PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01036384

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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

А	For the	e 2022 calendar year, or tax year beginning and	a enaing		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		36-41770	47
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return	1460 PADDOCK DRIVE		847-832-	
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,023,389.
L	Amen	NORTHBROOK, IL 00002		H(a) Is this a group r	
	Application pendir			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates i	
_		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1	or 52	⊣ ′	list. See instructions
	Websi		1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	r of formation: 1997	M State of legal domicile: IL
Р	art I	Summary	OD CAM	TO A MITONIC MO	СШ
e	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ SIGNIFICANT ACTIVITY IS TO RESELL FURNIT	UKGAN.	TARTION S MO	DOODG VVID
Activities & Governance					
veri	2	Check this box if the organization discontinued its operations or disp		i	ssets.
é	3			3	7
<u>«</u> ة	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
Ę.	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			115
Ĕ	6	Total number of volunteers (estimate if necessary)			0.
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
Revenue	_	Contributions and grants (Port VIII line 1b)		167,349.	177,760.
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
	9	Program service revenue (Part VIII, line 2g)		23.	4.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		429,146.	425,362.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		596,518.	603,126.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		300,000.	304,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		115,978.	63,557.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	03,557.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	350.	0.	0.
Ä	_b			185,887.	256,859.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		601,865.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-5,347.	
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
Net Assets or		Tabel accepts (Dark V. Brand O)		107,101.	274,432.
SSE	20	Total assets (Part X, line 16)		43,375.	231,996.
let /	21	Total liabilities (Part X, line 26)	·····	63,726.	42,436.
	≘ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		05,720.	42,430.
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	ac and ctator	nente, and to the heet of m	w knowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of v			y knowledge and belief, it is
uu	5, 601160	t, and complete. Declaration of preparer (other than officer) is based on an information of v	villon prepare	Thas any knowledge.	
c:.		Signature of officer		I Date	
Sig		JULIE HANSEN, CO-PRESIDENT		2410	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	id	MARCY STEINDLER		if	
	parer	Firm's name MANN. WEITZ & ASSOCIATES L.L.C.		self-employ Firm's EIN 3	6-3963131
	e Only	Firm's address 111 DEER LAKE ROAD, SUITE 125		THIII S LIN 3	0 000101
-	Only	DEERFIELD, IL 60015		Dhono no / Q	47)267-3400
N 4 -	+b - !!			[Filotie ilo. (O	77
IVIS	ıy tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

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. u.	Check if Schedule O contains a reappage or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
'	THE CORPORATION OPERATES AS A NONPROFIT DONATION AND CONSIGNMENT SHOP
	WHOSE PROCEEDS SUPPORT LOCAL AGENCIES SERVING INDIVIDUALS AND FAMILIES
	IN CRISIS.
	IN CRIBID.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
7	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 \$ 279,058 • including grants of \$) (Revenue \$ 840,526 •)
та	THE ORGANIZATION SPECIALIZES IN THE RESALE OF FURNITURE AND HOUSEHOLD
	GOODS. MERCHANDISE IS DONATED OR PLACED IN THE SHOP FOR CONSIGNMENT.
	THE PROFITS ARE USED TO SUPPORT VARIOUS CHARITABLE ORGANIZATIONS THAT
	SUPPORT INDIVIDUALS AND FAMILIES IN THE NORTH SHORE CHICAGO SUBURBS.
	DOTTON INDIVIDUAL IN THE NORTH BROKE ON ONE BODONDEV
4b	(Code:) (Expenses \$ 304,000 • including grants of \$ 304,000 •) (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 \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 583,058.

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		х
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			
Ü	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		 -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24a	Schedule J 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
2 5a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34	Part V, line 1	34		x
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	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 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 on Schedule O for Part VI, lines 11b and 19?	37		
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
	\U			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a 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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114			
-	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		12a		
	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.	'			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	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 on 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
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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			

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		T	41 IIZ			iiihe	ısal			(F)	
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)	
Name and title	Average hours per	(do	(do not check more than one box, unless person is both an			than	one	Reportable compensation	Reportable compensation	Estimated amount of	
	week	offi	officer and a director/trustee)				tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the	
	related	stee c	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	altru	onal t		oloye	li co		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) BARB CABAY	5.00	드	드	5	ā.	三品	요				
DIRECTOR	3.00	X						0.	0.	0.	
(2) SUE RYAN	13.00	122						•	0.	0 .	
TREASURER	13.00	x		x				0.	0.	0.	
(3) HOLLY NAUGLE	5.00	+==		1-				•			
VICE-PRESIDENT		x		х	Ι.			0.	0.	0 .	
(4) MARY FROTHINGHAM	5.00										
DIRECTOR		х						0.	0.	0 .	
(5) JANE MCCARTHY	5.00										
DIRECTOR		X						0.	0.	0.	
(6) JULIE HANSEN	13.00										
CO-PRESIDENT		X		Х				0.	0.	0.	
(7) KIM BLAKE	13.00										
CO-PRESIDENT		X		Х				0.	0.	0 .	
(8) WENDY BAN	5.00										
SECRETARY		Х		Х				0.	0.	0 .	
		_									
						_					
		1									
						_					
		-									
		_				<u> </u>					
		4									
		_		-		\vdash					
		1									
	-	\vdash		\vdash		\vdash					
		1									
		\vdash		-		+					
		1									

Form **990** (2022)

232007 12-13-22

Part VII Sect	tion A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	ition more rson	l than is bot	one h an	(D) Reportable compensation	(E) Reportable compensatio		an	(F) timated	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization: (W-2/1099-MIS 1099-NEC)	s	com fr org and	other pensat om the anizatio d relate anizatio	on ed
	continuation sheets to Part VI								0.		0.			0.
	lines 1b and 1c)								0.		0.			0.
	per of individuals (including but n tion from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	le		v T	0
	ganization list any former officer, "Yes," <i>complete Schedule J for</i> s								phest compensated emp			3	Yes	No X
4 For any inc	dividual listed on line 1a, is the suborganizations greater than \$150	ım of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization		4		Х
5 Did any pe	erson listed on line 1a receive or a o the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr/	elat	ed organization or indiv	idual for services		5		Х
Section B. Inde	ependent Contractors													
	this table for your five highest co zation. Report compensation for	-	-								npens	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		С	(C ompe	;) nsation	I
								_						
								_						
	per of independent contractors (i		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$100,000 0	of compensation from the organi	zation										Form	990 (2	022)

232008 12-13-22

Га			to ony lin	o in this Dort VIII			
		Check if Schedule O contains a response or note	to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ts t	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, G		Fundraising events 1c					
Sift.		Related organizations 1d					
imil		Government grants (contributions) 1e					
rior S	1	All other contributions, gifts, grants, and					
ige.		similar amounts not included above \dots 177,	760.				
da	(Noncash contributions included in lines 1a-1f $ g $ \$ 149,	072.				
<u>3 E</u>	ı	Total. Add lines 1a-1f		177,760.			
		Busine	ss Code				
<u>e</u>	2 8	·					
e Zi	ı						
n S	(
grar Rev	•	·					
Program Service Revenue	•	·					
-	1	All other program service revenue					
-		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and		4.			4.
	4	other similar amounts)	Г	4.			4.
	4 5	Income from investment of tax-exempt bond proceeds					
	3	Royalties	ersonal				
	6 :	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
			Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
ne		and sales expenses 7b					
er Revenue		Gain or (loss) 7c					
Be		Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a 9b 9b					
		Less: direct expenses					
		Gross sales of inventory, less returns					
	10 6	and allowances 10a 8 4 0 ,	526.				
		Less: cost of goods sold 10b 4 2 0 ,	263.				
		Net income or (loss) from sales of inventory		420,263.	420,263.		
<u></u>			ss Code				
ος a	11 8		099	5,099.	5,099.		
ane	ı						
le sel	(;					
Miscellaneous Revenue	(All other revenue					
		Total. Add lines 11a-11d		5,099.			
	12	Total revenue. See instructions		603,126.	425,362.	0.	4.

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-				
	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	304,000.	304,000.		
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)	FO 710	F0 710		
7	Other salaries and wages	58,718.	58,718.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 020	1 020		
10	Payroll taxes	4,839.	4,839.		
11	Fees for services (nonemployees):				
а	Management	1 000		1 000	
b	Legal	1,000. 10,678.		1,000.	
С.	Accounting	10,070.		10,070.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch 0.)	3,455.		3,455.	
12	Advertising and promotion	48,816.	48,816.	3,433.	
13	Office expenses	14,906.	40,010.	14,556.	350
14	Information technology	14,500.		14,550.	330
15	Royalties	131,841.	131,841.		
16 17	Occupancy	131,041.	131,041.		
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	· .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		6,572.		6,572.	
23 24	Other expenses. Itemize expenses not covered	2,2.20		2,2,2,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FREIGHT	21,807.	21,807.		
b	FACILITY	13,037.	13,037.		
c	VOLUNTEER APPRECIATION	4,737.	•	4,737.	
d	FILING FEES	10.		10.	
25	Total functional expenses. Add lines 1 through 24e	624,416.	583,058.	41,008.	350
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2022)

Га	ILA	Check if Schodule O centains a reasons or re	ato to any line in this Dort V			
		Check if Schedule O contains a response or no	ne to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		78,648.	1	66,817.
	2	Savings and temporary cash investments		20,136.	2	10,140.
	3	Pledges and grants receivable, net		•	3	•
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current of			·	
	•	trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe		6		
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	1 1			
	loa	basis. Complete Part VI of Schedule D	102			
	١,	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	_		11	
	12	Investments - other securities. See Part IV, line		12		
	13			13		
	14	Investments - program-related. See Part IV, line		14		
		Intangible assets Other assets See Best IV line 11	8,317.		197,475.	
	15	Other assets. See Part IV, line 11		107,101.	16	274,432.
	16 17	Total assets. Add lines 1 through 15 (must eq Accounts payable and accrued expenses		43,375.	17	41,046.
	18			10/0/00	18	11,010.
	19	Grants payable			19	
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities			21	
		Escrow or custodial account liability. Complete			21	
Liabilities	22	Loans and other payables to any current or for				
i≣		trustee, key employee, creator or founder, sub			00	
Lia		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	s 17-24). Complete Part X	0.	25	190,950.
	000	of Schedule D		43,375.	26	231,996.
	26	Total liabilities. Add lines 17 through 25	7.7	±3,373•	26	231,330.
es		Organizations that follow FASB ASC 958, ch	eck nere 22			
Š		and complete lines 27, 28, 32, and 33.		63,726.	07	42,436.
Sale	27	Net assets without donor restrictions		05,720.	27	42,430.
ğ	28	Net assets with donor restrictions			28	
五		Organizations that do not follow FASB ASC	958, cneck nere			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ets	29	Capital stock or trust principal, or current fund			29	
\SS	30	Paid-in or capital surplus, or land, building, or e			30	
et A	31	Retained earnings, endowment, accumulated i		£2 79£	31	10 106
ž	32	Total net assets or fund balances		63,726. 107,101.	32	42,436.
	33	Total liabilities and net assets/fund balances		101,101.	33	274,432.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1 4,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	3,7	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	2,4	36.
Pai	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	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VILLAGE TREASURE HOUSE

Employer identification number 36-4177047

Pá	rt I	Reason for Public ((All organizations must o	omplete th	nis part.) S	See instructions.	0 11//01/
1	ligai	inization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect	•			11 170(D)(·/(~)(·)·	
	H					V6V4V6V;	:: \	
3		A hospital or a cooperative						the eller or it eller or ever
4	ш	A medical research organiz	ation operated in co	njunction with a nospita	described	ı iii secuo	n 170(b)(1)(A)(iii). Enter	the nospital's name,
_		city, and state:						1 %
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	pea in
_		section 170(b)(1)(A)(iv). (C	. ,					
6		A federal, state, or local go	-					
7		An organization that norma	•	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	Н	A community trust describe						
9		An agricultural research org						
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
	37	university:						
10	X	An organization that norma						
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con						
11	Н	An organization organized						_
12		An organization organized						
		more publicly supported or			1			neck the box on
_		lines 12a through 12d that				•	_	. at ta
а	ı L	☐ Type I. A supporting orga						
		the supported organization		1 1 1	a majority (or the aire	ctors or trustees of the s	supporting
		organization. You must o			4: · · · · · · · · · · · · · · · · ·			
b	, _	☐ Type II. A supporting org						
		control or management o			ame perso	ons mai co	ontrol or manage the sup	pported
		organization(s). You mus Type III functionally inte			in connoc	tion with	and functionally integrat	ad with
C	, <u> </u>	its supported organizatio	-					ea with,
c		Type III non-functionally		•				zation(s)
٠		that is not functionally int					• • • •	
		requirement (see instruct		• ,	•		•	IVELIESS
e		Check this box if the orga	-	-				
•		functionally integrated, or					a type i, type ii, type iii	
f	Ent	er the number of supported of	• •	many integrated support	ing organiz	Lation.		
c		vide the following information		ed organization(s).				. [
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (oce motraotione)				
Tota	nl							
TOU	al						<u> </u>	l

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.							
-	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	,				,		
	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							
	Gross receipts from related activities,	etc. (see instructive	ons)		•	12		
	First 5 years. If the Form 990 is for th	•	,			501(c)(3)	_	
	organization, check this box and stop	· ·		•				
Sec	tion C. Computation of Publ							
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%	
	33 1/3% support test - 2022. If the o					nore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact							
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported	organization			
b	10% -facts-and-circumstances tes	-			-			
	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-circu							
18	Private foundation. If the organizatio							
						O a la a alcel a A	(Earm 000) 2022	

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.)

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(3) 23 13	(0) = 0 = 0	(4) 202	(0) = 0 = 1	(1) 1010.
·	membership fees received. (Do not						
	include any "unusual grants.")	64,976.	90,553.	118,074.	167,349.	177,760.	618,712.
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	704,498.	672,240.	523,528.	847,786.	840,526.	3588578.
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			A			
	furnished by a governmental unit to						
	the organization without charge	ECO 4E4	E.C. E.C.	644 600	1015105	101000	400000
	Total. Add lines 1 through 5	769,474.	762,793.	641,602.	1015135.	1018286.	4207290.
7a	Amounts included on lines 1, 2, and	4.45	F 000	E 225	05 500	06 000	66 050
	3 received from disqualified persons	445.	5,000.	7,305.	27,500.	26,000.	66,250.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		10,000.				10,000.
c	Add lines 7a and 7b	445.	15,000.	7,305.	27,500.	26,000.	76,250.
	Public support. (Subtract line 7c from line 6.)						4131040.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	769,474.	(b) 2019 762,793.	641,602.	(d) 2021 1015135.	1018286.	(f) Total 4207290.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	50.	50.	52.	23.	4.	179.
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	50.	50.	52.	23.	4.	179.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	7,290.	7,290.	4,220.	5,253.	5,099.	29,152.
13	Total support. (Add lines 9, 10c, 11, and 12.)	776,814.	770,133.	645,874.	1020411.	1023389.	4236621.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	line 8, column (f), c	livided by line 13,	column (f))		15	97.51 %
16	16 Public support percentage from 2021 Schedule A, Part III, line 15						
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	122 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
18						%	
	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a	-					X
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
ı	1		
	2		
Ī			
	3a		
	3b		
ŀ	3с		
	10		
ł	4a		
ŀ	4b		
	4c		
	5a		
ł	Ja		
	5b		
Ī	5c		
	6		
ļ	7		
İ	8		
	9a		
ł	Ja		
	9b		
İ			
[9с		
ļ	10a		
	10b		

Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations		1	
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	<u></u>		
· a	The organization satisfied the Activities Test. Complete line 2 below.	٥,,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

17500615 787606 05239

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omple	ete 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

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,
	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.)
<u> </u>	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	445.	5,000.	7,305.	27,500.	26,000.
			<u> </u>		
Total to Schedule A, Part III, Line 7a	445.	5,000.	7,305.	27,500.	26,000.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	0.	10,000.	0.	0.	0.
			<u> </u>		
Total to Cobadida A					
Total to Schedule A, Part III, Line 7b		10,000.			

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

of the Treasury

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

Employer identification number

V	36-4177047					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribu					
Special Rules						
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	, and that received from any one				
contributor, duri	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, contributio is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Ene 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-ling requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

VILLA	GE TREASURE HOUSE		36-4177047
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$26,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 36-4177047 VILLAGE TREASURE HOUSE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

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 Inspection

Name of the organization

VILLAGE TREASURE HOUSE

Employer identification number 36-4177047

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
_	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conserv	ration easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	a accompate during the year
′	Amount of expenses incurred in monitoring, inspecting, name	uling of violations, and emorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170/h)/	4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
_	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatments		· · · · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Par	rt III Organizations Maintain	ing Collectio	າຣ of Art, I	Historical Tr	easures, or Ot	her Sim	ilar Asse	ts (contii	nued)		
3	Using the organization's acquisition, a	ccession, and oth	ner records, c	heck any of the	following that mak	e significar	nt use of its				
	collection items (check all that apply):										
а	Public exhibition		d [Loan or exc	hange program						
b	Scholarly research		е 🗆								
С	Preservation for future generation	ons									
4	Provide a description of the organizati	on's collections a	nd explain ho	w they further t	he organization's e	xempt pur	oose in Par	t XIII.			
5	During the year, did the organization s										
	to be sold to raise funds rather than to	be maintained a	s part of the c	organization's co	ollection?			Yes		No	
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 9	90, Part X, line 21									
1a	Is the organization an agent, trustee, or	custodian or othe	intermediary	for contribution	ns or other assets r	ot include	d				
	on Form 990, Part X?						\square	Yes		No	
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the follow	ing table:							
								Amoun	t		
С	Beginning balance					1c					
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amour	nt on Form 990, P	art X, line 21,	for escrow or co	ustodial account lia	bility?	L	Yes		No	
<u>b</u>	If "Yes," explain the arrangement in Pa	art XIII. Check hei	e if the explar	nation has been	provided on Part	(III]	
Par	rt V Endowment Funds. Com	plete if the organ	zation answe	ered "Yes" on Fo							
		(a) Curre	nt year (b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	years l	pack	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and lo	sses									
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 t	he current year e	nd balance (lir	ne 1g, column (a	a)) held as:						
а	Board designated or quasi-endowmen	ıt	%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.								
За	Are there endowment funds not in the	possession of th	e organizatior	n that are held a	and administered fo	r the					
	organization by:								Yes	No	
	(i) Unrelated organizations							3a(i)			
	(ii) Related organizations							3a(ii)			
b	If "Yes" on line 3a(ii), are the related or							3b			
4	Describe in Part XIII the intended uses		on's endowm	ent funds.							
Par	rt VI Land, Buildings, and Ed										
	Complete if the organization an	swered "Yes" on	Form 990, Pa	art IV, line 11a. S	See Form 990, Part	X, line 10.					
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation								k value	;	
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment		· ·								
	Other										
Total	al. Add lines 1a through 1e. (Column (d)	must equal Form	990, Part X, c	olumn (B), line 1	10c.)					0.	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 VILLAGE TREA	ASURE HOUSE	36-	-41//04/ Page 3
Part VII Investments - Other Securities.	on Farma 000 Dart IV lin	a 11h Cas Faura 000 Bart V line 10	
Complete if the organization answered "Yes" of	(b) Book value		of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	A		
(6)			
(7)			
(8)		1	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) SECURITY DEPOSIT			8,317.
(2) RIGHT OF USE ASSET - LEASE	2		189,158.
(3)			203,200
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) Table (Column (b) must equal Form 000. Part V. col. (D) line	15 \		197,475.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		131,413.
		- 11 - 0 - 11 Coo Form 000 Port V line 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, iini	e TTe Or TTI. See FORM 990, Part X, IIIIe 25.	(h) Dook volue
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			100 050
(2) LEASE LIABILITY			190,950.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		190,950.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

5

Sche	edule D (Form 990) 2022 VILLAGE TREASURE HOUSE	36-	4177047	Page 4				
Pai	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1	1,023,	, 389				
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 c Recoveries of prior year grants 2c Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,023,389. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -420,263. **b** Other (Describe in Part XIII.) -420,263. c Add lines 4a and 4b 603,126.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,044,679. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 1,044,679 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) -420,263. c Add lines 4a and 4b

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2022, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONSIGNMENT PAYMENTS FOR MERCHANDISE SOLD

5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

-420,263.

624,416.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

232055 09-01-22

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

VILLAGE	VILLAGE TREASURE HOUSE								
Part I General Information on Grants	and Assistance								
1 Does the organization maintain records		_		-					
criteria used to award the grants or ass	istance?						X Yes No		
2 Describe in Part IV the organization's pr	rocedures for mon	itoring the use of grant	funds in the Unite	d States.					
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any		
recipient that received more than		<u> </u>	· · · · · · · · · · · · · · · · · · ·		(f) Method of	1.00	T (1)		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
CHILDREN'S ADVOCACY CENTER									
640 ILLINOIS BLVD									
HOFFMAN ESTATES, IL 60169	36-3711203	501 C(3)	22,250.	0.			FINANCIAL ASSISTANCE		
NORTHFIELD TOWNSHIP FOOD PANTRY 3801 WEST LAKE AVE									
GLENVIEW, IL 60026	37-1446657	501 C(3)	21,000.	0.			FINANCIAL ASSISTANCE		
SHELTER, INC. 1616 N. ARLINGTON HTS. ROAD ARLINGTON HTS, IL 60004	23-7399596	501 C(3)	21,250.	0.			FINANCIAL ASSISTANCE		
THE HARBOUR, INC. 1440 RENAISSANCE DR PARK RIDGE, IL 60068	36-2827480	501 C(3)	18,000.	0.			FINANCIAL ASSISTANCE		
WESLEY CHILD CARE CENTER 727 NORTH HARLEM AVE GLENVIEW, IL 60025	36-2747235	501 C(3)	26,000.	0.			FINANCIAL ASSISTANCE		
YOUTH SERVICES OF GLENVIEW/NORTHBROOK - 3100 WEST LAKE AVE - GLENVIEW, IL 60025	36-3182275	501 C(3)	30,000.	0.			FINANCIAL ASSISTANCE		
2 Enter total number of section 501(c)(3)	and government o	raanizations listed in th	ne line 1 table				15.		

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

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	omestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONNECTIONS FOR THE HOMELESS							
2010 DEWEY AVE							
EVANSTON, IL 60201	36-3346917	501 C(3)	27,000.	0.			FINANCIAL ASSISTANCE
YWCA/DOMESTIC VIOLENCE SERVICES							
1215 CHURCH STREET							
EVANSTON, IL 60201	36-2193618	501 C(3)	26,000.	0.			FINANCIAL ASSISTANCE
FAMILY PROMISE-CHICAGO NORTH SHORE							
PO BOX 484							
GLENCOE, IL 60022	27-0288849	501 C(3)	22,250.	0.			FINANCIAL ASSISTANCE
HUNGER RESOURCE NETWORK 3025 WALTERS AVENUE							
NORTHBROOK, IL 60062	27-0313184	501 C(3)	15,000.	0.			FINANCIAL ASSISTANCE
HORTHBROOK, 11 00002	27 0313104	501 C(3)	13,000.	0.			FINANCIAL ADDIDIANCE
WINGS PROGRAM, INC.							
P.O. BOX 95615							
PALATINE, IL 60095	36-3456061	501 C(3)	15,000.	0.			FINANCIAL ASSISTANCE
ERIKA'S LIGHTHOUSE							
P.O. BOX 616							
WINNETKA, IL 60093	20-1069100	501 C(3)	15,000.	0.			FINANCIAL ASSISTANCE
•			,				
FAMILY SERVICE CENTER							
1167 WILMETTE AVE, SUITE 20							
WILMETTE, IL 60095	36-2171173	501 C(3)	15,000.	0.			FINANCIAL ASSISTANCE
HAVEN YOUTH & FAMILY SERVICES							
560 GREEN BAY ROAD, SUITE 1							
WINNETKA, IL 60093	36-2971587	501 C(3)	15,250.	0.			FINANCIAL ASSISTANCE
•			, , ,				
METROPOLITAN FAMILY SERVICES							
5210 MAIN STREET							
SKOKIE, IL 60077	36-2167940	501 C(3)	15,000.	0.			FINANCIAL ASSISTANCE

(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	tion required in Part I, lir	ne 2; Part III, column	n (b); and any other a	dditional information.	
ART I, LINE 2:					
Y A PREVIOUS VOTE OF THE BOAR	D, CURRENT G	RANT RECI	PIENTS ARE	DIVIDED INTO	
TIERS. AWARDS TO TIER I ORG	ANIZATIONS W	ILL BE DEC	CIDED FIRST	, AND THESE	
RGANIZATIONS SHALL RECEIVE AT	LEAST FORTY	PERCENT (OF THE AVAI	LABLE FUNDS.	
WARDS TO TIER II ORGANIZATION	S WILL BE MA	DE SECOND,	, AND THEY	SHALL RECEIVE	
HE BALANCE AVAILABLE, EXCEPT	THAT AWARDS	TO NEW ORG	GANIZATIONS	, IF ANY,	
ILL BE DECIDED LAST, AND THEI	R FUNDING SH	ALL COME I	FROM THE TI	ER II FUNDS.	
HE TIER STATUS OF ANY ORGANIZ	ATION MAY BE	CHANGED I	BY THE VOTE	OF THE	
A.TORITY OF THE BOARD NEW CR					

Fart IV Supplemental information
THE APPROVAL OF THE MAJORITY OF THE BOARD. BEFORE PRESENTING AN
ORGANIZATION FOR APPROVAL, THE PHILANTHROPY 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; THE 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 PHILANTHROPY 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.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

VILLAGE TREASURE HOUSE

Inspection **Employer identification number**

36-4177047

Pai	rt I Types of Property									
		(a)	(b)		c)			(d)		
		Check if	Number of contributions or		contribution reported on	1	/lethod of		-	
		applicable	items contributed			nonc	ash contr	ibution a	mount	:S
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4										
	Books and publications	X		1	49,072.	CZCH	CAT.F	77 A T.TT	F D	FCF
5	Clothing and household goods	Λ.		-	-47,072.	CASII	DALL	VALO	<u> </u>	цсц
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock			4						
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous		4							
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 (<u> </u>	<u> </u>						
29	Number of Forms 8283 received by the organiz		•		[_ [
	for which the organization completed Form 828	83, Part V, [Donee Acknowledg	gement	29					
_									Yes	No
30a	During the year, did the organization receive by						ıt it			
	must hold for at least 3 years from the date of		•	•						
	exempt purposes for the entire holding period?	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	policy that r	equires the review	of any nonsta	andard contrib	utions?		31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which co	olumn (a) is che	ecked,				
	describe in Part II.	` '	. , ,	-	. ,	,				
LHA		the Instruc	tions for Form 99	0.			Schedul	e M (Forr	n 990	2022

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public 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 FAMILIES AND INDIVIDUALS IN THE NORTH SHORE SUBURBS OF CHICAGO.

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

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, THE PHILANTHROPY COMMITTEE MEMBERS WILL VERBALLY DISCLOSE ANY POTENTIAL CONFLICTS WITH THOSE ORGANIZATIONS REQUESTING GRANTS FROM VTH(VILLAGE TREASURE HOUSE). CHAIRMAN MAY CHOOSE TO REQUEST THAT THOSE MEMBERS REPORTING CONFLICTS LEAVE THE MEETING FOR THE DISCUSSION PORTION OF THE MEETING. PHILANTHROPY COMMITTEE MEMBERS CAN CONFIDENTIALLY REQUEST THAT MEMBERS WITH CONFLICTS LEAVE FOR A PORTION OF THE DISCUSSION.

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

THE ORGANIZATION DOES NOT EMPLOY A STAFF TOP MANAGEMENT OFFICIAL.

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.

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Schedule O (Form 990) 2022