Department of the Treasury

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.

Open to Public Inspection

			hue Service	t www.irs	.gov/form990.	Inspection
	A F	or the	2016 calendar year, or tax year beginning and end	ding		
	B Cr ap	neck if	C Name of organization		D Employer identifica	ation number
		Addre:	BACK OF THE YARDS NEIGHBORHOOD COUNCIL			
]Name]chang	Doing business as	_	36-20	79600
		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone number	
		Final	1751 W 47mu cmptrm		<u>.</u>	47-5100
		Jreturn/ termin			G Gross receipts \$	3,490,025.
	_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code			
1_	\vdash	Jreturn JApplic	ded CHICAGO, IL 60609		H(a) Is this a group ret	
8	Ļ	Ition pendir	F Name and address of principal officer CRAIG CHICO		for subordinates?	
400			1/51 W. 4/TH STREET, CHICAGO, IL 60609		H(b) Are all subordinates inc	
12			empt status: 🗶 501(c)(3)	527	If "No," attach a li	st (see instructions)
			te: WWW.BYNC.ORG		H(c) Group exemption	
			organization: X Corporation	L Year	of formation. 1939 M	State of legal domicile: IL
_	Pa	rt I	Summary		- 	
70,7	ایها	1	Briefly describe the organization's mission or most significant activities PROVID	DES S	ERVICES FOR	THE
	Governance		RESIDENTS AND BUSINESSES OF THE BACK OF TH	IE YA	RDS NEIGHBOR	RHOOD.
82	E)	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	sets
;	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
			Number of independent voting members of the governing body (Part VI, line 1b)		4	7
اساند اساند	οğ (γ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	151
	Activities		Total number of volunteers (estimate if necessary)		6	0
يدي	흦		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
2	ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	-		THE UNICIDED DUSINESS TAXABLE INCOME HOME ON 1930-1, III 6 34		Prior Year	Current Year
CONNEC		8	Contributions and grants (Part VIII, line 1h)		3,045,478.	3,109,693.
Q.1)	ue		Program service revenue (Part VIII, line 2g)	-	0.	0.
	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	51.
	Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	195,451.	199,596.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	3,240,929.	3,309,340.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
_		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	170,863.	62,826.
<u> </u>	Ses		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
10	Expenses			o. 🗀		<u>.</u>
\mathcal{Q}	X			<u> </u>	3,357,747.	2,849,763.
93066		17	Other expenses (Part IX, column (A), lines 11a-11d 14(24e) Total expenses Add lines 13-17 (must equal Part IX column (A), line 25), ()			
100					3,528,610.	2,912,589. 396,751.
$\langle \mathcal{N} \rangle$	<u>_ 8</u>	19	(6)		-287,681.	
	ts o		I WAY MA TO I I'M	Re	ginning of Current Year	End of Year
5/0	Bag	20	Total assets (Part X, line 16)	-	3,753,376.	3,421,201.
0	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>	4,164,956.	3,436,030.
~		22	Net assets of fund Dalances Subtract line 21 from line 20		-411,580.	<u>-14,829.</u>
2017		rt II	<u></u>			
F0			alties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
4=4	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
່ ບ			Signature of officer		Doto	
띰	Sıgı	ו	4.1		Date	·
9	Her	е	CRAIG CHICO, PRESIDENT/CEO			
4			Type or print name and title		Ooto Tour F	- I DTIN
2.			Print/Type preparer's name Preparer's signature	,		PTIN
w R	Paid		CARY JAMES HALL Cry J Jeec	22 1	1/15/17 "self-employe	
. ~	-	arer	Firm's name CARY J. HALL & ASSOCIATES, LLC		Firm's EIN	26-3183254
W	Use	Only	Firm's address ► 1310 MONROE			00) 874 676
N			RIVER FOREST, IL 60305		Phone no. (7 (08)-771-2722

May the IRS discuss this return with the preparer shown above? (see instructions)

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

X Yes No Form **990** (2016)

	990 (2016) BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-2079600 Page 2
Par	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
	PROVIDES SERVICES FOR THE RESIDENTS AND BUSINESSES OF THE BACK OF THE
	YARDS NEIGHBORHOOD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
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
4-	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 113,485. including grants of \$) (Revenue \$13,485.) THE COUNCIL PROVIDED HOME REPAIRS AND IMPROVEMENTS AND TRANSPORTATION
	SERVICES TO HANDICAPPED AND SENIOR CITIZENS OF THE BACK OF THE YARDS
	COMMUNITY.
	COMMONITI
4b	(Code) (Expenses \$ 2,174,102. including grants of \$) (Revenue \$ 2,174,102.)
	THE COUNCIL PROVIDED MAINTENANCE AND BEAUTIFICATION, COORDINATED
	MARKETING AND PROMOTIONAL ACTIVITIES, BUSINESS RETENTION, SECURITY
	SERVICES, ASSISTED THE UNEMPLOYED WITH FINDING A JOB AND PROVIDED OTHER
	TECHNICAL ASSISTANCE TO BUSINESSES AND INDIVIDUALS IN THE BACK OF THE
	YARDS COMMUNITY.
4c	(Code) (Expenses \$142,169. including grants of \$) (Revenue \$142,169.
	THE COUNCIL PROVIDED VARIOUS PROGRAMS FOR YOUTH SUMMER EMPLOYMENT AND
	DEVELOPMENT IN THE BACK OF THE YARDS COMMUNITY.
	<u> </u>
4d	· · · · · · · · · · · · · · · · · · ·
	(Expenses \$ 71,308. including grants of \$) (Revenue \$ 71,308.)
<u>4e</u>	Total program service expenses ▶ 2,501,064.
	Form 990 (2016)

			Yes	Nia
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Tes	No
•	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		-12	
3	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			
7	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 clonor 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	- '		
٠	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		х
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	Ì	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			 -
•	as applicable	}		ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ]
-	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b)	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Ì	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	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	}	}	Į.
	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			l
	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	<u> </u>	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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
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	0	X
		Form	1 990	(2016

	•		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		<u> </u>
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			1
	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	!		ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			[
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		ĺ	1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	ļ	_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member)		}
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Į	ļ	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ <u> </u>	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	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	l	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-	-	ĺ
	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?	1	}	
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		1_
	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?	j		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	1 990	(2016

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule 0 contains a response or note to any line in this Part V				\Box
				Yes	No
1a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	15			
b		0			
С		ole gaming			ł
	(gambling) winnings to prize winners?		1c	X	
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	151			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b_		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	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		
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other author	ity over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X
b	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 Account	ts (FBAR)		}	l
5a	, , , ,		<u>5a</u>		X_
b			5b_	<u> </u>	X
С	,		<u>5c</u>		<u> </u>
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a supplication of the properties of the	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions o	r giπs	O.L.		
_	were not tax deductible?		6b		
7	Diff.	rovided to the navor2	7a		X
a b		novided to the payor.	7b		
_		uired			-
C	to file Form 8282?	uncu	7c		x
d	d If "Yes," indicate the number of Forms 8282 filed during the year			†	
e		rt?	7e	İ	
f			7f		
g		199 as required?	7g		
h			7h		
8					
	sponsoring organization have excess business holdings at any time during the year?		8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	a Did the sponsoring organization make any taxable distributions under section 4966?		9a	ļ	ļ
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter:	1		ļ	
а	a Initiation fees and capital contributions included on Part VIII, line 12		1		
b					
11		1	İ		
а			l		
b			l	1	
40	amounts due or received from them.) 11b	L	40-		
	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	ĺ	12a	 	
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L	1		1
13	The state of the s		13a	1	
а	 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 		138	 	
h			l		
D	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				
r	c Enter the amount of reserves on hand		1		
14a			14a		X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		†
	2 - 135 Hotel and a form feet to report shows partitioned in 170, provide an expandation in Correction Co			~ 000	(0010

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 of School and Construction of the Constr			X
200	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
, , , , , , , , , , , , , , , , , , , 	non A. Governing body and management		Vaal	
4-	Enter the number of victing members of the coverage had at the end of the tay year		Yes	<u>No</u>
ıa	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		J	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 7			
	Enter the number of voting members included in line 1a, above, who are independent Ib / Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	- 1	
2	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			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
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		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
10	more members of the governing body?	7a	-	X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-/-		
U	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	Х	
	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	OU	- 22	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	ton Di i dilota (illis decubil bi requests illidiniation about policies not required by the internal revenue dode)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor in filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	X	
_	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	j		
	taxable entity during the year?	16a		X
ь	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	ļ		1
	exempt status with respect to such arrangements?	16b		ļ
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Sch⊷dule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	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			
	CRAIG CHICO - 773-247-5100	-		
	1751 W. 47TH STREET, CHICAGO, IL 60609			
			000	10010

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BACK OF THE YARDS NEIGHBORHOOD COUNCIL

36-2079600

Page 7

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(40			OSITION ck more than one person is both an a director/trustee)			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe				compensation	compensation	amount of
	week	-	Jer an	dau	recic	inus	(ee)	from	from related	other
	(list any hours for	Individual trustee or director			ļ			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 0 0	stee			Highest compensated employee	ļ	(W-2/1099-MISC)	(VV-2/1099-WIISC)	organization
	organizations	truste	institutional trustee		yee	шрег		(11 2) 1000 111100)		and related
	below	dual	npgn	ایرا	월	stco	 ==			organizations
	line)	ě	instr	Officer	Key employee	Hgh	Former			-
(1) PHILIP K. FUENTES	5.00									
CHAIRMAN AND SECRETARY		X						0.	0.	0
(2) RICHARD GENTILE	3.00						Ì			
DIRECTOR		X						0.	0.	0
(3) PATRICIA DOHERTY	3.00]	ļ							
TREASURER		X			ļ	<u> </u>		0.	0.	0
(4) DAN ARCE	3.00							_		_
DIRECTOR	 	X			<u> </u>	├	├ —	0.	0.	0
(5) KIM MCCULLOUGH	3.00		ļ		l					
DIRECTOR		X	ļ	_	-	├	_	0.	0.	C
(6) CESAR DOVALINA	3.00	ļ			l	}				
DIRECTOR	10.00	X	-	_	-	├ -	<u> </u>	0.	0.	0
(7) CRAIG CHICO	40.00	-		,,		,,		145 000		
PRESIDENT/CEO	<u> </u>	-		X	-	X	-	145,000.	0.	0
		-		ļ						
			-	_	\vdash	+-	-	ļ. —		
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		<u> </u>	<u> </u>		1_	↓_	ļ	<u> </u>		
	1	1	1	1	1	1	1	1		l .

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

0

· ui		Check if Schedule O cont		or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
g al	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c			i		
a i	d	Related organizations	1d					
έĒ	е	Government grants (contribut	ions) 1e 2 ,	969,586.				
Ē	f	All other contributions, gifts, gran		···				
호		similar amounts not included abo	1 1	140,107.				
음력	g	Noncash contributions included in lines			1			
S £	-	Total. Add lines 1a-1f		—	3,109,693.			
				Business Code				
g	2 a							
ار کے	b							
S T	c							
e a	d							
Program Service Revenue	е							
4	f	All other program service reve						
	g	Total, Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	51.	51.		
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		•				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents			1			
	b	Less rental expenses]			
	С	Rental income or (loss)]			
	d	Net rental income or (loss)]			
İ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory]			
	b	Less cost or other basis			1			
		and sales expenses						
	С	Gain or (loss)]			
	d	Net gain or (loss)		>				-
.	8 a	Gross income from fundraisin	g events (not					
ᇍ		including \$	of					
ě		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а	336,947.				
姜	b	Less direct expenses	b	180,685.				
	c	Net income or (loss) from fund	draising events		156,262.			156,262.
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а		_			
l	b	Less direct expenses	b]			
1	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а]			
	b	Less cost of goods sold	b]	 		
ļ	С	Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu	ie	Business Code	2			
		MISCELLANEOUS		900099	35,124.	35,124.		
	b	PROGRAM INCOME		900099	8,210.			
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d		•	43,334.			
	12	Total revenue See instructions.			3,309,340.	43,385.	. 0	. 156,262.
632009	a 11-11	I-16						Form 990 (2016)

Form 990 (2016) BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-2079600 Page 10
Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21				<u> </u>			
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				<u> </u>			
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	ļ						
	trustees, and key employees							
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	56,781.	51,106.	5,675.				
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	6,045.	5,440.	605.				
11	Fees for services (non-employees)							
а	Management							
b	Legal							
C	Accounting	10,000.		10,000.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch O.)							
12	Advertising and promotion	24,462.	24,462.					
13	Office expenses	7,021.	3,833.	3,188.				
14	Information technology	3,465.	3,452.	13.				
15	Royalties		0.700	0.5 . 500				
16	Occupancy .	29,302.	2,700.	26,602.				
17	Travel	12,000.	10,200.	1,800.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials		4.40	2 400				
19	Conferences, conventions, and meetings	3,630.	148.	3,482.				
20	Interest	120,001.	108,000.	12,001.				
21	Payments to affiliates	0 001						
22	Depreciation, depletion, and amortization	9,221.	8,299.	922.				
23	Insurance	262,162.	200,175.	61,987.				
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 0.)		•					
а	ODDDARTONIAT AND EDUCATO	1,223,003.	1,012,830.	210,173.				
b	CD CVID TIME	414,695.	414,695.					
c	PROGRAM	215,278.	215,278.					
d	PROFESSIONAL FEES	102,860.	70,419.	32,441.				
e	All other expenses SEE SCH O	412,663.	370,027.	42,636.				
25	Total functional expenses. Add lines 1 through 24e	2,912,589.	2,501,064.	411,525.	0			
26	Joint costs Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here If following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 427,736. 312,288. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 92,787. 63,091. 3 3 Pledges and grants receivable, net 2,764,244. 2,917,207. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 460,761. basis Complete Part VI of Schedule D 10a 452,594. 176,174. 8,167. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 407,883. 5,000. Other assets See Part IV, line 11 15 15 3,753,376. 3,421,201. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 173,318. 57,127. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 2,616,771 2,616,771. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 1,374,867. 762,132. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 3,436,030. 4,164,956. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -504,367. -77,920. Unrestricted net assets 27 92,787. 63,091. 28 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds -14,829. 3,421,201. -411,<u>580</u> Total net assets or fund balances 3,753,376. Total liabilities and net assets/fund balances

	990 (2016) BACK OF THE YARDS NEIGHBORHOOD COUNCIL	36-20	<u> 79600</u>	Pag	₁₆ 12
Pai	t XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	3,309 2,912		
3	Revenue less expenses Subtract line 2 from line 1	3		5,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-41:		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	-14	4,8	<u> 29.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX.
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 Were the organization's financial statements compiled or reviewed by an independent accountant?	0	2a	Yes	No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch		2c	X	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audıt	3a_		_x_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	000	
			Form	990	(2016)

(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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

van	ie or t	ne organization	OD MUD VA	DO NETGURORI	100D (70113701	1 -	-	
Da	rt!	Reason for Public C	OF THE YAL	RDS NEIGHBORI	molete the	COUNC.	A instructions	30	5-2079600
							C matructions		
	organ 	A shursh appropriate found	,	•	-		VAVS)	1	
1	片	A church, convention of chu					KAKI).		/
2	片	A school described in section					. '		
3	\exists	A hospital or a cooperative A medical research organization					-	Enter t	/ he hospital's name
4	ш		ation operated in cor	ijunction with a nospital	described	III SECTION	1 170(D)(1)(A)(III).	Lintoi ti	ne nospital s name,
_		An organization operated for	or the benefit of a col	lage or university owned	or operate	ed by a go	wernmental unit d	escriba	ed in
5	ل	section 170(b)(1)(A)(iv). (C		ege of aniversity owned	ог орогас	ca by a go	, vommontar antica	0001150	J u
6	\Box	A federal, state, or local gov		nental unit described in e	ection 17	0/5V1VAV	w)		
	$\overline{\mathbf{x}}$	An organization that normal	•				· -	eneral r	oublic described in
•	ليقفنا	section 170(b)(1)(A)(vi). (Co		ntial part to ito capport in	om a gov	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u 0, u.o g.		
8		A community trust describe		1)(A)(vi) (Complete Part	ш				
9	三	An agricultural research org				d in coniu	nction with a land-	arant o	college
9		or university or a non-land-g							
		university:	, a	,		, , ,	,	J	
10		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership f	ees, ar	nd gross receipts from
		activities related to its exem	,	•	•		•		=
		income and unrelated busin							
		See section 509(a)(2). (Cor							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See s	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry o	out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section 5	509(a)(2)	See section 509(a	a)(3). C	heck the box in
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and 12g	9	
а		Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), typic	ally by	gıvıng
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees o	f the s	upporting
		_ organization You must o	•						
b	, L	Type II. A supporting org							
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ontrol or manage th	ne sup	ported
	_	organization(s) You mus	•						
C	;		_					tegrate	ed with,
	. —	its supported organizatio		· -	-				
C	!	☐ Type III non-functionally	-						
		that is not functionally int	-					attenti	veness
	_	requirement (see instruct						una III	
е	• ∟	Check this box if the orga functionally integrated, or					i Type I, Type II, T	уре ііі	
	: Ent	er the number of supported		maily integrated support	ng organiz	Lation			
7		er the humber of supported to loude the following information	•	ed organization(s)					
		(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of mon	etary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instru	ctions)	support (see instructions)
				upovo (see inpureonone)					
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							İ		
						<u> </u>			
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Tot	al		<u> </u>			<u> </u>	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2016 BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-2079600 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			l			
	ınclude any "unusual grants ")	3175538.	2952246.	3648674.	3034165.	3139389.	15950012.
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	3175538.	2952246.	3648674.	3034165.	3139389.	15950012.
5	The portion of total contributions				i		
	by each person (other than a						İ
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		·				
	column (f)	ļi	· · · · · · · · · · · · · · · · · · ·	w			
	Public support. Subtract line 5 from line 4						15950012.
	ction B. Total Support	r		r			
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 4	3175538.	2952246.	3648674.	3034165.	3139389.	15950012.
8	Gross income from interest,					·	
	dividends, payments received on	į		,			
	securities loans, rents, royalties	1 = 0				- 4	252
_	and income from similar sources	158.	44.			51.	253.
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	240 206	240 154	101 170	42 007	42 224	COE 763
	assets (Explain in Part VI)	249,296.	<u>248,154.</u>	101,1/2.	43,807.	43,334.	685,763. 16636028.
	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	40 1	,923,424.
	Gross receipts from related activities,			ed foundly or fifth to			.,343,444.
13	First five years. If the Form 990 is for organization, check this box and stor	=	s inst, second, triir	d, louren, or men ta	ax year as a sectio	11 50 1(0)(3)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (column (fl)		14	95.88 %
	Public support percentage from 2015			, o.a (,,,		15	95.81 %
	33 1/3% support test - 2016. If the o			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	-				·	$\triangleright \mathbf{X}$
b	33 1/3% support test - 2015. If the o	• •	•		l line 15 is 33 1/3%	or more, check t	
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes		• •		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"					_	ightharpoons
b	10% -facts-and-circumstances tes	t - 2015. If the oig	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai.	ın Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on l.ne 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨
					Sche	edule A (Form 99	0 or 990-EZ) 2016

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2016 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014(d) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support **(b)** 2013 (c) 2014(d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2012 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12") First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage % hivestment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3\(^3\)%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not/more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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Schedule A (Form 990 or 990 EZ) 2016 BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-2079600 Page 4 **Supporting Organizations**

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

Section	A. All	Supporting Organizations

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
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 Pan VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b		
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	1		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	Ì		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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)	7		
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)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below

10a Was the organization subject to the excess business holdings rules of section 4943 because of section

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.

the supporting organization had an interest? If "Yes," provide detail in Part VI.

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)

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9с

10a

	dule A (Form 990 or 990-EZ) 2016 BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-20	7960	U Pa	ige 5
ra	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ	[[
u	below, the governing body of a supported organization?	11a		
ь	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			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}		ĺ
	controlled the organization's activities If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		Í
	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			t
	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,			l
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
	the supported organization(s)	1_1_	L	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the)	Ì	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	<u> </u>
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	ļ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	<u> </u>	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	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	l	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а			ļ	ļ
	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,		Į.	ļ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	<u>2a</u>	 	├
b				
	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	ļ <u>.</u> .	1	
-	activities but for the organization's involvement	2b	 	-
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		+-
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	Ь.	Щ

Schedule A (Form 990 or 990 EZ) 2016 BACK OF THE YARDS NEIGH	BORHO	DD COUNCIL 3	36-2079600 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E	1 (2) 2
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Ye (r	(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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	1	
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	<u> </u>	
7 Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	ganization (see

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_instructions)

Sche Par	dule A (Form 990 or 990-EZ) 2016 BACK OF THE Y. t V Type III Non-Functionally Integrated 509	ARDS NEIGHBORH (a)(3) Supporting Orga	OOD COUNCIL 3	6-2079600 Page 7
Secti	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	, , ,,,		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 armount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
2	Underdistributions, if any, for years prior to 2016 (reason-	M		
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а	Excess distributions carryover, if arry, to 2010		,	
<u>_</u> _b	17,4 T			
	From 2013			
	From 2014		,	
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i		<u></u>		
— <u>:</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D.			
•	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in	÷		
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
-	and 4c			
8	Breakdown of line 7			
 a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_ <u> </u>		·	·	

Schedule A (Form 990 or 990-EZ) 2016

Schedule_A	(Form 990 or 990-E	Z) 2016 BA	CK OF TH	E YARDS	NEIGHBOR	RHOOD CO	OUNCIL	36-2079600	Page 8
Part VI	Supplemental Part IV, Section A,	Information Innes 1, 2, 3b tion D, lines 2, and 8, and	on. Provide the , 3c, 4b, 4c, 5a. 2 and 3, Part IV,	e explanations 6, 9a, 9b, 9c, Section E, line	required by Part 11a, 11b, and 11 es 1c, 2a, 2b, 3a, a	II, line 10, Part c, Part IV, Sec and 3b, Part V	t II, line 17a or 1 ction B, lines 1 a /, line 1, Part V,	17b, Part III, line 12, and 2; Part IV, Section Section B, line 1e, Pa	n C,
	(Oce manachons)								
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					· · · · · · · · · · · · · · · · · · ·				
						 			
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					 		··		
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

Employer identification number

Name of the organization

	BACK OF THE YARDS	NEIGHBORHOOD COUNCIL	36-2079600
Par		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization informall donors and donor advisors in	writing that the assets held in donor advised fu	unds
3	are the organization's property, subject to the organization's	_	Yes No
_	Did the organization informall grantees, donors, and donor		
6	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or donor advisor, or for any other purpose com-	Yes No
Par		ganization answered "Ves" on Form 990. Part I	
			v, iiio /
1	Purpose(s) of conservation easements held by the organizar		lly important land area
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		<u>2</u> b
	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year >		
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conserva	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conserva	ition easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items		,,, ·
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	**		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	reasures or other similar assets for financial ass	
2	If the organization received or held works of art, historical to		in, provide
	the following amounts required to be reported under SFAS	TO (ASC 938) relating to these items	• •
	Revenue included on Form 990, Part VIII, line 1		S
	Assets included in Form 990, Part X		Sahadula D (Farm 200) 2016
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns tor Form 990.	Schedule D (Form 990) 2016

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		THE YARDS								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Oth	er Simil	ar Asse	S(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any cf the	following tha	t are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	:	ı 🔲 ı	oan or excl	nange progra	ams				
b	Scholarly research		• 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	in how th	ey further th	ne organizati	on's exe	mpt purpo	ose in Parl	XIII	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	untained as part of	the organ	nization's co	illection?				Yes	No_
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" or	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets no	included	_	_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing t	able						
									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	e 21, for e	escrow or cu	ustodial acco	ount liab	ılıty?	L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	n has been	provided on	Part XII	<u> </u>			
Par	t V Endowment Funds. Complete n	f the organization a	nswered	"Yes" on Fo	rm 990, Par	t IV, line	1C			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears 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				<u> </u>					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment	· ·	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u>~</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organi	zation tha	at are held a	ind administ	ered for	the organi	zation		
	by								\[\frac{1}{2}\]	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requ	ured on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	lowment	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	90, Part I	/, line 11a S	See Form 99	0, Part >	(, line 10			
	Description of property	(a) Cost or	other	(b) Cost	or other	(c)	Accumulat	ed	(d) Book	value
	, , ,	basis (inves		1 ''	(other)	, , ,	epreciation			
1a	Land									
	Buildings				***					
	Leasehold improvements					 				
	Equipment		-	46	0,761.	t	452,5	94.	8	1,167.
	Other				-,· <u></u>	<u> </u>				<u> </u>
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Pai	t X. colui	nn (B), line	10c)				8	,167.

Schedule D (Form 990) 2016

632053 08-29-16

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 BACK OF THE YARDS NEIGHBO			2079600 Page 4
Par	 ·		Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements		1	3,490,025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	1	
а	Net unrealized gains (losses) on investments	2a	4 1	
b	Donated services and use of facilities	2b	4 1	
С	Recoveries of prior year grants	2c	4 1	
d	Other (Describe in Part XIII)	2d 180,685	<u>•</u>]	
е	Add lines 2a through 2d		2e	180,685.
3	Subtract line 2e from line 1		3	3,309,340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-l l	
b	Other (Describe in Part XIII)	4b	-	0
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	monto With European	<u>5</u>	3,309,340.
Pai	t XII Reconciliation of Expenses per Audited Financial State		rnetu	111.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u> </u>	$\overline{}$	2 002 074
1	Total expenses and losses per audited financial statements		1	3,093,274.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	0-		
a	Donated services and use of facilities	2a	-{	
b	Prior year adjustments	2b	-	
C	Other losses	2c 180,685	- 1	
ď	Other (Describe in Part XIII) Add lines 2a through 2d	2d 180,685	T 1	180 685
e	Subtract line 2e from line 1		2e 3	180,685. 2,912,589.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1		-3-	2,712,507
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
a	Other (Describe in Part XIII)	4b	-	
b	Add lines 4a and 4b	40	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,912,589
	t XIII Supplemental Information.			2/312/303
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV. lines 1b and 2b. Part V. line	4. Part	X. line 2. Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		•	
_				
PAI	T XI, LINE 2D - OTHER ADJUSTMENTS:			
_				
FUI	DRAISING EXPENSES			180,685
PA	T XII, LINE 2D - OTHER ADJUSTMENTS:			
****	IDDA LATMA BUDDMADA			100 605
FUI	IDRAISING EXPENSES			180,685
				
	- 		Cabo	dulo D (Form 000) 201

'SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

lame of the organization				Employer ide	ntification number
	<u>HE YARDS NEIGHE</u>			36-2079	
Fundraising Activities. Co required to complete this part	mplete if the organization ans	wered "Yes" on	Form 990, Part IV, I	ine 17 Form 990-E2	I filers are not
1 Indicate whether the organization raised	· —				
a Mail solicitations		_	overnment grants		
b Internet and email solicitations		tation of govern	-		
c Phone solicitations d In-person solicitations	g L Speci	ial fundraising e	events		
d In-person solicitations 2 a Did the organization have a written or or	al agreement with any individu	ial (including of	ficers directors this	stees or	
key employees listed in Form 990, Part \				r—¬	No
b If "Yes," list the 10 highest paid individu	<u> </u>		_		
compensated at least \$5,000 by the org	anization				
		(iii) Did		(v) Amount paid	(-2) 0
(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 (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No		nated in cor (i)	
-					
	······································				
otal		•			
3 List all states in which the organization is	registered or licensed to solic	cit contributions	s or has been notified	d it is exempt from i	registration
or licensing					
					
					
					
HA For Paperwork Reduction Act Notice,	see the Instructions for For	m 990 or 990-l	EZ. :	Schedule G (Form	990 or 990-EZ) 201

Pa	edule G (Form 990 or 990-EZ) 2016 B Irt II Fundraising Events. Co	omplete if the organization answer	red "Yes" on Form 990, Par	t IV, line 18 or reported	d more than \$15,000
		tions and gross income on Form 9			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL			
l		FIESTA	GOLF OUTING		(add col (a) through
ĺ		(event type)	(event type)	(total number)	col (c))
9		(event type)	(cvciii typo)	(total namber)	
Revenue	4 0	1			
8	1 Gross receipts	ļ			
1		[1		
	2 Less Contributions	<u> </u>			
- 1		ſ			
	3 Gross income (line 1 minus line 2	<u> </u>			<u> </u>
Ì					
)	4 Cash prizes				
J	5 Noncash prizes				
Ses					
Direct Expenses	6 Rent/facility costs				
없					
to	7 Food and beverages	J			
Ē				·	
٦	8 Entertainment			i	}
	1	 	 		
ļ	9 Other direct expenses		<u> </u>		
	10 Direct expense summary. Add lin	<u>-</u>			
D-	11 Net income summary. Subtract li		000.0		<u> </u>
Pa		organization answered "Yes" on Fo	orm 990, Part IV, line 19, or	reported more than	
	\$15,000 on Form 990-EZ, line	∌ 6a			
e l		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
E I			bingo/progressive bingo		col (a) through col (c))
Revenue					
_	1 Gross revenue				
S	2 Cash prizes	}			
se					
rect Expenses	3 Noncash prizes				
Ä	· Herroden primes ·				
ect	4 Rent/facility costs				
۵	4 Nerro racinty costs				
	- 011				
	5 Other direct expenses			 	
i	1	Yes	% Yes %	Yes %	6
	6 Volunteer labor	No No	No No	L No	
	7 Direct expense summary. Add lir	nes 2 through 5 in column (d)		•	
	8 Net gaming income summary Su	ubtract line 7 from line 1, column (d)		
				<u> </u>	
9	Enter the state(s) in which the organi	ization conducts gaming activities			
	a Is the organization licensed to condu				Yes No
	o If "No," explain				
N.	5 110, explain				
					
			and a succession and a second		<u> </u>
	a Were any of the organization's gamir	_	-	year ⁷	Yes No
b	o If "Yes," explain				
					
	082 09-12-16			Schadula C /E	orm 990 or 990-EZ) 2016

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2016 BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-	<u> 2079600</u>	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	%
	o An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u></u>	
	g g g g		
	Name		
	Address >		
	Address P		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	old "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bliector/officer Employee mdependent contractor		
47	Mandatan, diatah, diana		
	Mandatory distributions		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
l	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 > \$		
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,	, lines 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
		 ·	
_			
_			
632	083 09-12-16 Sct edule G (Fo	rm 990 or 99	O-EZ) 2016

Schedule G	G (Form 990 or 990-EZ)	BACK OF	THE	YARDS	NEIGHBORHOOD	COUNCIL	36-2079600 Page 4
Part IV	Supplemental Info	ormation (cont	nued)				
						·	
			 -				
					•		
							
						······································	
		_					
							
							
							
					<u></u>		
				·····			
					·		
							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 Employer identification number

BACK OF THE YARDS NEIGHBORHOOD COUNCIL Part I Questions Regarding Compensation

36-2079600

	att Questions riegarding Compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		103	10
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal uses the state of the	se		
	Travel for companions Payments for business use of personal resider			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, ch	nef)		
		,	İ	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization'	s		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation comm	nttee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	}		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		İ	
а	The organization?	5a		X
b	Any related organization?	5b	ļ	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, lir.e 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	↓	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	<u></u>
LH	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)) 2 01€

36-2079600 BACK OF THE YARDS NEIGHBORHOOD COUNCIL

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	o awobycon (a)	(B) Breakdown of W.9 and/or 1090.MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
	(a) Dicarcowii o	1 1 2 2 1 1 2 2 1 MILE	o componed	other deferred	henefits	(B)(h)(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
1)	(i)						
<u> </u>	(ii)						
	(9)						
()	0						
9							
(1)	(ii)						
(J)	(1)						
)	()						
1)	1)						
	(1)						
	3)						
9-	(3)						
Ü	i)						
	(0)				,		
	9						
- 5	(E)						
)	(3)						
9	ij						
	(5)						
(i	ij						
9	(3)						
(6)	(ii)						
9	(3)						
(ii)	0						
9	3						
1)	ı)						
	(i)						
(6)	i) l						

Schedule J (Form 990) 2016

١, SCHEDULE O (Form 990 or 990-EZ)

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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 2070600

BACK OF THE YARDS NEIGHBORHOOD COUNCIL 36-20/9600
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE COUNCIL PROVIDES BUSINESS COUNSELING, TRAINING, AND PROFESSIONAL
DEVELOPMENT TO SMALL BUSINESSES IN THE BACK OF THE YARDS COMMUNITY.
EXPENSES \$ 71,308. INCLUDING GRANTS OF \$ 0. REVENUE \$ 71,308.
FORM 990, PART VI, SECTION B, LINE 11B:
COPY OF 990 IS ALWAYS AVAILABLE TO THE BOARD UPON REQUEST
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL BOARD MEETINGS
FORM 990, PART VI, SECTION B, LINE 15: BOARD COMPARES SALARIES TO VARIOUS EXEMPT ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE MAINTAINED AT THE CORPORATE OFFICE AND AVAILABLE ON DEMAND.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: LANSCAPING:
PROGRAM SERVICE EXPENSES 64,563.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 64,563.
CDECTAL EVENING.

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

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990 EZ) (2016) Name of the organization BACK OF THE YARDS NEIGHBORHOOD COUNCIL	Employer identification number 36-2079600
PROGRAM SERVICE EXPENSES	58,671
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	
TOTAL EXPENSES	FO 671
EQUIPMENT RENTAL:	
PROGRAM SERVICE EXPENSES	44,024
MANAGEMENT AND GENERAL EXPENSES	10,266
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	54,290
DATA COLLECTION:	
PROGRAM SERVICE EXPENSES	40,236
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	40,236
SUPPLIES:	
PROGRAM SERVICE EXPENSES	30,021
MANAGEMENT AND GENERAL EXPENSES	5,154
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	35,175
DECORATION:	
PROGRAM SERVICE EXPENSES	34,591
MANAGEMENT AND GENERAL EXPENSES	C
FUNDRAISING EXPENSES	
TOTAL EXPENSES	34,591
632212 08-25-16 37	Schedule O (Form 990 or 990-EZ) (201

Name of the organization BACK OF THE YARDS NEIGHBORHOOD COUNCIL	Employer identification number 36-2079600
DACK OF THE TAKES NEIGHBORHOOD COOKCIL	30 2073000 _
MAINTENANCE:	
PROGRAM SERVICE EXPENSES	33,135
MANAGEMENT AND GENERAL EXPENSES	1,148
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	34,283
TELEPHONE AND UTILITIES:	
PROGRAM SERVICE EXPENSES	15,287
MANAGEMENT AND GENERAL EXPENSES	8,333
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	23,620
PRINTING:	
PROGRAM SERVICE EXPENSES	9,763
MANAGEMENT AND GENERAL EXPENSES	6,067
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	15,830
MEDIA RELATIONS:	
PROGRAM SERVICE EXPENSES	14,824
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	14,824
DISTRIBUTION:	
PROGRAM SERVICE EXPENSES	7,933
	0

Vame of the organization • BACK OF THE YARDS NEIGHBORHOOD COUNCIL.	Employer identification number
2120N OI 2M2 IIMBB IIB26MB0NNOOD GOONGIE	36-2079600
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	7,933
STORAGE FEES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	6,600
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	6,600
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	5,265
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	5,265
401 ADMIN FEE:	
PROGRAM SERVICE EXPENSES	4,077
MANAGEMENT AND GENERAL EXPENSES	453
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	4,530
POSTAGE:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	3,502
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,502
LICENSES AND PERMITS:	

lame of the organization BACK OF THE YARDS NEIGHBORHOOD COUNCIL	Employer identification number 36-2079600
PROGRAM SERVICE EXPENSES	3,078.
MANAGEMENT AND GENERAL EXPENSES	341.
FUNDRAISING EXPENSES	0.
COTAL EXPENSES	3,419.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	1,616.
MANAGEMENT AND GENERAL EXPENSES	698.
FUNDRAISING EXPENSES	0.
POTAL EXPENSES	2,314.
LOCAL TRANSPORTATION:	
PROGRAM SERVICE EXPENSES	1,649.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,649.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,294.
MANAGEMENT AND GENERAL EXPENSES	74.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,368.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, C	OL A 412,663.
FORM 990, PART XII, LINE 2C:	
BOARD OF DIRECTORS ASSUMES OVERSIGHT FOR THE AUDIT	