# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

<u> </u>	For the 2	2015 calendar year, or tax year beginning $JUN 1, 2015$ and	ending <u>M</u>	AY 31, 2016		
В	Check if applicable:	C Name of organization		D Employer identifi	cation number	
	Address	THE JUNIOR LEAGUE OF CHICAGO, INC.				
	Name change	Doing business as		36-2	195474	
F	∏Initial ∐return ∏Final	,	Room/suite	E Telephone numbe		
	return/	1447 N. ASTOR ST.			) 664-4462	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,118,066.	
Ļ	Amende	CHICAGO, IL 00010		H(a) Is this a group re		
	Applica- tion pending	F Name and address of principal officer: ANN BRINKMAN CARSTE	ENSEN	for subordinates		
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No	
		npt status: $X$ 501(c)(3) 501(c) ( ) $\checkmark$ (insert no.) 4947(a)(1) $\circ$	or 527	If "No," attach a	list. (see instructions)	
		▶ WWW.JLCHICAGO.ORG		H(c) Group exemption		
<u>K</u>		rganization: X Corporation	L Year	of formation: 1912 n	<b>M</b> State of legal domicile: <b>IL</b>	
Pa		Summary				
4	<b>1</b> B	riefly describe the organization's mission or most significant activities: COMM	UNITY	IMPROVEMENT		
Governance	l _					
rna	<b>2</b> C	heck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.	
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	15	
		umber of independent voting members of the governing body (Part VI, line 1b)			15	
တို	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			8	
itie	6 T	otal number of volunteers (estimate if necessary)			15	
Activities &	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12			0.	
⋖	b N	et unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
4	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		471,258.	521,944.	
ñ	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		22,749.	11,666.	
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		112,585.	75,033.	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		606,592.	608,643.	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
"	15 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		279,773.	287,423.	
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ber	. b To	otal fundraising expenses (Part IX, column (D), line 25)				
ŭ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		368,608.	314,607.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		648,381.	602,030.	
	1	evenue less expenses. Subtract line 18 from line 12		-41,789.	6,613.	
or or	G		Ве	ginning of Current Year	End of Year	
Assets or	<b>20</b> To	otal assets (Part X, line 16)		2,110,845.	2,107,280.	
Ass	<b>21</b> To	otal liabilities (Part X, line 26)		275,300.	278,494.	
Ret	-	et assets or fund balances. Subtract line 21 from line 20		1,835,545.	1,828,786.	
		Signature Block				
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is	
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.		
		\				
Sig	ո	Signature of officer		Date		
Her		ANN BRINKMAN CARSTENSEN, PRESIDENT				
		Type or print name and title				
	F	Print/Type preparer's name Preparer's signature	[	Date Check	PTIN	
Paid		IMBERLY A. HAUMANN KIMBERLY A. HAUN	IANN 1	0/10/16 if self-employ	P00546491	
		irm's name ▶ PLANTE & MORAN, PLLC		Firm's EIN ▶	38-1357951	
	_	irm's address 10 S. RIVERSIDE PLAZA 9TH FLOOR				
_	, l	CHICAGO, IL 60606		Phone no. (3	12) 207-1040	
Ma	v the IRS	discuss this return with the preparer shown above? (see instructions)		1	X Yes No	
-						

Pai	Statement of Program Service Accomplishments	
		X
1	Briefly describe the organization's mission:	
	METROPOLITAN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING	
	VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING THE	
	COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED	
	VOLUNTEERS. THE JUNIOR LEAGUE OF CHICAGO, INC. REACHES OUT TO WOMEN	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
 4а	(Code: ) (Expenses \$ 207,260 · including grants of \$ ) (Revenue \$	
4a	THE JLC'S RESOURCES WERE USED IN FURTHERANCE OF ITS MISSION TO PROVIDE	— '
	LEADERSHIP TRAINING AND SERVICE TO THE COMMUNITY THROUGH TRAINED	
	VOLUNTEERS. MEMBER VOLUNTEERS CONTRIBUTED 128,338 OF SERVICE HOURS IN	
	VARIOUS ACTIVITIES IN PERSUIT OF LEADERSHIP TRAINING AND COMMUNITY	
	SERVICE.	
4b	(Code:) (Expenses \$	
	/ (Expenses 4	— ′
4c	(Code:) (Expenses \$	
	/ (Expenses #	— ′
4d	Other program services (Describe in Schedule O.)	
ru		
	(Expenses \$\frac{\text{including grants of \$}}{\text{1000}}\$) (Revenue \$\text{1000}\$)  Total program service expenses ► 207, 260.	
4e	Total program service expenses ► 207, 260.	

532002 12-16-15

# 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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
_			000	_

# Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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			
		25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes"			
	, , , , , , , , , , , , , , , , , , , ,	26		Х
27	complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

# Form 990 (2015) THE JUNIOR LEAGUE OF CHICAGO, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Series   The number reported in Box 3 of Form 1096. Enter 40-if not applicable   10   0   1.0   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u>			
Enter the number of Forms W20 included in line 1s. Enter-0-16 not applicable							No	
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 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.  3 If the control 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.  3 If the control of the	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	C				
Leganization winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, legal 8 by the stream of the calendar year ending with or within the year covered by this return  3b if at least one is reported on line 2a, did the organization field all required feedeal employment tax returns?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  4c A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization have annual gross receipts that are normally gireater than \$100,000, and did the organization should a was or is a purely to a prohibited tax shelter transaction?  5c Did the organization have annual gross receipts that are normally gireater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were no tax deductibles of the advantable contributions?  5c If Y'es, "indication that were not tax deductibles and charlable contributions?  5c If Y'es, "indicate the number of Foreign Bases and partly for goods and services provided to the payor?  5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.  5c Di	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C				
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led to the celevidary sear ending with or within the year covered by this enturn  15 If at least one is reported on line 2a, did the organization file all inequired federal employment tax returns?  25 X  36 Left the organization have unrelated business gross income of \$1,000 or more during the paint of the celevity of	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming				
filed for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (been instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b. If Yes, 1 and it flee a form 980 71 for this year? If "No," to file 8b, your worked an explanation in Schedule 0  3b. If Yes, 2 and 1 flee a form 980 71 for this year? If "No," to file 8b, your date any patient or other naturals accountly; over, a financial accountly for the sale and shar accounts, securities account, or other financial accountly?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly file organization and the file organization have an interest in, or a signature or other authority over, a financial accountly file organization and file organization that any time organization that it was or is a party to a prohibited tax shelter transaction?  5b. If Yes, 1 folia for a rob, of the organization that it was or is a party to a prohibited tax shelter transaction?  5c. If Yes, 1 folia the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and schrizable contributions?  6c. If Yes, 1 folia the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles an charitable contribution and party for ponds and services provided to the payor?  7c. Did the organization receive and party in express the party of the payor organization receive and party in express the payor organization network as payor than a contribution organization payor and payor and pay		(gambling) winnings to prize winners?			1c			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrealed business gross income of \$1,000 or more during the year?  3b Did the organization have unrealed business gross income of \$1,000 or more during the year?  3a A at yit mean and organization have unrealed business gross income of \$1,000 or more during the year?  3a A at yit medium; the calendary year, did the organization have un interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5b If "Yes," the fire the name of the freeign country   ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibitor tax shelter transaction?  5b If yes, "to line Sa or 5b, did the organization file form 8886-17  6c If "Yes," to line Sa or 5b, did the organization file form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170c).  8c If yes, "did the organization notify the donor of the value of the goods or services provided?  7c If If yes, "did the organization notify the donor of the value of the goods or services provided?  7c If If yes, "did the organization receive a payment in excess of \$75 made party as a contribution of quality and party to goods and services provided to the payor?  7c If If yes, a service the payment in excess of \$75 made party as a contribution of yel	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required tonie (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	8	3			
3a   X   Market Programment Nave unrelated business gross income of \$1,000 or more during the year?   3a   X   4a   Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)   S   5b   11 'Yes, "inter the name of the foreign country   S   5c   Was the organization aparty to a prohibited tax shelter transaction of any time during the tax year?   S   5c   X   5c   Mars the organization have unrelated business for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   5c   Was the organization have there transaction at any time during the tax year?   S   5c   X   5c   Mr Yes, "to line 5a or 5b, did the organization file Form 8886-T?   S   6c   Mr Yes, "to line 5a or 5b, did the organization file Form 8886-T?   S   6c   Mr Yes, "to line 5a or 5b, did the organization file Form 8886-T?   S   6c   Mr Yes, "to line the organization for solicity any contributions?   S   6c   Mr Yes, "to line the organization for solicity any contributions?   S   6c   Mr Yes, "to line the organization for solicity and the propers statement that such contributions or gifts were not tax deductible?   S   6c   Mr Yes, "did the organization for solicity and any express statement that such contributions or gifts were not tax deductible?   S   6c   Mr Yes, "did the organization for solicity and partly for goods and services provided to the payor?   To   6c   Mr Yes, "did the organization for solicity and partly solicitation and partly for goods and services provided to the payor?   To   6c   Mr Yes, "did the organization netwee devices of \$75 made partly sale personal penefit contract?   To   7c   X   Mr Yes, "did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract?   To   7c   X   Mr Yes, "did the organization sell, exchange, or did running, directly or indirectly, to a personal benefit contract?   To   7c   X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X		
b If "Yes," has it filed a Form 990-T for this year? #"No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X  b If "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b 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 transaction?  5b X  c If "Yes," to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Line Sa or Sb, did the organization that was a not a party to a prohibited tax shelter transaction?  5c Line Sa or Sb, did the organization to that well was a contributions of the any contributions that were not tax deductibles as charitable contributions?  6c Line Sa or Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate that may receive deductible contributions under section 170(c).  9d If "Yes," indicate the number of Forms 8282 filed during the year  1 If "Yes," indicate the number of Forms 8282 filed during the year  2 If Using organization organization in only the donor of the value of the goods or services provided?  9 If the organization receive any think, directly or Indirectly, on a personal benefit contract?  7c X  7d If the organization receive any think, directly or Indirectly, on a personal benefit contract?  7d If the organization receive any		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial accounts (*FBAF).  5b If "Yes," either the name of the foreign country:   5c einstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*FBAF).  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.T?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 Tyes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Tyes, "receive deductible contributions under section 170(c).  12 Did the organization notify the donor of the value of the goods or services provided?  13 If "Yes," indicate the number of Forms 8282 filed during the year  14 Did the organization received a contribution of qualified intellectual property, did the organization forewell and the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  15 Sponsoring organizations make a qualified intellectual property, did the organization file a Form 1098-C?  16 Sponsoring org	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
financial account, in a foreign country (such as a bank account, securities account, or other financial accounts?  If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions or of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions or of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions or filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for filing and provided for the factor for the second form that may translation solicit any contributions and provided for the care of the second form of the value of the goods or services provided?  The filthe organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 882?  If "Yes," indicate the number of Forms 8282 filed during the year  If Yes and the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 198 C?  Sponsoring organization make any taxable distributions under	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b			
b If "Yes," enter the name of the foreign country:	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Does the organization she annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  5c If "Yes," indicate the organization notify the donor of the value of the goods or services provided?  6c If "Yes," indicate the number of Forms 8282 filed during the year  6c If the organization receive any flunds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  7d Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  7d Sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization have access business holdings at any		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		<u> </u>	
Sa X	b If "Yes," enter the name of the foreign country: ▶							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 a or 5b, did the organization file Form 8886-T7  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$67 made party as a contribution and party for goods and services provided to the payor?  9 Did the organization receive a payment in excess of \$67 made party as a contribution and party for goods and services provided to the payor?  10 Tes," indicate the number of Forms 82828?  11 P'es," indicate the number of Forms 82828 filed during the year  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  14 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  15 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization services provided to the payor organization make any taxable distributions under section 4966?  16 Sponsoring organization make any taxable distributions under section 4966?  17 Sponsoring organization make any taxable distributions under section 4966?  18 Sponsoring organization make any taxable distributions under section 4966?  19 Sponsoring organization make any taxable distributions under section 4966?  10 Did the sponsoring organization make any taxable distributions under section 4966?  11 Section 501(c)(72) organizations. Enter:  12 G		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccount	s (FBAR).				
til "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5c	5a							
56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  56 b   16   17   18   18   18   18   18   18   18							<u> X</u>	
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Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a					9b			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves 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 in Schedule O.  14b	11	Section 501(c)(12) organizations. Enter:						
amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			11a					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 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 in Schedule O 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		/	$\overline{}$					
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  The lf "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  14b			1	) 	12a			
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  14b			12b		-			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  14b								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  14b	а	-			13a			
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  14b	_	· · · · · · · · · · · · · · · · · · ·						
c Enter the amount of reserves on hand 13c 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 in Schedule O 14b	b		ایدا					
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 in Schedule O     14b     14b					-			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c		44		y	
	b	іт "Yes," nas іт піед а Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			, ggn	(201E)	

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.5						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	.5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			. З		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?			7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?	,	3-	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			l	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )							
	This occion b requests information about policies not required by the internal ne	venue	0000./		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 ch									
		•	,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			112						
b										
12a	Billion and the second			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")									
_	in Schedule O how this was done	,		120	X					
13	Did the organization have a written whistleblower policy?			·	Х					
14	Did the organization have a written document retention and destruction policy?			·	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aopondone							
а	The organization's CEO, Executive Director, or top management official			15a		Х				
	Other officers or key employees of the organization					X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			. 16b						
Sec	tion C. Disclosure			.   101	<u>'                                    </u>					
17	List the states with which a copy of this Form 990 is required to be filed ▶IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only	) availah	le					
	for public inspection. Indicate how you made these available. Check all that apply.	,55011		, aranuk						
	X Own website Another's website X Upon request Other (explain	in Cal	nedule O							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	nd finan	cial					
.5	statements available to the public during the tax year.	01 0		mall	Jiui					
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and	records:							
	MARY ANN LILIE - 312-664-4462	ono ant								
	1447 N ASTOR ST., CHICAGO, IL 60610									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable Reportable		Estimated				
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recid	Tritus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	al tru		yee	n be		(** 2/ 1888 *********************************		and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer .			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ANN BRINKMAN CARSTENSEN	12.00									
PRESIDENT		Х		X				0.	0.	0.
(2) KELLY MCCLURE	12.00									
EXEC. VICE PREDIENT		Х		Х				0.	0.	0.
(3) MOLLY MILIKEN DECRESCE	2.00									
RECORDING SECRETARY		Х		Х				0.	0.	0.
(4) KRISTINE PARKER	12.00									
TREASURER		Х		Х				0.	0.	0.
(5) BETSY WHITLOW	1.00								_	_
ADVISORY COUNCIL LIASON		Х						0.	0.	0.
(6) KATIE ANTHONY	1.00									
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(7) ALEXIS BETTIS	1.00								_	_
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(8) JULIE LISSNER	1.00								_	_
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(9) LINDSAY WOERTHER	1.00								_	_
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(10) TIMNETRA BURRUSS	1.00								_	_
DIVERSIFICATION DIRECTOR		Х						0.	0.	0.
(11) MICHELLE ELEBY	1.00								_	_
EXTERNAL ADVOCACY DIRECTOR		Х						0.	0.	0.
(12) HEIDI THORNTON	1.00								_	_
FUNDRAISING DIRECTOR		Х						0.	0.	0.
(13) CHRISTA ARITE	1.00								_	_
STRATEGIC PLANNING DIRECTOR		Х						0.	0.	0.
(14) MEGGAN RUNNER	1.00								_	_
PARLIAMENTARIAN		Х						0.	0.	0.
(15) KELLY ROYER DOLYNIUK	1.00								_	_
MEMBER-AT-LARGE		Х						0.	0.	0.
		4								
			_				<u> </u>			
		4								
										- 000 (co.t.)

Form 990 (2	2015) THE JUNIO	OR LEAGU	JΕ	OF	' C	HI	CA	GC	), INC.	36-21	L95	474	Pa	age 8
Part VII	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss pe	more rson i	than c s both or/trust	an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensatio from related	n	an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
			•											
			-											
41-0-1-4									0.		0.			0.
c Total	otal from continuation sheets to Part VI (add lines 1b and 1c)	I, Section A						<u> </u>	0.		0.			0.
	number of individuals (including but nensation from the organization	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;		Yes	0 <b>N</b> o
	ne organization list any <b>former</b> officer, a? If "Yes," complete Schedule J for s	•			•	•	•					3		Х
and re	ny individual listed on line 1a, is the sue elated organizations greater than \$150 ny person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
rende Section B.	red to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>j</u>	pers	on .					5		Х
	olete this table for your five highest co rganization. Report compensation for (A)	=	-								ensat	tion fro		
	Name and business	address	NC	ONE	3				Description of s	ervices	C		nsatio	n
	number of independent contractors (in 000 of compensation from the organiz	•	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
												Form	990 (2	2015)

		Check if Schedule O contains a	response or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ပ္ ပ	1 a	Federated campaigns	1a				
ran	b	Membership dues	1 . 1 224 664				
₽,	С	Fundraising events					
ifts ar A	d	Related organizations					
s, mik	е	Government grants (contributions)	1e				
Sig	f	All other contributions, gifts, grants, and					
ber		similar amounts not included above	00 444				
i di	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		521,944.			
			Business Code				
ø.	2 a						
Š	b						
Program Service Revenue	С						
am	d						
og. B	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>)</b>				
	3	Investment income (including divide	nds, interest, and				
		other similar amounts)	<b>&gt;</b>	14,810.			14,810.
	4	Income from investment of tax-exen	npt bond proceeds				
	5	Royalties	<b>_</b>				
			i) Real (ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a		Securities (ii) Other	-			
		assets other than inventory $402$	,183.	-			
		Less: cost or other basis					
		and sales expenses 405 Gain or (loss) -3	,327.	-			
	С	Gain or (loss)	,144.	2 1 4 4			2 4 4 4
		Net gain or (loss)		-3,144.			-3,144.
nue	8 a	Gross income from fundraising ever including \$ 100,836.	ots (not of				
eve		contributions reported on line 1c). S					
r.		Part IV, line 18	a <u>176,758.</u>				
Other Reven	b	Less: direct expenses	ь103,536.				
0	С	Net income or (loss) from fundraising	g events	73,222.			73,222.
	9 a	Gross income from gaming activities	s. See				
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming ac	tivities				
	10 a	Gross sales of inventory, less return					
		and allowances	a 939.				
	b	Less: cost of goods sold	ь 560.				
ļ	С	Net income or (loss) from sales of in		379.	379.		
ļ		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS INCO	ME 900099	1,432.	1,432.		
	b						
	С						
		All other revenue	· · · · · · · · · · · · · · · · · · ·	4 400			
		Total. Add lines 11a-11d		1,432.	1 011	^	04 000
	12	Total revenue. See instructions		608,643.	1,811.	0.	84,888.

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•	nplete column (A).	
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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)	027 020	40 200	162 600	22 212
7	Other salaries and wages	237,230.	40,329.	163,689.	33,212.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	20.006	F 4 4 1	20 004	4 401
9	Other employee benefits	32,006.	5,441.	22,084.	4,481. 2,546.
10	Payroll taxes	18,187.	3,092.	12,549.	2,546.
11	Fees for services (non-employees):	F 360		F 360	
а		5,360.		5,360.	
b		04.450		24 450	
С	3	24,450.		24,450.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	4 740		4 740	
f	Investment management fees	4,740.		4,740.	
g	,	E 157		E 1E7	
	column (A) amount, list line 11g expenses on Sch O.)	5,157. 165.	165.	5,157.	
12	Advertising and promotion	14,944.	407.	14,202.	335.
13	Office expenses	11,319.	407.	11,319.	333.
14	Information technology	11,319.		11,519.	
15	Royalties	26,839.	4,563.	18,519.	3,757.
16	Occupancy	1,132.	±,505.	1,132.	5,151
17	Travel	1,152.		1,152.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21 22	Payments to affiliates	5,692.	968.	3,927.	797.
23		29,934.	5,089.	20,654.	4,191.
24	Other expenses. Itemize expenses not covered	23,3311	3,0031	20,0310	1,131
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) <b>MEMBERSHIP</b>	62,520.	62,520.		
a	PROJECT EXPENSES	46,190.	46,190.		
b	OTHER EXPENSES	33,355.	15,586.	17,769.	
q	PROFESSIONAL DEVELOPMEN	19,648.	19,578.	70.	
d		23,162.	3,332.	13,525.	6,305.
е 25		602,030.	207,260.	339,146.	55,624
<u>25</u>	Total functional expenses. Add lines 1 through 24e	002,030•	201,200•	333,140•	33,044
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	. —				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2016

Form 990 (2015)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			474,558.	1	537,572.
	2	Savings and temporary cash investments			352,109.	2	239,307
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
छ		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501(	c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	11,280.	9	19,702		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	642,198.			
	b	Less: accumulated depreciation	10b	312,350.	282,805.	10c	329,848
	11	Investments - publicly traded securities			990,093.	11	980,851
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			2,110,845.	16	2,107,280
	17	Accounts payable and accrued expenses			42,748.	17	31,864
	18	Grants payable			18		
	19	Deferred revenue			232,552.	19	246,630
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	f Schedule D		21	
S	22	Loans and other payables to current and former					
Ĭ		key employees, highest compensated employee	s, and c	lisqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages)		1			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			075 200	25	070 404
	26	Total liabilities. Add lines 17 through 25			275,300.	26	278,494
		Organizations that follow SFAS 117 (ASC 958)		here 🕨 🔼 and			
es		complete lines 27 through 29, and lines 33 and			1 001 105		1 000 706
anc	27	Unrestricted net assets			1,801,105.	27	1,828,786
Bal	28	Temporarily restricted net assets			34,440.	28	0.
2	29				34,440.	29	0 (
Ξ.		Organizations that do not follow SFAS 117 (AS	SC 958)	, cneck nere			
s or	00	and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			1,835,545.	32	1,828,786
_	33	Total net assets or fund balances		I	2,110,845.	33	2,107,280
	34	Total liabilities and net assets/fund balances			4,110,043.	34	Eorm <b>990</b> (201

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0				
3	Revenue less expenses. Subtract line 2 from line 1	3		6,6				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1							
5	Net unrealized gains (losses) on investments	5	-1	3,3	72.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,82	8,7	86.			
Pa	t 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 in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	-	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2015)			

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO,

**Employer identification number** 

36-2195474 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g \_\_\_\_ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **f** Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

# 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stor	here					<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2015 (li		•	.,,		14	<u>%</u>
	Public support percentage from 2014					15	<u>%</u>
16a	33 1/3% support test - 2015. If the o	-			14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2014. If the o				l line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•	irt VI how the orgai	nization
	meets the "facts-and-circumstances"	_	=		-	47- and line 45 in	
b	10% -facts-and-circumstances test	_	-				
	more, and if the organization meets the		•		•		₽
10	organization meets the "facts-and-circ		-	•			
ΙŎ	Private foundation. If the organization	n did not check a	DOX ON line 13, 16	a, 100, 17a, 0r 17k		ind see instructions	

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	'	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	597,777.	881,209.	484,677.	471,258.	521,944.	2956865.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	268,119.	193,075.	173,078.	202,862.	177,697.	1014831.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	865,896.	1074284.	657,755.	674,120.	699,641.	3971696.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						3971696.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 6	865,896.	1074284.	657,755.	674,120.	699,641.	3971696.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	25,924.	14,340.	13,119.	14,039.	-	82,232.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	25,924.	14,340.	13,119.	14,039.	14,810.	82,232.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,685. 901,505.	10,055. 1098679.	17,887. 688,761.	1,432. 689,591.	1,432. 715,883.	40,491. 4094419.
	Total support. (Add lines 9, 10c, 11, and 12.)			-	•		
14	First five years. If the Form 990 is for	the organization s			•		LIOH, ▶□
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2015 (li			olumn (fl)		15	97.00 %
	Public support percentage from 2014					16	96.53 %
_	ction D. Computation of Inves						2 2 2 2 70
	Investment income percentage for 20			e 13. column (f))		17	2.01 %
	Investment income percentage from 2					18	2.02 %
	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box an	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	►X
k	33 1/3% support tests - 2014. If the	•			•	•	
20	line 18 is not more than 33 1/3%, chec						

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
- Gu		
26		
3b		
0-		
3c		
_		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
30		
6		
7		
8		
9a		
9b		<u></u>
9с		
10a		
104		
10h		
10b		Ь

Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either allows or troppeter with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yest to a, b, or c, provide detail in Part VI.  11b L  Section B. Type I Supporting Organizations  Yes No  1 Did the directors, fusitees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directively operated, supremed, or controlled the organization and the supported organizations directively operated, supremed, or controlled the organization or extentions, and up, applied to such provises under the tax year.  2 Did the organization operate for the benefit of any supported organization or the supported organization, describe how the powers to appoint anotor remove directive or nucleas and the supported organization, describe how the powers to appoint anotor remove direction or nucleas were allocated among the supported organization of the companization or extentions, and up, applied to such provises during the say year.  2 Did the organization operate for the benefit of any supported organization of the supported organization (she tax year.)  British organization is apported organization of the supported organization (she tax year.)  British organization is apported organization of the supported organization (she tax year.)  1 When a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization.)  1 When a majority of the organization is directors or trustees during the part of the organization organization was vested in the same persons that controlled oring the prior tax	Pal	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (p) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 59% controlled with or 3 person described in (a) to (b) above?  1 Did the directors, frustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the Organizations directors or trustees at all times during the tax year? (if any organizations are the companization organization organizations activities, if the organization of directors or trustees at all times during the tax year? (if any organizations directors or trustees at all times during the tax year? (if any organizations directors or trustees and all times during the tax year.) (if a controlled the organizations activities, if the organization directors or trustees were allocated organization, describe how the powers to appoint and/or remove directors or trustees were allocated organization, describe how the powers to appoint and/or remove directors or trustees were allocated organization, described or the powers to appoint and/or remove directors or trustees were allocated organization, described or providing such heart Carried out the purposes of the supported organization() if ye yes, "explain in Part V how the powers to appoint and/or remove jumple dorson, and any organization or the top and the supported organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organization's according application is supported organizations, by the last day of the fifth month of the organization or supporting Organization's according application as a supported organization, and (ii) copies of the organization or powering down the according application or elected by the supported organization's powering down the supported org				Yes	No
below, the governing body of a supported organization?  1 A family member of a person described in (a) anove?  2 A 35% controlled entity of a person described in (a) or (b) above? If Yes* to a, b, or c, provide detail in Part VI.  1 Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If YNo, "describe in Part VI. Now the supported organizations directors or trustees at all times during the tax year? If YNO, "describe in Part VI. Now the supported organizations or extremely and the organization or developed in the organization organization and what conditions or restrictions, if any, applied to supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organization and what conditions or restrictions, if any, applied to susported organization in the supported organization organization and varied organizations or restrictions, if any, applied to such powers during the lax year.  2 Did the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, supported organization and the supported organizations.  3 Ves No  1 Were a majority of the organizations as directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations as directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of government of the supported organization(s). If Yes, the supported organization organization and the supported	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above?  BYes' to a, b, or c, provide detail in Part VI.  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations deficiency operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directions or frustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint activities, and supported organization? If "Yes," explain in Part VI how provinging such benefit carried out the purposes of the supported organization operated the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or supported organization in the same persons that controlled or managed that supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization that the organization is appointed organization or subject of applications or elected by the supporte	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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Section D. All Type III Supporting Organizations  Yes No  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization 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).  3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization is 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.  Section E. Type III Functionally-Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below.  a Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities described in (a) constitute activities these activities described their exempt purposes, how the organization was responsive to those supported organizations, and how the organization have the power to regu			1		
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970. <b>See instru</b>	uctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	<b>3</b>					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section D,						
	line 7:						
а	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
-	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
а	2.53.35.771 01 mio 11						
h							

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013 d Excess from 2014 e Excess from 2015 Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

2015

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

THE JUNIOR LEAGUE OF CHICAGO, INC. 36-2195474

prganization type (cneck one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, -EZ, line 1. Complete Parts I and II.					
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \big  \$						
· ·	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

# THE JUNIOR LEAGUE OF CHICAGO, INC.

36-2195474

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# THE JUNIOR LEAGUE OF CHICAGO, INC.

36-2195474

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	15	 	990 990-F7 or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number THE JUNIOR LEAGUE OF CHICAGO, INC.

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 (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 (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 (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 (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

### **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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC. **Employer identification number** 36-2195474

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised rands	(b) I and and other accounts
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 w	vriting that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	,
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
Dai	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Ot	ther Similar Assets
I a	Complete if the organization answered "Yes" on Form		iner oliffildi Assets.
та	If the organization elected, as permitted under SFAS 116 (ASC	,,	·
	historical treasures, or other similar assets held for public exh		rice of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describ		t and balance about wayte of out bistorical
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		<b>▶</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
•		and the similar appets for financia	' The state of the
2	If the organization received or held works of art, historical trea		ıı gairi, provide
_	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	•
a	Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
p	Assets included in Form 990, Part X		<b>▶</b> ⊅

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

Schedule D (Form 990) 2015

Yes

Amount

Yes

(e) Four years back

Yes

Nο

No

No

Nο

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

#### Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

		<del>/</del>	<u>′ ′                                    </u>				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		20,000.		20,000.			
<b>b</b> Buildings		508,131.	245,521.	262,610.			
c Leasehold improvements							
d Equipment		114,067.	66,829.	47,238.			
<b>e</b> Other							
	stal Add lines 1a through 1a. (Calumn (d) must a gual Farm 000. Bart V. aslumn (D) line 10a.)						

Schedule D (Form 990) 2015

Schedule	D (Form 990) 2015 THE JUNIOR	LEAGUE OF (	CHICAGO,	INC.	36	-2195474	Page
Part V	II Investments - Other Securities.						
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b. See l	Form 990,	Part X, line 12.		
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) N	lethod of v	aluation: Cost or end	-of-year market v	alue /
(1) Finar	ncial derivatives						
(2) Close	ely-held equity interests						
(3) Othe							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	I. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part V	III Investments - Program Related.						
	Complete if the organization answered "Yes"						
	(a) Description of investment	(b) Book value	(c) M	1ethod of v	aluation: Cost or end	-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Co	I. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.						
	Complete if the organization answered "Yes"		/, line 11d. See l	Form 990,	Part X, line 15.		
	(a)	Description				(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)			<b>&gt;</b>		
	Complete if the organization answered "Yes"	on Form 990, Part IV			990, Part X, line 25.		
<u>1.</u>	(a) Description of liability		(b) Book v	value			
(1) F	ederal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)			1				

▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(8) (9)

Dart VI	Doggo	siliation 4	of Doyor	IIIO DOR ALI	ditad Eina	anial	Statements !	Nith Revenue nei	Do
scriedule D (	רטוווו ששט	) 2013	11111	CONTOIL	пписоп	$\circ$	CHICAGO,	T11C •	

Pal	Reconciliation of Revenue per Audited Financial State	ments with	Revenue per Re	turn.	
	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	699,368.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-13,371.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	90,725.
3	Subtract line 2e from line 1			3	608,643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	608,643.		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	706,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		104,096.		
е	Add lines 2a through 2d			2e	104,096.
3	Subtract line 2e from line 1			3	602,030.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	0.		
				5	602,030.

| 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:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF MAY 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE JUNIOR LEAGUE OF CHICAGO, INC.  Part XIII   Supplemental Information (continued)	36-2195474 Page 5
SPECIAL EVENT EXPENSE	
COOKBOOK EXPENSE	560.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	104,096.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	103,536.
COOKBOOK EXPENSE	560.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	104,096.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization	Employer identification number									
THE JUNIOR LEAGUE OF CHICAGO, INC.							36-2195474			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indiction</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
<b>Fotal</b>			•							
List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration			

532081 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

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

36-2195474 Page 2 Schedule G (Form 990 or 990-EZ) 2015 THE JUNIOR LEAGUE OF CHICAGO, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SUMMER (add col. (a) through SOIREE 3 ANNUAL GALA col. (c)) (event type) (event type) (total number) 111,567. 51,125. 114,902. 277,594. 1 Gross receipts 36,174. 54,797. 9,865. 100,836. 2 Less: Contributions 75,393. 60,105. 176,758. **3** Gross income (line 1 minus line 2) 41,260. 4 Cash prizes 5 Noncash prizes Direct Expenses 49,002. 25,046. 21,406. 95,454. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,795. 206. 5,081. 8,082. Other direct expenses 103,536. **10** Direct expense summary. Add lines 4 through 9 in column (d) 73,222 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Sch	edule G (Form 990 or 990-EZ) 2015 THE JUNIOR LEAGUE OF CHICAGO, INC. 36-2	195474	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	· L Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of comings mustided <b>b</b>		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatany distributions:		
	Mandatory distributions:  I s the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	No
	retain the state gaming license?	1es	140
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \( \bigsir \) \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	200 Ob 10	
ı a		ies 9, 9b, Tu	0, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	THE	JUNIOR	LEAGUE	OF	CHICAGO,	INC.	36-2195474	Page 4
Part IV	Supplemental Infor	mation	(continued)						

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015
Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

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

OF ALL RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMONSTRATE AN

INTEREST IN AND A COMMITMENT TO VOLUNTEERISM.

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

ASSOCIATE MEMBERS - THE ASSOCIATE COURSE OFFERS WIDE EXPOSURE TO VARIOUS

ASPECTS OF THE LEAGUE. THE ASSOCIATE PERIOD IS INTENDED TO PROIVDE AN

INTRODUCTION TO THE LEAGUE AND FACILITATE THE ON-BOARDING OF NEW MEMBERS.

ASSOCIATE COUNSELORS SERVE AS GUIDES AND MENTORS THROUGHTOUT THE COURSE.

ACTIVE MEMBERS - SAME AS ASSOCIATE MEMBERS, BUT ADDITIONAL PRIVILEGES
INCLUDE HOLDING LEADERSHIP POSITIONS AND VOTING RIGHTS.

SUSTAINER MEMBER - AFTER AN ACTIVE MEMBER EARNS 200 POINTS THROUGH THE FLEX
CREDIT SYSTEM, THE MEMBER HAS THE OPTION TO CHANGE THEIR STATUS TO
SUSTAINER. SUSTAINERS PAY ANNUAL DUES TO MAINTAIN THEIR LEAGUE MEMBERSHIP.
THEY HAVE NO OTHER REQUIRED RESPONSIBILITIES AND NO VOTING PRIVILEGES.
SUSTAINERS CAN AND ARE ENCOURGED TO PARTICPATE IN ANY AND ALL ASPECTS OF
THE LEAGUE.

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

THE JLC'S MEMBERSHIP VOTES TO ELECT THE GOVERNING BODY FOR THE NEXT FISCAL YEAR AT THE ANNUAL MEETING.

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

CERTAIN BOARD RECOMMENDATIONS ARE SUBJECT TO MEMBER APPROVAL. THEY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211

Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15 Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

INCLUDE, BUT MAY NOT BE LIMITED TO, BYLAW CHANGES, THE STRATEGIC PLAN,

SIGNIFICANT PROGRAM CHANGES AND THE DISPOSITION OF ASSETS.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE
ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND
PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO
FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO
REVIEW THE RETURN AND ASK QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR
THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. WHILE THIS POLICY DOES

NOT REQUIRE ANNUAL CERTIFICATION OF COMPLIANCE, IT DOES REQUIRE WRITTEN

DISCLOSURE TO THE EXECUTIVE COMMITTEE IF MEMBERS BECOME AWARE OF CONFLICTS,

AND SUCH MEMBER MAY NOT PARTICIPATE IN NOR BE PRESENT FOR ANY DISCUSSION,

VOTE, OR SUBSEQUENT NEGOTIATIONS IN CONNECTION WITH SUCH PROPOSED

TRANSACTION WITHOUT WRITTEN APPROVAL BY THE EXECUTIVE COMMITTEE.

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

THE BOARD OF DIRECTORS APPROVES THE SALARY OF THE OPERATIONS DIRECTOR AT
THE TIME OF HIRE AND REVIEWS AND APPROVES ANY SALARY ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UP REQUEST.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

For Office Use Only	ILLINOIS CHARITABLE (			Т		Form AG990-II Revised 3/0
PMT#	Attorney General Li	ISA MADIGAN State Bureau, 100 West F		00	# O1	-1628
		Chicago, Illinois 60		CO		
AMT	·	the Fiscal Period:		X		all items attached: IRS Return
			Make Chec	77		Financial Statements
	Beginning	06/01/2015	Payable to	``		Form IFC
INIT			the Illinois Charity	X	\$15.00	Annual Report Filing Fee
		05/31/2016	Bureau Fur	d 🔲		Late Report Filing Fee
_	5-2195474	MO DAY YR				MO DAY YR
	s to the organization tax deductible? X Yes	No	Date Organization v		d:	
LEGAL	THE JUNIOR LEAGUE OF CHICAGO	) TNC	Year-en amounts			
MAIL	THE DUNIOR HEAGUE OF CHICAGO	o, inc.	A) ASSETS		A) \$	2,107,280.
	1447 N. ASTOR ST.		B) LIABILI		B) \$	278,494.
	CHICAGO, IL		C) NET AS	SETS	C) \$	1,828,786.
ZIP CODE	50610					
I. SUMM	ARY OF ALL REVENUE ITEMS DURING T	THE YEAR:	PERCE			AMOUNT
/	IC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV.	. (GROSS AMTS.)	52.6		D) \$	374,977.
1 '	RNMENT GRANTS & MEMBERSHIP DUES		45.5		E) \$	324,664.
F) OTHE	R REVENUES		1.0	38%	F) \$	13,098.
G) TOTA	L REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADI	D D E & E)		100 %	G) \$	712,739.
II. SUMM	ARY OF ALL EXPENDITURES DURING TI	HE YEAR:		100 /0	ω, ψ	71277330
	ATING CHARITABLE PROGRAM EXPENSE		44.0	94%	H) \$	311,356.
,						
I) EDUC	CATION PROGRAM SERVICE EXPENSE			%	1) \$	
				0.4		244 256
J) TOTA	L CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		44.0	94%	J) \$	311,356.
147 1010	T COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED	IN I\-	\$			
31) 3011	00313 ALLOCATED TO FROUNAM SERVICES (INCLUDED	iiv 0).	P			
K) GRAI	ITS TO OTHER CHARITABLE ORGANIZATIONS			%	K) \$	
,						
L) TOTA	L CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J	& K)	44.0	94%	L) \$	311,356.
			40.0			220 146
M) MAN	AGEMENT AND GENERAL EXPENSE		48.0	29 %	M) \$	339,146.
N) FUNE	DAICING EVDENCE		7 9	77%	N) \$	55,624.
IN) FUNL	PRAISING EXPENSE		7.0	1 1 70	(N) (D	33,024
0) TOTA	L EXPENDITURES THIS PERIOD (ADD L, M, & N)			100 %	0) \$	706,126.
	ARY OF ALL PAID FUNDRAISER AND CO	NEUL TANT ACTIVI	TIES.		-/ +	•
l .	torney General Report of Individual Fundraising Campaign-Fo		TIES.			
PROFESS	IONAL FUNDRAISERS;	,				_
P) TOTA	L AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	S		100 %	P) \$	0.
0) TOTA	I FUNDDAIGEDS FEES AND EVDENISES			0/	Q) \$	
(a) 101 <i>F</i>	L FUNDRAISERS FEES AND EXPENSES			%	ω, φ	
R) NET	RECEIVED BY THE CHARITY (P MINUS Q=R)			%	R) \$	

OPERATIONS DIRECTOR

FINANCE MANAGER

V) NAME, TITLE: KELSEY GAMBLE COMMUNICATION & EVENTS COORDINATOR

W) DESCRIPTION: PROMOTING VOLUNTEERISM THRU EFFECTIVE LEADERSHIP

S) \$

T) \$

U) \$

V) \$

W)#

X) # Y) # 0.

79,196.

58,027.

25,871.

List on back side of instructions  $\begin{array}{c} \text{CODE} \end{array}$ 

300

PROFESSIONAL FUNDRAISING CONSULTANTS;
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

T) NAME, TITLE: MARY ANN LILLIE

U) NAME, TITLE: DANIEL KANTER

598091 04-01-15

X) DESCRIPTION:

Y) DESCRIPTION:

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.		٦		Х
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Λ
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
		1		
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
٦.	THE CONTRACT OF THE CHITATENESS	,		Х
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Λ
_				
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	- 1		
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
	BETWEEN THOUTHAM BETWEE AND FONDINIONA EACHOED.			
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
70.				
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
		- 1		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
		[		
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
٠٠.	THREE LARGEST ACCOUNTS;			
	ITINEE LANGEST ACCOUNTS.			
	JP MORGAN CHASE, 1 BANK ONE PLAZA, CHICAGO, IL 60670			
	OF MORGAN CHASE, I BANK ONE FLAZA, CHICAGO, IL 00070			
	TD MODOLNI GULLGE OL GOLIEU GLADIK GULGAGO II 60670			
	JP MORGAN CHASE, 21 SOUTH CLARK, CHICAGO, IL 60670			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MARY ANN LILIE - 312-664-4462			
ALL	_ ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

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

#### BE SURE TO INCLUDE ALL FEES DUE:

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

### ANN BRINKMAN CARSTENSEN

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

KIMBERLY A. HAUMANN

598101 04-01-15

PREPARER (PRINT NAME)

**SIGNATURE** 

DATE

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

TIIN 1 . 2015 and ending MAY 31,

Inspection

OMB No. 1545-0047

<u> </u>	OI LITE	e 2013 Calendar year, or tax year beginning 0011 1, 2013 and	ending 1	MI 31, 2010				
<b>B</b> (	Check if pplicable	C Name of organization		D Employer identific	cation number			
	Addre	e   THE JUNIOR LEAGUE OF CHICAGO, INC.						
	Name chang	e Doing business as		36-23	195474			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
$\overline{\Box}$	Final return	1//7 N ACTOR CT			) 664-4462			
_	termin ated			G Gross receipts \$	1,118,066.			
	Ameno			H(a) Is this a group re				
F	Applic		ENSEN	for subordinates				
	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—			
				1				
			or 527	1 ′	list. (see instructions)			
		te: WWW.JLCHICAGO.ORG	1	H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1912  N	1 State of legal domicile: IL			
Pá	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: COMM	UNITY	IMPROVEMENT				
Activities & Governance								
rna	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets.			
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15			
ဗိ	1	Number of independent voting members of the governing body (Part VI, line 1b)			15			
∞ ∞		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			8			
ţį					15			
₫		Total number of volunteers (estimate if necessary)		·····	0.			
ĄĊ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34						
				Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		471,258.	521,944.			
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,749.	11,666.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		112,585.	75,033.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		606,592.	608,643.			
	13	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)		0.	0.			
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		279,773.	287,423.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Je n	h	Total fundraising expenses (Part IX, column (D), line 25) > 55,6	24.	_				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		368,608.	314,607.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		648,381.	602,030.			
				-41,789.	6,613.			
		Revenue less expenses. Subtract line 18 from line 12		•				
Net Assets or		Total accests (Doct V. Free 4.0)	Be	ginning of Current Year 2,110,845.	End of Year 2,107,280.			
SSE	20	Total assets (Part X, line 16)						
et A	21	Total liabilities (Part X, line 26)		275,300.	278,494.			
		Net assets or fund balances. Subtract line 21 from line 20		1,835,545.	1,828,786.			
	art II	Signature Block						
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	е	ANN BRINKMAN CARSTENSEN, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid KIMBERLY A. HAUMANN KIMBERLY A. HAUMANN 10/10/16 self-employed P005464								
	arer	Firm's name PLANTE & MORAN, PLLC		Firm's EIN ▶	38-1357951			
-	Only	Firm's address 10 S. RIVERSIDE PLAZA 9TH FLOOR		I IIIII O LIIV				
200	CHICAGO, IL 60606  Phone no. (312) 207-1040							
N 4 a ·	, the IF	RS discuss this return with the preparer shown above? (see instructions)		FIIOHE IIO. ( 3				
					X Yes No Form <b>990</b> (2015)			
5320	01 12-10	6-15 LHA For Paperwork Reduction Act Notice, see the separate instruction	JIIS.		Form <b>330</b> (2015)			

	990 (2015) THE JUNIOR LEAGUE OF CHICAGO, INC. 36-2195474 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	METROPOLITAN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING
	VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING THE
	COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED
	VOLUNTEERS. THE JUNIOR LEAGUE OF CHICAGO, INC. REACHES OUT TO WOMEN
2	Did the organization undertake any significant program services during the year which were not listed on
2	
_	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
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$207, 260. including grants of \$) (Revenue \$)
	THE JLC'S RESOURCES WERE USED IN FURTHERANCE OF ITS MISSION TO PROVIDE
	LEADERSHIP TRAINING AND SERVICE TO THE COMMUNITY THROUGH TRAINED
	VOLUNTEERS. MEMBER VOLUNTEERS CONTRIBUTED 128,338 OF SERVICE HOURS IN
	VARIOUS ACTIVITIES IN PERSUIT OF LEADERSHIP TRAINING AND COMMUNITY
	SERVICE.
4b	(Code:) (Expenses \$ including grants of \$)       (Revenue \$)
4c	
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
Tu	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 207, 260 •
70	Form 990 (2015)
	Foilii <b>666</b> (2013)

## 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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
_			000	_

# Part IV Checklist of Required Schedules (continued)

			Yes	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			200	· · - ·

# Form 990 (2015) THE JUNIOR LEAGUE OF CHICAGO, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	(			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		ol .		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		
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		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
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	ccount	ts (FBAR).			
5а	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 transaction	ction?		5b	ļ.,	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	to file Form 8282?	as requ	iii ed	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		:?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	44=	I			
	Gross income from members or shareholders	11a				
а	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
192	amounts due or received from them.)  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	1041		ızd		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU	ı			
				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				
	Did the executive vestion and the second for indeed to be a second of the second of th			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b		
_				Forn	<b>1990</b>	(2015)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b				
	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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:			
	MARY ANN LILIE - 312-664-4462			
	1447 N ASTOR ST., CHICAGO, IL 60610			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	med		C)	ipoi	<u>lour</u>	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	າ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any	-					Ĺ	from the	from related organizations	other compensation
	hours for	r direc				- - - -		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN BRINKMAN CARSTENSEN	12.00	1	1			1				
PRESIDENT		Х		Х				0.	0.	0.
(2) KELLY MCCLURE	12.00									
EXEC. VICE PREDIENT		Х		Х				0.	0.	0.
(3) MOLLY MILIKEN DECRESCE	2.00									_
RECORDING SECRETARY		Х		Х				0.	0.	0.
(4) KRISTINE PARKER	12.00									
TREASURER		Х		Х				0.	0.	0.
(5) BETSY WHITLOW	1.00									_
ADVISORY COUNCIL LIASON		Х						0.	0.	0.
(6) KATIE ANTHONY	1.00									_
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(7) ALEXIS BETTIS	1.00									
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(8) JULIE LISSNER	1.00									_
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(9) LINDSAY WOERTHER	1.00									
CURRENT ISSUES DIRECTOR		Х						0.	0.	0.
(10) TIMNETRA BURRUSS	1.00									
DIVERSIFICATION DIRECTOR		Х						0.	0.	0.
(11) MICHELLE ELEBY	1.00									
EXTERNAL ADVOCACY DIRECTOR		Х						0.	0.	0.
(12) HEIDI THORNTON	1.00									
FUNDRAISING DIRECTOR		Х						0.	0.	0.
(13) CHRISTA ARITE	1.00									
STRATEGIC PLANNING DIRECTOR		Х						0.	0.	0.
(14) MEGGAN RUNNER	1.00									
PARLIAMENTARIAN		Х						0.	0.	0.
(15) KELLY ROYER DOLYNIUK	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.

36-2195474

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable		Es	timate	d
	hours per week	box	, unles	ss pe	rson i	is both or/trus	an	compensation	compensatio		l	nount c	of
	(list any						,	from the	from related organization		l	other pensat	ion
	hours for	Individual trustee or director				pa Ba		organization	(W-2/1099-MIS		l	om the	
	related	tee o	trustee			ensat		(W-2/1099-MISC)			org	anizati	on
	organizations below	altrus	onal tr		loyee	comp					l	d relate	
	line)	dividu	Institutional t	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ns
	,	드	드	0	3	工高	Œ.						
1b Sub-total							<b>•</b>	0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	9			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	director, or tru	ıste	e. ke	v en	olan	vee.	or l	highest compensated er	nplovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	$\rightarrow$	X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedule	Jf	or su	ıch ı	oers	on .					5		X
Complete this table for your five highest co	mnensated ind	lono	nder	at co	ntr	actor	e th	nat received more than \$	100 000 of com	nenea:	tion fro	.m	
the organization. Report compensation for										501150	tion inc	,,,,	
(A)								(B)			(0	;)	
Name and business	address	NC	ONE	5				Description of s	ervices	C	compe	nsation	1
							$\dashv$						
2 Total number of independent contractors (i	ncludina but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	•				(	_							
	- <del></del>								_ <del></del>		Form	<b>990</b> (2	2015)

		Check if Schedule O contains a	response or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ပ္ ပ	1 a	Federated campaigns	1a				
ran	b	Membership dues	1 . 1 224 664				
₽,	С	Fundraising events					
ifts ar A	d	Related organizations					
s, mik	е	Government grants (contributions)	1e				
Sig	f	All other contributions, gifts, grants, and					
ber		similar amounts not included above	00 444				
i di	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		521,944.			
			Business Code				
ø.	2 a						
Š	b						
Program Service Revenue	С						
am	d						
og. B	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>)</b>				
	3	Investment income (including divide	nds, interest, and				
		other similar amounts)	<b>&gt;</b>	14,810.			14,810.
	4	Income from investment of tax-exen	npt bond proceeds				
	5	Royalties	<b>_</b>				
			i) Real (ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a		Securities (ii) Other	-			
		assets other than inventory $402$	,183.	-			
		Less: cost or other basis					
		and sales expenses 405 Gain or (loss) -3	,327.	-			
	С	Gain or (loss)	,144.	2 1 4 4			2 4 4 4
		Net gain or (loss)		-3,144.			-3,144.
nue	8 a	Gross income from fundraising ever including \$ 100,836.	ots (not of				
eve		contributions reported on line 1c). S					
r.		Part IV, line 18	a <u>176,758.</u>				
Other Reven	b	Less: direct expenses	ь103,536.				
0	С	Net income or (loss) from fundraising	g events	73,222.			73,222.
	9 a	Gross income from gaming activities	s. See				
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming ac	tivities				
	10 a	Gross sales of inventory, less return					
		and allowances	a 939.				
	b	Less: cost of goods sold	ь 560.				
ļ	С	Net income or (loss) from sales of in		379.	379.		
ļ		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS INCO	ME 900099	1,432.	1,432.		
	b						
	С						
		All other revenue	· · · · · · · · · · · · · · · · · · ·	4 400			
		Total. Add lines 11a-11d		1,432.	1 011	^	04 000
	12	Total revenue. See instructions		608,643.	1,811.	0.	84,888.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	• • • • • • • • • • • • • • • • • • • •	
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
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				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	237,230.	40,329.	163,689.	33,212.
8	Pension plan accruals and contributions (include	,	,	,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	32,006.	5,441.	22,084.	4,481.
10	Payroll taxes	18,187.	3,092.	12,549.	2,546.
11	Fees for services (non-employees):				
а	Management	5,360.		5,360.	
b	Legal				
С	Accounting	24,450.		24,450.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,740.		4,740.	
g	Other. (If line 11g amount exceeds 10% of line 25,	- 4			
	column (A) amount, list line 11g expenses on Sch 0.)	5,157.	1.55	5,157.	
12	Advertising and promotion	165.	165.	14 000	225
13	Office expenses	14,944.	407.	14,202.	335.
14	Information technology	11,319.		11,319.	
15	Royalties	26,839.	4,563.	18,519.	3,757.
16	Occupancy	1,132.	4,303.	1,132.	3,737.
17	Travel	1,152.		1,152.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	0				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,692.	968.	3,927.	797.
23	Insurance	29,934.	5,089.	20,654.	4,191.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEMBERSHIP	62,520.	62,520.		
b	PROJECT EXPENSES	46,190.	46,190.		
С	OTHER EXPENSES	33,355.	15,586.	17,769.	
d	PROFESSIONAL DEVELOPMEN	19,648.	19,578.	70.	
е	All other expenses	23,162.	3,332.	13,525.	6,305.
25	Total functional expenses. Add lines 1 through 24e	602,030.	207,260.	339,146.	55,624.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2015)

Form 990 (2015)
Part X | Balance Sheet

. aı	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			474,558.	1	537,572.
	2	Savings and temporary cash investments			352,109.	2	239,307
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
	•	trustees, key employees, and highest compensa		, , , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
	U	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
				·		6	
Assets	-	employees' beneficiary organizations (see instr).				7	
Ass	7	Notes and loans receivable, net					
`	8	Inventories for sale or use			11,280.	8	19,702
	9		 I I	·····	11,200.	9	19,702
	10a	Land, buildings, and equipment: cost or other		642 100			
		basis. Complete Part VI of Schedule D	10a	642,198.	202 005		200 040
		Less: accumulated depreciation			282,805.	10c	329,848
	11	Investments - publicly traded securities			990,093.	11	980,851
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		l l		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,110,845.	16	2,107,280
	17	Accounts payable and accrued expenses			42,748.	17	31,864
	18	Grants payable				18	
	19	Deferred revenue			232,552.	19	246,630
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ပ္သ	22	Loans and other payables to current and former	officers, d	irectors, trustees,			
litie		key employees, highest compensated employee	s, and disc	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
<u> </u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third part	ies		24	
	25	Other liabilities (including federal income tax, par					
		parties, and other liabilities not included on lines					
		Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			275,300.	26	278,494
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an					
)ce	27	Unrestricted net assets			1,801,105.	27	1,828,786
alar	28	Temporarily restricted net assets				28	
Ä	29	B			34,440.	29	0.
ĭ		Organizations that do not follow SFAS 117 (A					
ᆫ		and complete lines 30 through 34.					
130	30	Capital stock or trust principal, or current funds				30	
ارة	31	Paid-in or capital surplus, or land, building, or eq				31	
က္က ၂	0.1	i ala ili oi oapitai surpius, oi iariu, bullullig, oi eq	laibine ir ir				
Ass	32	Retained earnings endowment accumulated in	come or o	ther funds		30	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated incomment assets or fund balances			1,835,545.	32 33	1,828,786.

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	608	3,6	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,6	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,83	5,5	45.
5	Net unrealized gains (losses) on investments	5		3,3	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,828	3,7	86.
Pa	rt XII Financial Statements and Reporting	•	-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

**Employer identification number** 

36-2195474

Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

# 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2014. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		<b>&gt;</b>
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s <b>&gt;</b>
					Sch	dule A (Form 990	or 990 E7\ 2015

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

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

Se	ction A. Public Support	,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	597,777.	881,209.	484,677.	471,258.	521,944.	2956865.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				202,862.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	865,896.	1074284.	657,755.	674,120.	699,641.	3971696.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
i	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						0.
(	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3971696.
Se	ction B. Total Support				<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	865,896.	1074284.	657,755.	674,120.	699,641.	3971696.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,924.	14,340.	13,119.	14,039.	14,810.	82,232.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	25,924.	14,340.	13,119.	14,039.	14,810.	82,232.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,685.	10,055. 1098679.	17,887.	1,432.	1,432.	40,491.
	Total support. (Add lines 9, 10c, 11, and 12.)	901,505.		688,761.	689,591.	715,883.	4094419.
14	<b>First five years.</b> If the Form 990 is for check this box and <b>stop here</b>	•	,		•	. , . ,	·
Se	ction C. Computation of Publi	c Support Per					
	Public support percentage for 2015 (I			olumn (fl)		15	97.00 %
16	Public support percentage from 2014					16	96.53 %
	ction D. Computation of Inves						70
	Investment income percentage for 20			e 13. column (f))		17	2.01 %
18						18	2.02 %
	a 33 1/3% support tests - 2015. If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						▶ 🔽
ŀ	33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che		-	=		-	▶∐
20	Drivate foundation If the organization	n did not chack a l	nov on line 1/1 10	or 10h chack th	ie hav and eac inch	tructions	<b>▶</b>

Т..

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
Ols		
9b		
9с		
10a		
401		
10b	200 EZ	

	Continued			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		.,	
4	Did the exemination provide to each of its supported exeminations, but he lest day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructives Test. Answer (a) and (b) below.	uctions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? Provide details in <i>Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes." describe in Part VI, the role played by the organization in this regard	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970. <b>See instru</b>	uctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	<u> </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	Т		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
_	and 4c.			
8_	Breakdown of line 7:			
<u>a</u>				
<u>b</u>	Evenes from 2012			
	Excess from 2013			
a	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

#### **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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

**Employer identification number** 36-2195474

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 w	_	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ease	ement is legated	
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	b	and ing of violations, and officioning con-	servation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ition easements during the year
-	<b>▶</b> \$		men cacements adming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		ğ ç
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhil	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2015

_		IOR LEAGUE				O415 5 11 C		36-21		
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	are a sign	ificant u	se of its c	ollection i	tems
	(check all that apply):									
а	Public exhibition	C			hange progra					
b	Scholarly research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit o		,		*				7	
Day	to be sold to raise funds rather than to be ma								Yes	No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" on Fo	orm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributions	s or other ass	ets not inc	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ıstodial accou	ınt liability	?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) F	rior year	(c) Two year	s back (d	<b>i)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)	) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	•								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	nd administere	ed for the	organiza	ition	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Day	Describe in Part XIII the intended uses of the		wment f	unds.						
Fai			0 D-4 N	/ 15 <b></b>	F 000	Dest V. Per				
	Complete if the organization answered		,		T T				<b>/ 1</b>	
	Description of property	(a) Cost or o		(b) Cost			cumulate eciation	ed	(d) Book	value
	Land	basis (investr	Helit)	basis (	` ′	uepre	Colation		2.0	000
	Land				0,000. 8,131.	2 /	45,52	1		,000. ,610.
b	Buildings			50	0,131.		±J, J2	. T •	402	,010.
С.	Leasehold improvements			11	4,067.		66,82	9	17	,238.
d	Equipment Other	<b>I</b>		11	<del>-</del> ,00/•		00,02	• • •	4/	, 430 •
	Other		V	(D) " 1	2 - )				320	848

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE JUNIOR	LEAGUE OF C	CHICAGO, INC.	36	-2195474 Page
Part VII Investments - Other Securities.		•		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			l-of-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"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(8) (9)

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With I	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	·		1	699,368.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-13,371.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	104,096.		
е	Add lines 2a through 2d			2e	90,725.
3	Subtract line 2e from line 1			3	608,643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	- 10 \		5	608,643.
_	Total Toveride: / tad IIIIee & direct 191 [This must equal 10111 930. Fait 1. IIIe	<del>2</del>	· <u>·······</u>		
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per l		
Pa	rt XII Reconciliation of Expenses per Audited Financial  Complete if the organization answered "Yes" on Form 990, Part I	Statements With	Expenses per l		1.
Pai	rt XII Reconciliation of Expenses per Audited Financial	<b>Statements With</b> V, line 12a.	Expenses per l		
	Complete if the organization answered "Yes" on Form 990, Part I	<b>Statements With</b> V, line 12a.	Expenses per l	Returr	1.
1	Complete if the organization answered "Yes" on Form 990, Part I  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	Statements With V, line 12a.	Expenses per l	Returr	1.
1 2	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	V, line 12a.	Expenses per l	Returr	1.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements With   V, line 12a.     2a       2b       2c	Expenses per I	Return	1.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	Statements With   V, line 12a.     2a       2b     2c	Expenses per l	Return	706,126.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Statements With   V, line 12a.     2a       2b     2c     2d	Expenses per l	Return	706,126. 104,096.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a   2b   2c   2d	104,096.	Return	706,126.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a   2b   2c   2d	104,096.	1 1 2e	706,126. 104,096.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Statements With V, line 12a.  2a 2b 2c 2d	104,096.	1 1 2e	706,126. 104,096.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	104,096.	1 1 2e	104,096. 602,030.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d     4a   4b	104,096.	1 1 2e	706,126. 104,096.

| 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:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF MAY 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE JUNIOR LEAGUE OF CHICAGO, INC.  Part XIII Supplemental Information (continued)	36-2195474 Page 5
SPECIAL EVENT EXPENSE	103,536.
COOKBOOK EXPENSE	560.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	104,096.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	103,536.
COOKBOOK EXPENSE	560.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	104,096.
-	

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36 – 21 9 5 4 7 4

1111 0011	TON DEPOSE OF CHICA	100		10.	30 2133	<del>1/1</del>				
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
1 Indicate whether the organization rais	ed funds through any of the following	activ	ities (	Check all that apply						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a  Mail solicitations e  Solicitation of non-government grants b  Internet and email solicitations f  Solicitation of government grants										
<b>b</b> Internet and email solicitations										
c Phone solicitations	g Special	fundra	ising 6	events						
d In-person solicitations										
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees or					
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?	Yes	No				
<b>b</b> If "Yes," list the ten highest paid indi	viduals or entities (fundraisers) pursu	ant to	agree	ments under which t	he fundraiser is to b	е				
compensated at least \$5,000 by the	organization.									
	<u> </u>									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No							
Fotal		<u></u>	<b>_</b>							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration				
or noorioning.										

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SUMMER (add col. (a) through SOIREE 3 ANNUAL GALA col. (c)) (event type) (event type) (total number) 111,567. 51,125. 114,902. 277,594. 1 Gross receipts 36,174. 54,797. 9,865. 100,836. 2 Less: Contributions 75,393. 60,105. 176,758. **3** Gross income (line 1 minus line 2) 41,260. 4 Cash prizes 5 Noncash prizes Direct Expenses 49,002. 25,046. 21,406. 95,454. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,795. 206. 5,081. 8,082. Other direct expenses 103,536. **10** Direct expense summary. Add lines 4 through 9 in column (d) 73,222 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

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Sch	edule G (Form 990 or 990-EZ) 2015 THE JUNIOR LEAGUE OF CHICAGO, INC. 36-2	2195474	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	-	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	No
L	If IIVes II enter the amount of gaming revenue received by the avgenization		
D	olf "Yes," enter the amount of gaming revenue received by the organization   \$\bigs\tau\) and the amount		
	of gaming revenue retained by the third party >		
C	If "Yes," enter name and address of the third party:		
	Nama 🏲		
	Name		
	Address >		
	,		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9b, 10l	o, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	THE	JUNIOR	LEAGUE	OF	CHICAGO,	INC.	36-2195474	Page 4
Part IV	Supplemental Infor	mation	(continued)						

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF ALL RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMONSTRATE AN INTEREST IN AND A COMMITMENT TO VOLUNTEERISM. FORM 990, PART VI, SECTION A, LINE 6: ASSOCIATE MEMBERS - THE ASSOCIATE COURSE OFFERS WIDE EXPOSURE TO VARIOUS ASPECTS OF THE LEAGUE. THE ASSOCIATE PERIOD IS INTENDED TO PROIVDE AN INTRODUCTION TO THE LEAGUE AND FACILITATE THE ON-BOARDING OF NEW MEMBERS. ASSOCIATE COUNSELORS SERVE AS GUIDES AND MENTORS THROUGHTOUT THE COURSE. ACTIVE MEMBERS - SAME AS ASSOCIATE MEMBERS, BUT ADDITIONAL PRIVILEGES INCLUDE HOLDING LEADERSHIP POSITIONS AND VOTING RIGHTS. SUSTAINER MEMBER - AFTER AN ACTIVE MEMBER EARNS 200 POINTS THROUGH THE FLEX THE MEMBER HAS THE OPTION TO CHANGE THEIR STATUS TO CREDIT SYSTEM, SUSTAINER. SUSTAINERS PAY ANNUAL DUES TO MAINTAIN THEIR LEAGUE MEMBERSHIP. THEY HAVE NO OTHER REQUIRED RESPONSIBILITIES AND NO VOTING PRIVILEGES. SUSTAINERS CAN AND ARE ENCOURGED TO PARTICPATE IN ANY AND ALL ASPECTS OF THE LEAGUE. FORM 990, PART VI, SECTION A, LINE 7A: THE JLC'S MEMBERSHIP VOTES TO ELECT THE GOVERNING BODY FOR THE NEXT FISCAL

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

YEAR AT THE ANNUAL MEETING.

CERTAIN BOARD RECOMMENDATIONS ARE SUBJECT TO MEMBER APPROVAL. THEY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211

Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15 Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

INCLUDE, BUT MAY NOT BE LIMITED TO, BYLAW CHANGES, THE STRATEGIC PLAN,
SIGNIFICANT PROGRAM CHANGES AND THE DISPOSITION OF ASSETS.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND

PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO

FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO

REVIEW THE RETURN AND ASK QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR

THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. WHILE THIS POLICY DOES

NOT REQUIRE ANNUAL CERTIFICATION OF COMPLIANCE, IT DOES REQUIRE WRITTEN

DISCLOSURE TO THE EXECUTIVE COMMITTEE IF MEMBERS BECOME AWARE OF CONFLICTS,

AND SUCH MEMBER MAY NOT PARTICIPATE IN NOR BE PRESENT FOR ANY DISCUSSION,

VOTE, OR SUBSEQUENT NEGOTIATIONS IN CONNECTION WITH SUCH PROPOSED

TRANSACTION WITHOUT WRITTEN APPROVAL BY THE EXECUTIVE COMMITTEE.

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

THE BOARD OF DIRECTORS APPROVES THE SALARY OF THE OPERATIONS DIRECTOR AT
THE TIME OF HIRE AND REVIEWS AND APPROVES ANY SALARY ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UP REQUEST.