$\mathsf{Form}\, 990$

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.

OMB No. 1545-0047

		the Treasury ue Service	► Do not enter social security numbers on this form a Go to www.irs.gov/Form990 for instructions and	-	•	Open to Public Inspection
A F	or the	2018 calend		ending	inormation.	
	heck if oplicable		forganization		D Employer identifica	tion number
	Address change		AGE TREASURE HOUSE			
	Name change		usiness as		36-41	77047
	Initial return		,	Room/suite	E Telephone number	
	Final return/ termin-		PADDOCK DRIVE			32-1030
	ated Amendereturn	City or t	own, state or province, country, and ZIP or foreign postal code HBROOK, IL 60062		G Gross receipts \$ H(a) Is this a group retu	776,814.
	Applica tion		nd address of principal officer:BARB CABAY			Yes X No
	pending		AS C ABOVE		H(b) Are all subordinates inclu	
ı T	27-676		X = 501(c)(3) $501(c)(1)$ $(insert no.)$ $4947(a)(1) o$	or 527		t. (see instructions)
			AGETREASUREHOUSE.ORG	021	H(c) Group exemption r	
			X Corporation	I Year o	of formation: 1997 M S	
		Summary			7 101 madon, = 2 2 1 101 c	vaco or logar dofficilo, ——
			be the organization's mission or most significant activities: $\overline{ ext{THE}}$	ORGANI	ZATION'S MOS	<u>r</u>
ا <u>و</u>		SIGNIFI	CANT ACTIVITY IS TO RESELL FURNITU	JRE AN	D HOUSEHOLD (GOODS AND
na	_		x Implication is a second in the organization discontinued its operations or dispose			
<u>ĕ</u>					3	6
ၓၟ			lependent voting members of the governing body (Part VI, line 1b)			5
စ္တ			of individuals employed in calendar year 2018 (Part V, line 2a)			8
jŧ			of volunteers (estimate if necessary)			110
Activities & Governance	7a ⊺	Γotal unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
⋖			business taxable income from Form 990-T, line 38			0.
\neg			,		Prior Year	Current Year
	8 (Contributions	and grants (Part VIII, line 1h)		119,830.	64,976.
ğ			ce revenue (Part VIII, line 2g)		0.	0.
Revenue		· ·	come (Part VIII, column (A), lines 3, 4, and 7d)		14.	50.
۳			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		326,687.	359,539.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		446,531.	424,565.
			milar amounts paid (Part IX, column (A), lines 1-3)		216,000.	210,000.
			to or for members (Part IX, column (A), line 4)		0.	0.
ဖွ	15 8	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		77,139.	72,965.
JSU	16 a F	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ing expenses (Part IX, column (D), line 25)	50.		
ш	17 (Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		143,748.	139,852.
	18 T	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		436,887.	422,817.
	19 F	Revenue less	expenses. Subtract line 18 from line 12		9,644.	1,748.
Fund Balances				Ве	ginning of Current Year	End of Year
agai	20 T	Total assets (F	Part X, line 16)		55,009.	30,942.
			(Part X, line 26)		32,120.	6,305.
			fund balances. Subtract line 21 from line 20		22,889.	24,637.
	rt II	Signature				
			I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
rue,	correct	, and complete	. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cianatura	of officer		Doto	
Sigr		-	e of officer		Date	
Here	e		CABAY, PRESIDENT print name and title			
		ype of i	חוווג וומוווס מוזע נונוס			

Date PTIN Print/Type preparer's name Preparer's signature if self-employed PUU3/32: FIN ▶ 36-3963131 Paid MARCY STEINDLER Firm's name MANN. WEITZ & ASSOCIATES L.L.C. Preparer Firm's EIN ▶ Firm's address 111 DEER LAKE ROAD, SUITE 125 Use Only Phone no. (847) 267 - 3400DEERFIELD, IL 60015 X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions) 832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Page 2

Pai	Till 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: THE SOLE PURPOSE OF THE CORPORATION IS THE RAISING OF FUNDS TO SUPPORT
	CHARITABLE, 501 (C)(3) ORGANIZATIONS THROUGH THE OPERATION OF A
	CONSIGNMENT/DONATION RESALE SHOP. BY OPERATING THE SHOP, THE
	CORPORATION RAISES PUBLIC AWARENESS OF THE ORGANIZATIONS TO WHICH
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 169,984. including grants of \$) (Revenue \$
	THE ORGANIZATION SPECIALIZES IN THE RESALE OF FURNITURE AND HOUSEHOLD
	GOODS. THE ORGANIZATION IS ESTABLISHED BY MEMBERS OF THE WOMEN'S
	ASSOCIATION OF THE GLENVIEW COMMUNITY CHURCH. MERCHANDISE IS DONATED
	OR PLACED IN THE SHOP FOR CONSIGNMENT. THE PROFITS ARE USED TO SUPPORT
	VARIOUS CHARITABLE ORGANIZATIONS THAT SUPPORT WOMEN AND CHILDREN IN THE
	NORTH SHORE CHICAGO SUBURBS.
4b	(Code:) (Expenses \$ 210,000 • including grants of \$ 210,000 •) (Revenue \$)
40	(Code:) (Expenses \$ 210,000 including grants of \$ 210,000) (Revenue \$) GRANTS AND OTHER DISTRIBUTIONS - BY OPERATING THE CONSIGNMENT/DONATION
	RESALE SHOP, THE CORPORATION RAISES PUBLIC AWARENESS OF THE
	ORGANIZATIONS TO WHICH FUNDS ARE GRANTED AND HAS RAISED AWARENESS OF
	THE NEED FOR SUCH ORGANIZATIONS. SEE GRANT PROCEDURES IN SCHEDULE I
	FOR DETERMINATION OF GRANTEES.
4c	(Code:) (Expenses \$
4 :	Otherwise was a series (Describe in Orbestel O)
4d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 379,984.
4e	Total program service expenses ► 379,984. Form 990 (2018)
	101111330 (2010)

Form 990 (2018) VILLAGE TREA 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> ^</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	• • • • • • • • • • • • • • • • • • •			

832003 12-31-18

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	22		Х
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	23		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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		х
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	25b		х
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	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		├ <u>-</u>
<i></i>		38	х	
Pai	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
	<u> </u>	 -	000	(0010

832004 12-31-18

Form 990 (2018) VILLAGE TREASURE HOUSE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Ref the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 166 of the toe-standar year anding with or within the year accorated by this return 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 effect embracions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "and it the air form 990 For the Isyear? If Vivo 16 line 3b, provide an explanation in Schedule 0. 3c If Yes, "and the the rame of the foreign country." Business a bank account, excurtises account, or other financial account)? 4c If Yes, "and the the rame of the foreign country." Business account to the regularization and the sum of				Yes	No			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 800 Tior this year? If 170 Tio fire 80, provide an explanation in Schedule 0 3a At any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (yeu has a baint account, securities account, or other financial account(?) 4a At any time the harmon of the freely country. 5b If 174es, 1 fine the name of the freely country. 5c If 174es 1 file is fine any control organization in the fine threats in, or a significant or other strandard accounts (FBAR). 5c If 174es 1 file is 6a or 5b, did the organization that it was or is a party to a prohibited tax scheduler transaction? 5c If 174es 1 file is 6a or 5b, did the organization that it was or is a party to a prohibited tax scheduler transaction? 5c If 174es 1 file is 6a or 5b, did the organization that it was or is a party to a prohibited tax scheduler transaction solicit any contributions that were not tax deductibles of masses 150,000,000, and did the organization solicit any contributions that were not tax deductibles of enhancement that such contributions or gifts were not tax deductibles of enhancement that such contributions or gifts were not tax deductibles of enhancement that such contributions or gifts were not tax deductibles of enhancement that such contributions or gifts were not tax deductibles of enhancement that such contributions or gifts were not tax deductibles of enhancement that such contributions or gifts were not tax deductibles or enhancement that such contributions or gifts were not tax deductibles or enhancement that such contributions or gifts were not tax deductibles or enhancement that such contrib	2a							
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 8						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has if tilled a Form 9807 for this year? If 'No' to fire 8b, your power as explanation in Schedule O 4c 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, provide an explanation). 5c If 1'Yes' to the the name of the foreign country. 5c If 1'Yes' to the Sar 5b, did the foreign country (such as a bank account, provided an explanation). 5c If 1'Yes' to the Sar 5b, did the foreign country (such as a bank account, or other financial account)? 5c If 1'Yes' to the Sar 5b, did the foreign country. 5c If 1'Yes' to lies Sar 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 1'Yes' to lies Sar 5b, did the organization the Form 88817. 6c If 1'Yes' to lies Sar 5b, did the organization the reform 88817. 6c If 1'Yes' to lies Sar 5b, did the organization the reform 88817. 6c If 1'Yes' to lies Sar 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 1'Yes', 'indicate the number of forms 8882 filed during the year organization sell, exchange, or otherwise dispose of tax give personal property for which it was required to the Form 88817. 6c If Yes', 'indicate the number of forms 8882 filed during the year organization related a contribution of qualified intellectual property, did the organization related a c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A b If Yes, "enter the name of the foreign country; level has a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was 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? 5b 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). a bid the organization state any receive deductible contributions under section 170(c). b If "Yes," did the organization notify the doner of the value of the goods or services provided to the payor? 7a X b If "Yes," indicate the number of Forms 8282? Tied during the year C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7b If Wes, "Indicate the number of Forms 8282 filed during the year C Did the organization received a contribution of cars, boats, airplanes, or other vehicle, did the organization file of the payor of the value of the property, did the organization file of members of the payor of the value of the property, did the organization file of members of the payor of the organization received a contribution of cars, boats, airplanes, or other vehicle, did the organization file of the payor of the		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A any time during the calendary year, dot 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 accounts? b If "Yes," enter the name of the foreign country. Per security or the property of the organization in the organization that it was or is a party to a prohibited tax whater transaction? 5a Was the organization party to a prohibited tax shelter transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt or any contributions that were not tax deductible from 88687? 6b Did have 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? 6c Did by "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Uffect to the Foreign 88897. c Did the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Foreign 88892. d If "Yes," inclicate the number of Forms 8222 filed during the year Did the organization received a contribution of qualified intellectual property, oid the organization file a Form 1984 or the organization received a contribution of a contribution	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'reter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization shall are 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? 6d I 'Yes', tidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization shall many receive deductible contributions under section 170(c). 8 b If 'Yes', did the organization notity the donor of the value of the goods or services provided? 7 b If 'Yes', did the organization notity the donor of the value of the goods or services provided? 7 c Did the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 d If 'Yes', indicate the number of Forms 8282 filed during the year 9 bid the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8082 or sequines of the vehicles, did the organization file a Form 8082 or sequines of the organization file a Form 8082 as required? 1 if the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(K)7 organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club f			3b					
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		sponsoring organization have excess business holdings at any time during the year?	8					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	9	Sponsoring organizations maintaining donor advised funds.						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a	а		9a					
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," sa it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b		9b					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14b 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 13c 15c 15c 15c 15c 15c 15c 15c 15c 15c 15	10							
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100		122					
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.								
organization is licensed to issue qualified health plans	b							
c Enter the amount of reserves on hand 13c								
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 19 X 10 If "Yes," complete Form 4720, Schedule O.	14a		14a		X			
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b					
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X			
If "Yes," complete Form 4720, Schedule O.								
	16		16		X			
		If "Yes," complete Form 4720, Schedule O.	_	000	(00:5			

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			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1					
	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 1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6	Х				
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?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b	X				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	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	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		Х			
	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?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request 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, an	d finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	SUE RYAN - 847-729-2029						
	1460 PADDOCK DRIVE, NORTHBROOK, IL 60062						

832006 12-31-18

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

- 1a 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.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARCIA HALL	5.00	ļ "			4			0	0.	0
PAST PRESIDENT (2) SUE RYAN	10.00	Х		X				0.	0.	0
(2) SUE RIAN FREASURER	10.00	X		х				0.	0.	0
(3) BOBBI HEDRICK	4.00	125						0.	<u> </u>	
SECRETARY		X		х				0.	0.	0
(4) KIM BLAKE	2.00									
DIRECTOR		Х						0.	0.	0
(5) KATHRYN HALL	2.00									
DIRECTOR		X	4					16,843.	0.	0
(6) BARB CABAY PRESIDENT	5.00	х		х				0.	0.	O
		-								

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(A) (B) (C) (D)						(D)	(E)			(F)		
Name and title	Average	Position (do not check more than one				ገ e than	one	Reportable	Reportable			timate	
	hours per week			ss pe				compensation	compensation			ount c	of
	(list any	tor	tor					from the	from related organizations			other oensat	ion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	stee o	rustee			oen sat		(W-2/1099-MISC)				anizatio	
	organizations below	ual tru	onal t		ployee	t comp						l relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	nizatio	115
		=	=	0	포	工	-						
		Ш											
		1											
		\square											
		H											
		Ш											
		$\mid \cdot \mid$											
		П											
		$\vdash\vdash$											
		Ш											
				4									
		-											
								16,843.					_
1b Sub-total c Total from continuation sheets to Part	VII Section A					.)		0.		0.			0.
d Total (add lines 1b and 1c)								16,843.		0.			0.
Total number of individuals (including but								<u> </u>	,000 of reportab	le			
compensation from the organization									· .				0
3 Did the organization list any former office	ar director or tr	uetor	o ko	w on	mnlc	2000	or	highest compensated e	mnlovee on	ļ		Yes	No
line 1a? If "Yes," complete Schedule J for	,		,	•	•	,	•		. ,		3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	-		-					•			4		Х
5 Did any person listed on line 1a receive o	•				•	•		ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Schedui	e J f	or st	uch _I	pers	son					5		X
Complete this table for your five highest of	compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation fi	rom	
the organization. Report compensation for										· ——			
(A) Name and busines	ss address	NC	ONE	F.				(B) Description of s	ervices	С	(C omper		1
				_				<u> </u>			<u> </u>		
2 Total number of independent contractors	(including but	ot II	mita	d to	the	NSO 1:	etoo	t above) who received =	ore than				
2 Total number of independent contractors \$100,000 of compensation from the orga		iot III	ше	นเบ	110	0	sieC	above, who received in	IOIE IIIAII				
											Form 9	aan (a	O10)

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections 512 - 514
σ ω l			1.1			revenue	revenue	512 - 514
ant and		Federated campaigns						
اع ق		Membership dues						
Ţţ.		Fundraising events						
뺼		Related organizations						
ns,		Government grants (contributi	· —					
e ti	f	All other contributions, gifts, grant		64 076				
들된		similar amounts not included above	ve 1f	64,976.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines		57,068.	64 076			
<u>a</u>	h	Total. Add lines 1a-1f			64,976.			
				Business Code				
ice	2 a							
ne G	b							
n S	С							
Program Service Revenue	d							
rog L	е				4			
۱ -		All other program service reve						
\blacksquare		Total. Add lines 2a-2f						
	3	Investment income (including			F0			
		other similar amounts)			50.			50.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		······				
ne	8 a	Gross income from fundraising						
le l		including \$	of					
Re		contributions reported on line	•					
Other Reven		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	······ •				
	10 a	Gross sales of inventory, less		704 400				
		and allowances	a	704,498.				
	b	Less: cost of goods sold	b	354,449.	252 240	252 240		
ŀ	С	Net income or (loss) from sales			352,249.	352,249.		
-		Miscellaneous Revenu	e	Business Code	7,290.	7 200		
		OTHER INCOME		900099	1,490.	7,290.		
	b							
	C	All alla accord						
		All other revenue			7,290.			
		Total. Add lines 11a-11d			424,565.	359,539.	0.	50.
	12	Total revenue. See instructions		·····	444,000.	339,339.	ı .	

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 O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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	210,000.	210,000.		
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				
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	67,492.	67,492.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	F 450	F 152		
10	Payroll taxes	5,473.	5,473.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	7 (51		7 (51	
С	Accounting	7,651.		7,651.	
d	Lobbying				
е	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 Sch O.)	2 120		2 1 20	
12	Advertising and promotion	2,120. 38,080.	16 010	2,120.	
13	Office expenses		16,912.		250
14	Information technology	3,967.		3,717.	250
15	Royalties	60 167	60 167		
16	Occupancy	68,467. 59.	68,467. 59.		
17	Travel	39.	59.		
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	5,583.		5,583.	
23	Other expenses. Itemize expenses not covered	3,303.		3,303.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) FREIGHT	11,581.	11,581.		
d h	VOLUNTEER APPRECIATION	2,319.	11,501.	2,319.	
C	OTHER	25.		25.	
d		25.			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	422,817.	379,984.	42,583.	250
26	Joint costs. Complete this line only if the organization	-,	,	.,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-31-18		I	L	Form 990 (2018

Form 990 (2018) Part X Balance Sheet

Part .	^	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
	1	Cash - non-interest-bearing	45,790.	1	20,672
	2	Savings and temporary cash investments	5,319.	2	6,370
	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			
<u>ب</u>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1	l0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 18, 208.			
	b	Less: accumulated depreciation 10b 18,208.	0.	10c	0
1	1	Investments - publicly traded securities		11	
1	2	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	3,900.	15	3,900
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,009.	16	30,942
1	17	Accounts payable and accrued expenses	32,120.	17	6,305
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္က 2	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ap		Complete Part II of Schedule L		22	
¬ 2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	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	
2	26	Total liabilities. Add lines 17 through 25	32,120.	26	6,305
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	22,889.	27	24,637
<u>ਛ</u> ੱ2	28	Temporarily restricted net assets		28	
를 2	29	Permanently restricted net assets		29	
훈		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
g ∣s	80	Capital stock or trust principal, or current funds		30	
8 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
z 3	33	Total net assets or fund balances	22,889.	33	24,637
3	34	Total liabilities and net assets/fund balances	55,009.	34	30,942

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	42	4,5 2,8 1,7	65. 17. 48. 89.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
	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: Separate basis Consolidated basis Both consolidated and separate basis						
	b 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: X Separate basis Consolidated basis Both consolidated and separate basis						
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?		За		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b Form	990	(2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

VILLAGE TREASURE HOUSE

Employer identification number 36-4177047

Da	~ + 1	Doggon for Dublic	Charity Status	VII		· · · · · ·	!	0 11//01/	—	
	rt I		Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
Γhe	organ	ization is not a private found	dation because it is: (For lines 1 through 12, o	check only	one box.)				
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Ш	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 orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:	·							
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in	—	
Ŭ		section 170(b)(1)(A)(iv). (0		nego or armyoromy owner	a or opera	.ca by a g	overmiental and accord	70 4 II 1		
6			•	antal unit described in	aaatian 1	70/6\/4\/4\	(s.)			
6	H	A federal, state, or local go	-					and the first of a section of the		
7		An organization that norma	•	ntial part of its support i	rom a gov	ernmenta	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	닏	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or		
		university:								
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts fro	m	
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	ın 33 1/3% of its suppor	t from gross investme	ent	
		income and unrelated busin	-					-		
		See section 509(a)(2). (Co		,			, 5	,		
11		An organization organized	. ,	ively to test for public sa	fety See	section 50)9(a)(4)			
	X	An organization organized						nurnoses of one or		
12		-	·				· · · · · · · · · · · · · · · · · · ·			
		more publicly supported or						DIRECK THE DOX III		
		lines 12a through 12d that	* *			-	_			
а		☐ Type I. A supporting organic								
		the supported organization		1	a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b			anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving		
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С	X	Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,		
		its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	* * *	•				zation(s)		
		that is not functionally in					• • • •	* *		
		requirement (see instruct	•	•	•		•			
е		Check this box if the organization	·							
-		•					a type i, type ii, type iii			
	F1-	functionally integrated, o	* *	nany integrated support	ing organi.	Zation.		1	\neg	
		er the number of supported	-							
g		vide the following information i) Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instruction		
~ T ·				above (see instructions))	Yes	No	capport (coe mondono)	capport (coo mondono		
		IEW COMM	26 2225	4			010 000			
СН	URC	Н	36-2229575	1	X		210,000.			
									_	
									—	
Γota							210,000.		0.	
וטנס							1 0,000•	1	-	

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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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 instructi	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly	supported organiz	ation			
17a	7a 10% -facts-and-circumstances test - 2018 . 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						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on	`					
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly carried on				1		
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.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
		_			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	118 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Х
3a		Х
3b		
0-		
3c		
4a		Х
Tu		
4b		
4c		
5a		Х
5b		
5c		
6	Х	
7		X
		X
8		Λ
9a		X
9b		X
9c		Х
10a		Х
10h		
10b		2019

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		Х
	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
Sec	tion 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	
			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		x	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	A	
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	2	х	
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a		25	
3	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	x	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions			
' a	X The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction:	s)	
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	Х	
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	х	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	За		
h	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com-	nplete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	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		
Sect	ion 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	integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ns		
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			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_	Distributed a consumt for 2010 from Continue C. line C.			
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

PART IV SECTION A, LINE 6

THE VILLAGE TREASURE HOUSE PROVIDED GRANTS TO OTHERS, OTHER THAN ITS

SUPPORTED ORGANIZATION AND INDIVIDUALS THAT ARE PART OF THE CHARITABLE

CLASS BENEFITED BY ONE OR MORE OF ITS SUPPORTED ORGANIZATIONS. THE

ORGANIZATIONS RECEIVING GRANTS FROM VILLAGE TREASURE HOUSE (VTH) ARE

THE SAME TYPES OF ORGANIZATIONS AS THE CHURCH SUPPORTS. ADDITIONALLY,

THE PURPOSE OF THE GRANTS GIVEN BY VTH IS TO BENEFIT INDIVIDUALS. FOR

EXAMPLE, CHILDREN AND FAMILIES THAT ARE IN NEED OF FOOD RECEIVE

BENEFITS FROM ORGANIZATIONS SUPPORTED BY VTH, WHICH ORGANIZATIONS THE

GLENVIEW COMMUNITY CHURCH (GCC), THE SUPPORTED ORGANIZATION, WOULD

SUPPORT AS WELL.

PART IV SECTION D, LINE 3

GCC HAS A SIGNIFICANT VOICE IN DIRECTING THE USE OF THE ORGANIZATION'S

INCOME OR ASSETS AT ALL TIMES DURING THE TAX YEAR. AT LEAST ONE

OFFICER ON THE GCC WOMAN'S ASSOCIATION (GCCWA) EXECUTIVE BOARD SERVES

ON THE VTH EXECUTIVE BOARD. DURING 2017 THERE WERE 4 BOARD MEMBERS

(50%) SERVING ON BOTH BOARDS WHICH RESULTS IN A CLOSE WORKING

RELATIONSHIP. IN ADDITION, APPROXIMATELY 35% OF THE VTH VOLUNTEERS ARE

MEMBERS OF THE GCC AND GCCWA. THE BOARD VOTES TO DETERMINE WHICH

ORGANIZATIONS TO GRANT FUNDS.

PART IV SECTION E, LINE 2A

ALL OF VTH'S ACTIVITIES DURING THE TAX YEAR DIRECTLY FURTHERED THE

EXEMPT PURPOSES OF THE SUPPORTED ORGANIZATION (GCC) AND THE

ORGANIZATION WAS RESPONSIVE TO GCC. FOUR MEMBERS OF THE VTH BOARD

SERVED ON THE GCCWA BOARD AND ADDITIONALLY, 35% OF THE VTH VOLUNTEERS

832028 10-11-18

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.)
ARE MEMBERS OF GCC. THE SOLE PURPOSE AND ACTIVITY OF VTH IS TO RAISE
FUNDS TO SUPPORT CHARITABLE, 501 (C) (3) ORGANIZATIONS, THROUGH THE
GRANTING OF THE PROFITS GENERATED BY OPERATION OF A
CONSIGNMENT/DONATION RESALE SHOP. BY GRANTING FUNDS TO ASSIST WITH
CHARITIES IN THE COMMUNITY THEY MAXIMIZE THEIR IMPACT ON LOCAL
COMMUNITIES, SIMILAR TO THE GCC'S MISSION.
PART IV SECTION E, LINE 2B
THE ACTIVITIES DISCUSSED FOR LINE 2A CONSTITUTE ACTIVITIES THAT THE GCC
WOULD HAVE ENGAGED IN. THE GCC'S MISSION IS TO EXTEND MINISTRY AND
MISSIONS OUTREACH TO MAXIMIZE THE CHURCH'S IMPACT ON CONGREGATIONAL,
LOCAL AND NATIONAL/INTERNATIONAL COMMUNITIES. VTH PERFORMS A FUNCTION
THAT OTHERWISE GCC WOULD CARRY ON DIRECTLY. GCC OPERATES MANY
FUNCTIONS IN WHICH THEY PROVIDE SUPPORT AND ASSISTANCE TO THOSE
INDIVIDUALS IN NEED.

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.

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

OMB No. 1545-0047

2018

Name of the organization

VILLAGE TREASURE HOUSE

36-4177047

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, ,	covered by the General Rule or a Special Rule .				
Note: Or	nly 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					
X	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

36-4177047 VILLAGE TREASURE HOUSE Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DR. SCHOLL FOUNDATION X Person **Payroll** 5,000. 1033 SKOKIE BLVD, STE 230 Noncash (Complete Part II for NORTHBROOK, IL 60062 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

VILLAGE TREASURE HOUSE

36-4177047

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

Employer identification number

Name of organization

БРИС	E TREASURE HOUSE		36-4177047
rt III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ry. For organizations ess for the year. (Enter this info. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 (c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VILLAGE TREASURE HOUSE

Employer identification number 36 - 4177047

Pai	t I Organizations Maintaining Donor Advise		or Acco	unts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir					
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ed funds			
	are the organization's property, subject to the organization's	-		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?			Yes No		
Pai						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area					
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserv	ation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organizatio	n during the tax		
	year					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year		
						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year		
	> \$					
8	Does each conservation easement reported on line 2(d) above	•				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organiza	tion's accounting for		
Pai	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Simi	lar Accoto		
Fai	Complete if the organization answered "Yes" on Form			iai Assets.		
			ant and hal	anaa ahaat warka af art		
ıa	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ext	· ·	ice of public	service, provide, in Part XIII,		
h	the text of the footnote to its financial statements that described expansion elected as permitted under SEAS 116 (A)		and balana	a shoot works of art bistorical		
D	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic service,	provide the following amounts		
	relating to these items:			Φ		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	(ii) Assets included in Form 990, Part X			*		
~	the following amounts required to be reported under SFAS 1	,	gairi, provid	ı ⊂		
а	Revenue included on Form 990, Part VIII, line 1		>	\$		
	Assets included in Form 990, Part X					
U	, locale morale and control of the c			¥		

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Schedule D (Form 990) 2018

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures,	or Other	Similar As	sets(continued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
	(check all that apply):							
а	Public exhibition	d	Loan or exc	change progr	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	llections and explain	how they further	the organizat	ion's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai	intained as part of th	ne organization's c	ollection?			Yes No	
Pai	rt IV Escrow and Custodial Arrang	jements. Comple	te if the organization	on answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributio	ns or other as	ssets not inc	luded		
	on Form 990, Part X?						Yes No	
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					·	Yes No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on	Part XIII			
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on F	orm 990, Par	t IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back	
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column ((a)) held as:	•			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	7					
С	Temporarily restricted endowment ▶	 %						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held	and administe	ered for the	organization		
	by:						Yes No	
	(i) unrelated organizations						3a(i)	
	an in the state of						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R'	?			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai	rt VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990	0, Part X, line	e 10.		
	Description of property	(a) Cost or ot	her (b) Cos	t or other	(c) Accu	mulated	(d) Book value	
		basis (investm	nent) basis	(other)	depre	ciation		
1a	Land							
	Buildings							
	Leasehold improvements			8,806.		8,806.	0.	
				9,402.		9,402.	0.	
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must eq		X, column (B), line	10c.)			0.	

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 VILLAGE TREA	ASURE HOUSE		36-4177047	Page (
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV I	ing 11h Sag Form 990	Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value		ر المال من الله الك. valuation: Cost or end-of-year market va	lue
(1) Financial derivatives			•	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	5 000 B 1 11/1		D 17 15	
Complete if the organization answered "Yes" o		ine 11d. See Form 990,		10
CECIDIENT DEDOCIE	escription		(b) Book valu	ле 900
(1) SECURITY DEPOSIT			3,	900
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				900
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)			900
	F 000 B+ IV I		000 Part V line 05	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, I	(b) Book value	m 990, Part X, line 25.	
		(b) DOOK VAIUE	-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
<u>(4)</u>			-	
(5)				

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R		raye +
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Tatal various and address associated financial statements			1	776,814.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,
– a	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	-			
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	776,814.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				·
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	-	-352,249.		
	Add lines 4a and 4b			4c	-352,249.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	424,565.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement			Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total expenses and losses per audited financial statements			1	775,066.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	·
– a	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	775,066.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				. ,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b	-352,249.		
	Add lines 4a and 4b	1.0	<u> </u>	4c	-352,249.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	422,817.
	rt XIII Supplemental Information.				, -
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	b and 2b; Part V, line	4; Part X,	line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi				,
PAI	RT X, LINE 2:				
THI	E FINANCIAL STATEMENT EFFECTS OF A TAX POST	TION	TAKEN OR E	XPEC	TED TO BE
-					
TAI	KEN ARE RECOGNIZED IN THE FINANCIAL STATEM	ENTS	WHEN IT IS	MORE	LIKELY
THA	AN NOT, BASED ON THE TECHNICAL MERITS, THAT	THE	POSITION W	ILL E	BE
SUS	STAINED UPON EXAMINATION. AS OF DECEMBER	31, 2	018, THE OR	GANI2	ZATION HAD
NO	UNCERTAIN TAX POSITIONS THAT QUALIFY FOR I	RECOG	NITION OR D	ISCL	SURE IN
THI	FINANCIAL STATEMENTS.				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
COI	NSIGNMENT PAYMENTS FOR MERCHANDISE SOLD				-352,249.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

832055 10-29-18

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization VILLAGE TREASURE HOUSE 36-4177047 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CHILDREN'S ADVOCACY CENTER 640 ILLINOIS BLVD 8,000 HOFFMAN ESTATES, IL 60169 36-3711203 501 C(3) FINANCIAL ASSISTANCE 0 HAVEN YOUTH & FAMILY SERVICES 560 GREEN BAY ROAD SUITE 10 WINNETKA, IL 60093 501 C(3) 7 500 36-2971587 FINANCIAL ASSISTANCE METROPOLITAN FAMILY SERVICES 5210 MAIN STREET SKOKIE, IL 60077 36-2167940 501 C(3) 8,000 0 FINANCIAL ASSISTANCE NORTHFIELD TOWNSHIP FOOD PANTRY 3801 WEST LAKE AVE 37-1446657 501 C(3) FINANCIAL ASSISTANCE GLENVIEW IL 60026 27 000 SHELTER INC. 1616 N. ARLINGTON HTS. ROAD ARLINGTON HTS, IL 60004 23-7399596 501 C(3) FINANCIAL ASSISTANCE 16,000 0 THE HARBOUR, INC. 1440 RENAISSANCE DR

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

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

36-2827480 501 C(3)

Schedule I (Form 990) (2018)

16.

FINANCIAL ASSISTANCE

12 000

0

PARK RIDGE, IL 60068

VILLAGE TREASURE HOUSE

Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESLEY CHILD CARE CENTER							
727 NORTH HARLEM AVE							
GLENVIEW, IL 60025	36-2747235	501 C(3)	20,500.	0.			FINANCIAL ASSISTANCE
YOUTH SERVICES OF							
GLENVIEW/NORTHBROOK - 3100 WEST					4		
LAKE AVE - GLENVIEW, IL 60025	36-3182275	501 C(3)	19,000.	0.			FINANCIAL ASSISTANCE
CONNECTIONS FOR THE HOMELESS							
2010 DEWEY AVE							
EVANSTON, IL 60201	36-3346917	501 C(3)	18,000.	0.			FINANCIAL ASSISTANCE
FAMILY SERVICE CENTER OF GLENVIEW							
1167 WILMETTE AVE, SUITE 201	26 2171172	E01 (7/2)	0.000				ETNANGTAL AGGTGEANGE
WILMETTE, IL 60095	36-2171173	501 C(3)	9,000.	0.			FINANCIAL ASSISTANCE
YWCA/DOMESTIC VIOLENCE SERVICES							
1215 CHURCH STREET							
EVANSTON, IL 60201	36-2193618	501 C(3)	18,000.	0.			FINANCIAL ASSISTANCE
ERIKA'S LIGHTHOUSE							
P.O. BOX 616	20 1060100	E01 (7/2)	6 000				ETNANGTAL AGGTGEANGE
WINNETKA, IL 60093	20-1069100	501 C(3)	6,000.	0.			FINANCIAL ASSISTANCE
FAMILY PROMISE-CHICAGO NORTH SHORE							
PO BOX 484							
GLENCOE, IL 60022	27-0288849	501 C(3)	11,500.	0.			FINANCIAL ASSISTANCE
HUNGER RESOURCE NETWORK							
3025 WALTERS AVENUE	27-0313184	501 C(3)	12 000	0.			ETNANCIAI ACCIONANCE
NORTHBROOK, IL 60062	27-0313184	501 C(3)	12,000.	0.			FINANCIAL ASSISTANCE
WINGS PROGRAM, INC.							
P.O. BOX 95615							
PALATINE, IL 60095	36-3456061	501 C(3)	10,000.	0.			FINANCIAL ASSISTANCE

Part II Continuation of Grants and Oth	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUDNEYGADE							
OURNEYCARE 050 CLAIRE COURT							
LENVIEW, IL 60025	36-3820916	501 C(3)	7,500.	0.			FINANCIAL ASSISTANCE
,			, .				
				1			

Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				X		
			5			
Part IV	Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART	I, LINE 2:					
BY A	PREVIOUS VOTE OF THE BOARD,	CURRENT G	RANT RECIP	IENTS ARE	DIVIDED INTO	
2 TIE	RS. AWARDS TO TIER I ORGANI	ZATIONS W	ILL BE DEC	IDED FIRST	, AND THESE	
ORGAN	IZATIONS SHALL RECEIVE AT LE.	AST FORTY	PERCENT C	F THE AVAI	LABLE FUNDS.	
AWARI	S TO TIER II ORGANIZATIONS W	ILL BE MA	DE SECOND,	AND THEY	SHALL RECEIVE	
THE E	BALANCE AVAILABLE, EXCEPT THA	I AWARDS	TO NEW ORG	ANIZATIONS	, IF ANY,	
WILL	BE DECIDED LAST, AND THEIR F	UNDING SH	ALL COME F	ROM THE TI	ER II FUNDS.	
THE T	TIER STATUS OF ANY ORGANIZATION	ON MAY BE	CHANGED B	BY THE VOTE	OF THE	
MAJOF	ITY OF THE BOARD. NEW GRANT	RECIPIEN	TS MAY BE	ADDED AT A	NY TIME, WITH	

Part IV Supplemental Information
THE APPROVAL OF THE MAJORITY OF THE BOARD. BEFORE PRESENTING AN
ORGANIZATION FOR APPROVAL, THE SOCIAL SERVICE CHAIRMAN SHALL HAVE OBTAINED
PROOF THAT THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION IN GOOD
STANDING; EVIDENCE THAT THE ORGANIZATION IS IN COMPLIANCE WITH OUR MISSION
STATEMENTS; OR ORGANIZATION'S TAX IDENTIFICATION NUMBER; EVIDENCE AS TO THE
LEGITIMACY OF THE ORGANIZATION, WHICH MAY BE INDICATED BY OTHER FUNDING
SOURCES, CHARITY RATING SERVICES, SUCH AS CHARITY NAVIGATOR, OR PERSONAL
KNOWLEDGE OF VTH (VILLAGE TREASURE HOUSE) VOLUNTEERS; REVIEW OF THE
ORGANIZATION'S WEBSITE; PERSONAL INTERVIEW.
THE SOCIAL SERVICE CHAIRMAN IS RESPONSIBLE FOR THE FOLLOWING: MAINTAINING
COPIES OF THE ANNUAL REPORTS OF ALL GRANT RECIPIENTS; MAKING CERTAIN THAT
ALL GRANT RECIPIENTS ARE IN GOOD STANDING WITH THE SECRETARY OF STATE
BEFORE THE SPRING GRANTS ARE AWARDED EACH YEAR, AND SENDING A LETTER TO THE
CHAIRMAN OF THE MISSIONS BOARD, AND TO THE WOMAN'S ASSOCIATON SOCIAL
SERVICE CHAIRMAN AT THE GLENVIEW COMMUNITY CHURCH.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization VILLAGE TREASURE HOUSE Employer identification number 36-4177047

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		57,068.	CASH SALE	VALUI	E R	ECE
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		A					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	g the tax year for c	contributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29				
						\longrightarrow	Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					. 30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	ıtions?	. 31		_X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					. 32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

VILLAGE TREASURE HOUSE

Employer identification number 36-4177047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: USE THE PROFITS TO SUPPORT VARIOUS NONPROFIT AND CHARITABLE ORGANIZATIONS TO PROVIDE AID AND SUPPORT WOMEN AND CHILDREN IN THE NORTH SHORE SUBURBS OF CHICAGO.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FUNDS ARE GRANTED AND HAS RAISED AWARENESS OF THE NEED FOR SUCH ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

KATHRYN HALL AND MARCIA HALL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER WHICH IS THE GLENVIEW COMMUNITY CHURCH, A RELIGIOUS CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AN ANNUAL MEETING OF THE MEMBERS SHALL BE HELD AROUND THE 31ST OF MAY OF EACH YEAR FOR THE PURPOSE OF ELECTING DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

AT THE ANNUAL MEETING, THE VILLAGE TREASURE HOUSE PUTS TOGETHER A SLATE OF RECOMMENDATIONS FOR BOARD MEMBERS. THE CHURCH(MEMBER) THEN REVIEWS AND APPROVES IT.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization VILLAGE TREASURE HOUSE	Employer identification number 36-4177047
A COPY OF THE 990 DRAFT IS SENT TO ALL BOARD MEMBERS. IT	IS REVIEWED AND
ANY QUESTIONS ARE RESOLVED BEFORE SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE BEGINNING OF EACH GRANT DISTRIBUTION MEETING MEMBE	RS WILL VERBALLY
DISCLOSE ANY POTENTIAL CONFLICTS WITH THOSE ORGANIZATIONS	REQUESTING GRANTS
FROM VTH(VILLAGE TREASURE HOUSE). THE PRESIDENT MAY CHOO	SE TO REQUEST THAT
THOSE MEMBERS REPORTING CONFLICTS LEAVE THE MEETING FOR T	HE DISCUSSION
PORTION OF THE MEETING. BOARD MEMBERS CAN CONFIDENTIALLY	REQUEST THAT
MEMBERS WITH CONFLICTS LEAVE FOR A PORTION OF THE DISCUSS	ION.
FORM 990, PART VI, SECTION B, LINE 15:	
PART VI, SECTION B, LINE 15: MANAGEMENT POSITIONS ARE NO	T COMPENSATED
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.

$\overline{}$	ice Use Only	ILLINOIS CHARITABLE				Revised 3/05
PMT	#		LISA MADIGAN State Bureau, 100 West F		CO #	01036384
			Chicago, Illinois 606			eck all items attached:
AMT		Report for	the Fiscal Period:	[py of IRS Return
*****		Inspert let	the Hodai i dhoai			dited Financial Statements
		Beginning	01/01/2018	Payable to	Co	py of Form IFC
INIT				the Illinois Charity		5.00 Annual Report Filing Fee
•		& Ending	12/31/2018	Bureau Fund	\$10	00.00 Late Report Filing Fee
	al ID # 36-4177047		MO DAY YR			MO DAY YR
Are co	ontributions to the organization	tax deductible? X Yes	No	Date Organization was co	reated:	08/22/1997
	LEGAL NAME VILLAGE TI	REASURE HOUSE		Year-end amounts		
	MAIL	HEIDOILE HOODE		A) ASSETS	(A)	\$ 30,942
AE	DRESS 1460 PADDO	OCK DRIVE		B) LIABILITIES		
1	, STATE NORTHBROOM	K, IL		C) NET ASSETS	S C)	\$ 24,637
	P CODE 60062					
I.		REVENUE ITEMS DURING		PERCENTAG		AMOUNT
		RIBUTIONS & PROGRAM SERVICE REV	V. (GROSS AMTS.)	99.055		<u> </u>
	E) GOVERNMENT GRANTS &F) OTHER REVENUES	MEMBERSHIP DUES		0.945		
	1) OTHER REVENUES			0.513	70 1.7	,,,,,,,
	G) TOTAL REVENUE, INCOM	E AND CONTRIBUTIONS RECEIVED (AL	OD D, E, & F)	100	% G)	\$ 776,814
II.	SUMMARY OF ALL	EXPENDITURES DURING	THE YEAR:			
	H) OPERATING CHARITABLE	E PROGRAM EXPENSE		67.379	9% H)	\$ 522,233
	I) EDUCATION DECORANA	EDVICE EVDENCE			0/	Ф
	I) EDUCATION PROGRAM S	EKVICE EXPENSE			% I)	<u>\$</u>
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & 1)		67.379) % J)	\$ 522,233
	,	,				•
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED) IN J): <u>\$</u>			
	IC COMMITC TO OTHER CHAP	DITADI E ODGANIZATIONO		27.094	10/ 10	210 000
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS		27.094	1% K)	\$ 210,000
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD .	J.& K)	94.474	1 % L)	\$ 732,233
	,	,	,			
	M) MANAGEMENT AND GENE	ERAL EXPENSE		5.494	1 % M)	\$ 42,583
				0.03	,	. 250
	N) FUNDRAISING EXPENSE			0.032	2% N)	\$ 250
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD I M & N)		100	0)	\$ 775,066
l	·	• • • • •	ONOLU TANT ACTIV		70 0)	<u> </u>
III.		PAID FUNDRAISER AND C rt of Individual Fundraising Campaign-		IIIES:		
	PROFESSIONAL FUNDRAISER	RS:	,			•
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISEF	RS	100	% P)	\$ 0
	Q) TOTAL FUNDRAISERS FEI	ES AND EXPENSES			% Q)	\$
	() TOTAL TONDINABLIBITE	EO AND EXI ENOLO			/0 4/	Ψ
	R) NET RECEIVED BY THE CI	HARITY (P MINUS Q=R)			% R)	\$
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS:				_
	•	PROFESSIONAL FUNDRAISING CONS			S)	\$ 0
IV.		THE (3) HIGHEST PAID P	PERSONS DURING T	HE YEAR:	T\	e 10 02E
		ONSIDINE, MANAGER GUELICH, MANAGER			T) U)	· · · · · · · · · · · · · · · · · · ·
		YN HALL, MANAGER			V)	<u> </u>
V.		RAM DESCRIPTION: CHARIT	ABLE PROGRAM (3 HIGHEST BY \$	EXPENDED)	- ´	ist on back side of instructions
I						CODE
898091 04-01-18		IS TO OTHER CHARI	FABLE ORGANIZA	TIONS	W)	
38091	X) DESCRIPTION:				X)	
86	Y) DESCRIPTION:				Y)	#

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALL OCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	GLENVIEW STATE BANK, 800 WAUKEGAN ROAD, GLENVIEW, IL 60025			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SUE RYAN - 847-729-2029			
ALI	. ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

BE SURE TO INCLUDE ALL FEES DUE:

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

BARB CABAY

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

SUE RYAN

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

MARCY STEINDLER

898101 04-01-18

PREPARER (PRINT NAME)

SIGNATURE

DATE