civic Engagement

Friday

10:00am-10:30am Administrative responsibilities/monthly full board meetings
10:30am-2:00pm Oasis – student drop in center
2:00pm-3:30pm Administrative responsibilities or meetings with outside organizations
3:30pm-8:00pm Civic Engagement or Social Activates

**Please note civic engagement outings change from week to week so start and end times vary depending on the location and organization.

Administrative responsibilities include:

- Answering all GJHP related emails/phone calls
- Creating monthly newsletters
- Creating and sending daily e-blasts about programming and events
- Updating GJHP social media accounts
- Creating marketing materials for all GJHP programming and events
- Meetings with outside organizations
- Daily organization and facilitation of GJHP
- Writing grants and other funding request forms
- Planning and preparing weekly activities and programs
- Arranging and scheduling Civic Engagement outings
- Meetings with school administration, including school social workers

Glencoe Junior High Project Programs

- Back to School BBQ
- Pokémon Go! Scavenger Hunt
- Harvest Fest
- Halloween Hoopla
- Bake Sale with GYS
- Open Oasis
- Ping Pong Tournaments
- Valentine's Day Cookie Decorating
- Girls nights – self-defense and yoga classes
- Teen Skate Night at Watts
- 6th Grade Dance
- Open Mic Night/Battle of the Bands
- 8th Grade Conversations
- Beach Bash

Glencoe Junior High Project Civic Engagement Organizations

- A Just Harvest Soup Kitchen
- Bernie's Book Bank
- Book Buddies at the Glencoe Public Library
- CJE Senior Life
- Cradles to Crayons
- Glencoe Community Garden
- New Trier Township Food Pantry
- Project Linus
- Uptown Café
- A Legacy Project: Connecting Generations Through Story

Cheryl Rohlf & Associates, Ltd.

Certified Public Accountants

GLENCOE JUNIOR HIGH PROJECT

FINANCIAL STATEMENTS

**FOR THE FISCAL YEAR ENDED
JUNE 30, 2016**

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Cheryl Rohlfs & Associates, Ltd.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

November 4, 2016

To the Board of Directors of
Glencoe Junior High Project

We have audited the accompanying financial statements of Glencoe Junior High Project (an Illinois nonprofit organization), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities, functional expenses and cash flows for the fiscal year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An

audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Glencoe Junior High Project as of June 30, 2016, and the changes in its net assets and its cash flows and for the fiscal year then ended in accordance with accounting principles generally accepted in the United States of America.

Cheryl Rohlfs & Associates, Ltd.

CHERYL ROHLFS & ASSOCIATES, LTD.
Northbrook, Illinois

**GLENCOE JUNIOR HIGH PROJECT
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2016**

ASSETS

Cash	\$ 84,827
Investments	138,358
Unconditional Promises to Give	19,333
Accounts Receivable	1,164
Prepaid Expenses	1,651
Property and Equipment:	
Equipment and Furniture	340
Less: Accumulated Depreciation	<u>(340)</u>
Total Property and Equipment	<u>-</u>
Total Assets	<u>\$ 245,333</u>

LIABILITIES

Accounts Payable	<u>\$ 2,757</u>
Total Liabilities	<u>2,757</u>
Net Assets	
Unrestricted	213,576
Temporarily Restricted	<u>29,000</u>
Total Net Assets	<u>242,576</u>
Total Liabilities and Net Assets	<u>\$ 245,333</u>

See accompanying notes and independent auditor's report.

**GLENCOE JUNIOR HIGH PROJECT
STATEMENT OF ACTIVITIES
FOR THE FISCAL YEAR ENDED JUNE 30, 2016**

UNRESTRICTED NET ASSETS

Unrestricted Revenues and Gains

Contributions	\$ 14,982
Government Grants	12,000
Play Participation Fees	24,957
Playbook Ads and Tributes	32,250
Play Ticket Sales	21,400
Theatre Workshops Revenues	15,229
Social Activities and Civic Program Revenues	19,347
Merchandise Sales	4,448
Investment Income	4,613
Miscellaneous	<u>3,006</u>
Total Unrestricted Revenues and Gains	152,232
Net Assets Released from Restrictions	<u>29,000</u>
Total Unrestricted Revenues, Gains, and Other Support	<u>\$ 181,232</u>

Expenses:

Program Services	\$ 152,040
Supporting Services:	
Management and General	22,875
Fundraising	<u>616</u>
Total Expenses	<u>\$ 175,531</u>

INCREASE IN UNRESTRICTED NET ASSETS \$ 5,701

TEMPORARILY RESTRICTED NET ASSETS

Restricted Government Grants	\$ 29,000
Net Assets Released from Restrictions	<u>(29,000)</u>

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS \$ -

CHANGE IN NET ASSETS \$ 5,701

NET ASSETS, BEGINNING OF YEAR \$ 236,875

INCREASE IN NET ASSETS 5,701

NET ASSETS, END OF YEAR \$ 242,576

See accompanying notes and independent auditor's report.

**GLENCOE JUNIOR HIGH PROJECT
 STATEMENTS OF FUNCTIONAL EXPENSES
 FOR THE FISCAL YEAR ENDED JUNE 30, 2016**

	Program	Management and General	Fundraising	2016 Total
Compensation and Related Expenses:				
Compensation	\$ 64,500	\$ -	\$ -	\$ 64,500
Employee Benefits	3,512	-	-	3,512
Payroll Taxes	3,442	-	-	3,442
	<u>\$ 71,454</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 71,454</u>
Play Expenses	19,333	-	-	19,333
Theatre Workshops Expenses	13,031	-	-	13,031
Social Activities and Civic Program Expenses	17,048	-	-	17,048
Professional Fees and Contract Services	25,806	1,165	-	26,971
Supplies	1,609	-	-	1,609
Special Projects Expenses	1,491	-	-	1,491
Postage and Printing	590	-	-	590
Advertising and Marketing	1,082	-	-	1,082
Insurance	-	10,026	-	10,026
Technology and Website	-	3,184	-	3,184
Facilities Fees	428	-	-	428
Fundraising Expenses	-	-	616	616
Bank and Credit Card Fees	-	2,024	-	2,024
Loss on Disposal of Equipment	-	5,527	-	5,527
Miscellaneous	166	949	-	1,115
Total Expenses Before Depreciation	<u>\$ 152,038</u>	<u>\$ 22,875</u>	<u>\$ 616</u>	<u>\$ 175,529</u>
Depreciation	2	-	-	2
TOTAL EXPENSES	<u><u>\$ 152,040</u></u>	<u><u>\$ 22,875</u></u>	<u><u>\$ 616</u></u>	<u><u>\$ 175,531</u></u>

See accompanying notes and independent auditor's report.

**GLENCOE JUNIOR HIGH PROJECT
STATEMENT OF CASH FLOWS
FOR THE FISCAL YEAR ENDED JUNE 30, 2016**

CASH FLOWS FROM OPERATING ACTIVITIES:

Increase in Net Assets	\$ 5,701
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:	
Loss on Disposal of Equipment	5,527
Unrealized Gain on Investments	(2,827)
Depreciation	2
(Increase) Decrease in Operating Assets:	
Unconditional Promises to Give	9,667
Accounts Receivable	(1,164)
Prepaid Expenses	6,304
Increase (Decrease) in Operating Liabilities:	
Accounts Payable	<u>856</u>

NET CASH PROVIDED BY OPERATING ACTIVITIES \$ 24,066

CASH FLOWS FROM INVESTING ACTIVITIES:

Increase in Investments \$ (2,449)

NET CASH USED BY INVESTING ACTIVITIES \$ (2,449)

CASH FLOWS FROM FINANCING ACTIVITIES:

-

NET INCREASE IN CASH AND CASH EQUIVALENTS \$ 21,617

CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR 63,210

CASH AND CASH EQUIVALENTS, END OF YEAR \$ 84,827

See accompanying notes and independent auditor's report.

**GLENCOE JUNIOR HIGH PROJECT
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2016**

1. DESCRIPTION OF THE ORGANIZATION

Nature of Activities

The Glencoe Junior High Project (GJHP) is a 501(c)(3) Illinois non-profit organization that provides opportunities for Glencoe, Illinois middle school students to engage with the community for the purpose of fostering socially aware, civic-minded and community-oriented individuals. GJHP offers various programs and activities, including the Oasis Youth Center which serves as a meeting place for students, grades 5th-8th, to drop in during their lunch-recess period. In addition, GJHP's Civic Engagement Program offers Glencoe middle school students the opportunity to engage with local community members and their organizations for the purposes of building social awareness and civic mindedness. Glencoe Junior High Project plans and sponsors a variety of social events for Glencoe middle school students and their families including dances, parties and events to promote community and civic engagement. Also, GJHP's Performing Arts Program supports several theatrical productions a year for the purposes of building community through the arts.

Glencoe Junior High Project is run by a volunteer board and two full-time Youth Directors. GJHP's programs and staff are funded solely by community donations, government grants and net revenues generated by the theatrical productions.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of Glencoe Junior High Project have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

Glencoe Junior High Project is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Cash and Cash Equivalents

Glencoe Junior High Project considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Investments

Investments in mutual funds with readily determinable fair values are stated at fair value.

Promises to Give

Unconditional promises to give are recognized as revenues in the period received and as assets, decreases of liabilities, or expenses depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Property and Equipment

It is GJHP's policy to capitalize property and equipment more than \$500. Lesser amounts are expensed. Purchased property and equipment are capitalized at cost. Donations for property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Property and equipment are depreciated using the straight-line method over the useful lives, with a five year life for equipment. Depreciation expense for the fiscal year ended June 30, 2016 was \$2.

Income Taxes

Glencoe Junior High Project is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to GJHP's tax exempt purpose is subject to taxation as unrelated business income. In addition, GJHP qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Expense Allocation

The costs of providing program and supporting services have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, costs have been allocated between the program services and the supporting services in a direct functional method, when applicable, and on the basis of proportional use of the service provided.

Donated Services

Donated services are recognized as contributions if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by Glencoe Junior High Project. Volunteers provided services throughout the fiscal year that are not recognized as contributions in the financial statements since the recognition criteria were not met.

3. FAIR VALUE MEASUREMENTS

Fair values of assets measured on a recurring basis as of June 30, 2016 are as follows:

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
Mutual Funds	\$ <u>138,358</u>	\$ <u>138,358</u>

4. CONCENTRATION OF CREDIT RISK

Glencoe Junior High Project maintains its cash at two financial institutions. Accounts at each institution are fully insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per institution. As of June 30, 2016, the Organization did not exceed the insured amounts.

5. EVALUATION OF SUBSEQUENT EVENTS

Glencoe Junior High Project has evaluated subsequent events through November 4, 2016, the date which the financial statements were available to be issued.

**Glencoe Junior High Project
2016-17 Budget**

Income

Donations

General Donations	14,500	
Park District Stipend	12,000	
Total General Donations	<hr/>	26,500

Grants

Village of Glencoe Grant	9,000	
New Trier Township Grant	20,000	
Total Grant Income	<hr/>	29,000

Play Income

Play Participation Fees	26,075	
Playbook	31,000	
Ticket Sales	21,000	
Concession Sales	4,500	
Gifts & Souvenir Sales	4,800	
Total Play Income	<hr/>	87,375

Theatre Workshops

Total Theatre Workshop Income		5,000
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Social Service Income

Total Social Service Income		3,000
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Social Activities

Total Social Activities Income		18,860
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Other Income

Total Other Income		2,500
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Total Income	<hr/>	<hr/>
	\$	172,235

Gross Profit		172,235
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