# 2949309700718 8

1	non	Return of Organization Exempt From Inco	ome Tax		OMB No 1545-0047
Form •	<b>330</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except		itions)	2016
Department	of the Treasury	Do not enter social security numbers on this form as it may be m	nade public.	700	Open to Public
Internal Rev	enue Service*	Information about Form 990 and its instructions is at www.irs.go		<u> </u>	Inspection
A Fort	he 2016 ca	elendar year, or tax year beginning $07/01/16$ , and ending $06/30/1$	7		
B Check if	f applicable	C Name of organization		D Employer	Identification number
Address	s change	ROGERS PARK COMMUNITY COUNCIL			
Name o	hanoo	Doing business as NORTHSIDE COMMUNITY RESOURCES			494482
	,nanye	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone	
Initial re		1530 W. MORSE AVE.		113	338-7722
Final re termina		City or town, state or province, country, and ZIP or foreign postal code			
_		CHICAGO IL 60626-3307		G Gross rece	pts \$ 347,232
Amende	ed return	F Name and address of principal officer	114-3 In Abon a non		bordinates? Yes X No
Applica	tion pending	CHRIS ZALA	H(a) Is this a gro	oup return for su	bordinates? Yes X No
		1530 W. MORSE AVE.	H(b) Are all sub	ordinates includ	led? Yes No
		CHICAGO IL 60626	If "No,"	" attach a list (s	ee instructions)
I Tax-ex	empt status	<b>X</b> 501(c)(3) 501(c) ( ) <b>4</b> (insert no ) 4947(a)(1) or 527 ( ) <sup>2</sup> √ √ √			
J Websi		WW.NORTHSIDECOMMUNITYRESOURCES.ORG	H(c) Group exe	motion number	•
	of organization			0.50	M State of legal domicile IL
Part		mmary	ar or ionnason —		an otate of legal dofflicite +4
			<del></del>		
1	•	scribe the organization's mission or most significant activities			
امه	NEIG	HBORHOOD IMPROVEMENT, DEVELOPMENT AND SAFETY			
일					
<u> </u>					
e e	Ob a all 4b	the North Control of the control of	£ .4	_	
8 4		s box > if the organization discontinued its operations or disposed of more than 25% o	ii iis riei asseis	1 1	7
od 3		if voting members of the governing body (Part VI, line 1a)		3	<del></del>
<u>ığ</u>   4		f independent voting members of the governing body (Part VI, line 1b)		4	5
Activities & Governance 9 9 6 7 8 7	Total num	iber of individuals employed in calendar year 2016 (Part V, line 2a)		5	6
<b>5</b> 6	Total num	ber of volunteers (estimate if necessary)		6	<u> </u>
	a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
l t	<b>b</b> Net unrela	ated business taxable income from Form 990-T, line 34		7b	
			Prior Yea		Current Year
8	Contributi	ons and grants (Part VIII, line 1h)	27	6,526	341,567
[ ]	Program	service revenue (Part VIII, line 2g)			
ഗേജ് 10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		39	38
ا ھڪ		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3	0,257	5,123
≥   ;;		enue – add lines 8 through 11 (must equal Park VIII Column (A) line 12)		6,822	346,728
<u> </u>				<del>-/</del>	0
n   13	Danasta a	ad similar amounts paid (Part IX, column (A), lines 1–3)	<del></del>	<del></del>	
		raid to of for members (Part IX, column 424), interpret 2 17 2010	1.6	9,259	
ຣິ ທ   15		other compensation, employee benefits (Fart IX, column (A), lines 5—10)	<u></u>	9,239	175,600
<b>5</b>		nal fundraising fees (Part IX, column (A), line 11e			0
الغ	<b>b</b> Total fund	draising expenses (Part IX, column (D) line 25)			
ອ <sup>ີ ພີ</sup>   17	Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)		0,795	181,310
40	Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	30	0,054	356,910
2 10 2 19	Revenue	less expenses Subtract line 18 from line 12		6,768	-10,182
<u> </u>			Beginning of Cui	rent Year	End of Year
Assets or description of description	Total ass	ets (Part X, line 16)	16	7,334	165,885
<b>₹</b> ₽ 21	Total liabi	lities (Part X, line 26)		7,151	15,884
发다	Net asset	s or fund balances Subtract line 21 from line 20	16	0,183	150,001
Part		gnature Block			
					an and balled st.
		erjury, I declare that I have examined this return, including accompanying schedules and statements, a mplete. Declaration of preparer other than officer) is based on all information of which preparer has an		•	,
	T L	implete Decidation of prepared outer than officer) to bacca on all minormation of which prepared has all		<del></del>	7-2018
	Y=	_ My		<u> </u>	7-2014
Sign	/ ^s	ignature of officer		/ Date	
Here		RICHARD P MORAN TREAVER	_	_	
	<b> </b>	ype or pnnt name and title			
	Print/Type	preparer's name Preparer signature	Date	Check	if PTIN
Paid	DANTET	LE N. ABENDROTH	02/27	/18 self-emp	loyed P01695614
Prepare	, <del> </del>	DEDATIO ADENDROMI A ACCOCTAMES		irm's EIN	36-4261913
Use Onl	Finisha	9601 W. 165TH ST., SUITE 5		IIII S CIIN	20 4501313
	<b>~</b>	ODIAND DADY II 60467 E661			015_460-7500
	Firm's add		P	hone no	815-469-7500
_ <del>_</del>		s this return with the preparer shown above? (see instructions)			Yes No
For Pape DAA	rwork Redu	ction Act Notice, see the separate instructions.			990 (2016)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

		,		IC
Form	1 990 (2016) ROGERS PARK COMMUNITY COUNCIL 36-2494482	4.7	: :	age
	art-IV Checklist of Required Schedules		<u> </u>	uge
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complète Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3		_x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ļ.		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			١
	"Yes," complete Schedule D, Part I	6		_x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ł
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u> </u>	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u></u>	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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 (see instructions)	17		<u> </u>
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	1	X

19

19

If "Yes," complete Schedule G, Part III

# Form 990 (2016) ROGERS PARK COMMUNITY COUNCIL Part V Checklist of Required Schedules (continued)

157° C	,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 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	Į .		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	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 former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	İ		ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			7
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			1
	Schedule L, Part IV	28b		X.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ĺ		
	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,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.
	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, Parts II, III,			7.7
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ı
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	and that is treated as a partnership for lederal 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	37		
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
	10 1-1-1-1 m. 1-1-1 more more respected to the second of t			

DAA

Form 990 (2016)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country: ▶ b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

3	6-	2	Δ	a	Л	4	Q	2
.51	о-	_	4	9	4	4	σ.	~

<u>orm</u>	990 (2016) ROGERS PARK COMMUNITY COUNCIL 36-2494482				P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throug					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Sched	ule O Se	e ınstruc	tıons	_
	Check if Schedule O contains a response or note to any line in this Part VI					X
ec.	tion A. Governing Body and Management					
			7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or				排出	
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O	1ь	5			
b	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>				
2	any other officer, director, trustee, or key employee?			2	X	i de la
3	Did the organization delegate control over management duties customarily performed by or under the direct			1		
	supervision 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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	llowing			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· <del>-</del> -		9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter-	nai Re	<u>venue C</u>	ode.)		
	District the second of the sec			400	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	101111				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	F-, E-
ь Б	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b		X
c	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			能量		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			141	1.35.	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	• • •			15b	X	a. Phari
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				13	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
_	with a taxable entity during the year?			16a	_487598	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			465	11	أمر روم مثلك
	organization's exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed ► IL					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c	)(3)s or	ılv)			
.0	available for public inspection. Indicate how you made these available. Check all that apply	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,/			
	Own website Another's website  Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	olicy. a	and			
	financial statements available to the public during the tax year.	y, t				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>•</b>				
	OGERS PARK COMMUNITY COUNCIL 1530 W. MORSE AVENUE					

IL 60626

CHICAGO

-	•				
orm	990 (2016)	ROGERS	PARK	COMMUNITY	COUNCIL

36-2494482

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

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

(A) Name and Title	(B) (C)  Average Position hours per (do not check more box, unless person officer and a director control of the						เก e)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SARA LISY		<del>                                     </del>								
	2.00									
DIRECTOR DOCUMENT	0.00	X	-	-	<u> </u>	╁		0	0	0
(2) LORRAINE DOSTAL	2.00									
DIRECTOR	0.00	x						o	О	o
(3) MARY KAY NEAL	0.00	+			<del>                                     </del>	$\vdash$		<del>-</del>		
(3)12211 1121	2.00									
DIRECTOR	0.00	x						o	o	0
(4) TOM LISY										<u></u>
` ,	2.00					1				
PRESIDENT	0.00			X	L			<u>_</u>	0	0
(5) RICHARD MORAN										
	2.00									
TREASURER	0.00	1_	<u> </u>	X		$\sqcup$		0	0	0
(6) ROBERT MAPES		1	ļ			1				
	2.00				ĺ	H		_		
VICE PRESIDENT	0.00	┼	<u> </u>	X	<u> </u>	$\vdash$		0	0	0
(7) ROBERT FULKERSON	2.00									
CECOEMADY	0.00	1	Ì	x		l i		o	o	0
SECRETARY (8)	0.00	+-		^	-	$\vdash$				0
(0)										
(9)		<del>                                     </del>								
(10)		-	-							
(11)										
DAA		<u> </u>			<u></u>					Form <b>990</b> (2016)

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual is to organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is to did not	Part VIII	6) ROGERS PA Section A. Officers								36-249 d Highest Compensated		Pag ' .
b Sub-total  C Total from continuation sheets to Part VII, Section A  Total gold in discussion in the organization is at your discussion in the organization in the interest of the organization in the "In "V" ("") ("") ("") ("") ("") ("") ("")		(A)	(B) Average hours per week (list any	(de	o not ( x, unle	Pos check ess pe	C) sition more erson i	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2 IU99-MISC)	organization and related
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who												<del></del>
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is present in the organization of the organization? If "Yes," complete Schedule J for such person  1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  2 Did any person listed Contractors  2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  3 Description of services  4 Description of services  Compensation of services  Compensation of services  Compensation of services  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who	lb Sub-tota	al		<u></u>	<u></u>							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  Yes  B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  (B)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			ets to Part VII, S	ectio	on A				<b>&gt;</b>			
So Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  Exercised B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			cluding but not lin	nıted	to th	ose	liste	d abo	ve)	 who received more than \$1	00,000 of	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Did the control of th	organization list any force on line 1a? If "Yes," individual listed on line tition and related organal	rmer officer, dire complete Schedie 1a, is the sum o izations greater t a receive or accri	ctor, ule J f rep han S	or tr for s ortat \$150	ole co ,000 ensat	indivompe ompe on if	ridual ensat Yes, from	ion a " <i>con</i>	and other compensation fro nplete Schedule J for such unrelated organization or inc	m the	3
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation of services  Description of services  Compensation  2. Total number of independent contractors (including but not limited to those listed above) who				s, c	отр	iete .	Scne	auie	J TO	r such person	· · · · · · · · · · · · · · · · · · ·	5
	Complet compen	sation from the organiz	zation Report co	nsate mper	ed inc isati	depe on fo	ndei r the	nt co cale	ntrac	year ending with or within	the organization's tax year	(C) Compensation
		···					·					
				<u></u>								
the state of the s										listed above) who		

Form 990 (2016) ROGERS PARK COMMUNITY COUNCIL Part VIII Statement of Revenue

		Check	If Schedule C	cont	ains a respo	onse o	or note to any line i	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
হ ম	1a	Federated cam	paigns	1a				<b>港班金町山野</b> 川		
Grant		Membership du		1b						i lift i di
호임				1c						
Gifts, Gillar Amo		Fundraising ev		-						
필립	d	Related organiz	zations	1d		500				
ons, Sim	е	Government grants (	contributions)	1e	290	,633				
흐인	f	All other contributions	s, gifts, grants,							
		and similar amounts	not included above	1f	50	,934				
ΞŎ	g	Noncash contribution	ns included in lines 1a-1	lf S	<u> </u>					
Contri and Ot	_	Total. Add line				•	341,567			
		Total. Add line	3 1a-11			- 0-4-		No. 20 2107 10 4444		
ž					Busi	n Code	THE PARTY OF THE P			
Š	2a				<u> </u>					
چّ	b									ļ
<u>بة</u> ا	c									
<u> </u>	d									
E	۵									
Program Service Revenue	f	All other progra	am service reven	ue.						
윤				ide	<u> </u>	_	<del></del>			
_		Total. Add line			la interact		-	<u> </u>		
	3		ome (including d	ividend	is, interest,		1 20			
		and other simil					38	38		
	4	Income from in	vestment of tax-	exemp	t bond proceed	s 🕨			ļ <u>-</u>	
	5	Royalties							<u> </u>	
			(ı) Real		(II) Persona	al				
	6a	Gross rents								
	b	Less rental exps				_				
	С	Rental inc or (loss)	L					La c		
	d	Net rental inco					li	,		- promote the contract of the
	7a	Gross amount from sales of assets	(i) Secunties		(II) Other					
		other than inventory								
	ь	Less cost or other			}					
		basis & sales exps								
	С	Gain or (loss)								
						<u> </u>	of Lander of the state of the s	يا "الفيادات من منها تسم منه التسم منه القطاء المناه التسمير التسمير التسمير التسمير التسميد ا		The said the said of the said
	d	Net gain or (los		1			19 10 <b>10 10 10 10 10 10 10 10 10 10 10 10 10 1</b>			[51] - 12 <b>1 - 121</b> : 14 :
ā	8a		om fundraising ever	แร						
ᇤ		(not including \$								
Š		of contributions r	reported on line 1c)							
Other Revenu	Ì	See Part IV, line	18	а	<u> </u>	,485				
흝	ь	Less direct ex	penses	b		504				
Ö	c		(loss) from fundi	raisina	events	<b></b>	4,981			- Paulin
	1		om gaming activitie	- 1						
	34	See Part IV, line	-							
	١.			a	<del></del>					
	b			b	<u> </u>					
	С		(loss) from gam	ing acti	vities		Carte and Statement Contractor			1, 15-10 2 Jack 18 1 4 5 5
	10a	Gross sales of	f inventory, less							
		returns and all	lowances	а						
	ь	Less cost of g	goods sold	b						
	1		(loss) from sales	s of inv	entory	•	HOLENSTON HOLENSTON		to any the state of the state o	
	ᡰ᠆᠆		scellaneous Revenue	111		n. Code				
	44.				<del></del>		142	and the same of th		142
	11a	MISCELLAN	NEOUS		├		+	<del>'</del>	<del> </del>	142
	b				<b>├</b>		<del> </del>	<del> </del>	<del> </del>	<del> </del>
	C				<u> </u>		<del> </del>	<del> </del>	<del></del>	<del> </del> -
	d	All other rever	nue						<u> </u>	
	e	Total. Add line	es 11a-11d			<b>•</b>	142			<b>基于建设的</b> "控制
	12	Total revenue	e. See instruction	ns_			346,728	38	0	142

Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) Do not include amounts reported on lines 6b, Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 150,227 145,497 4,730 Other salaries and wages Pension plan accruals and contributions (include 1,184 1,184 section 401(k) and 403(b) employer contributions) 8,842 7,430 1,412 Other employee benefits 15,347 14,926 421 Payroll taxes Fees for services (non-employees) Management 30,845 30,845 b Legal 17,674 20,845 3,171 Accounting Lobbying d Professional fundraising services See Part IV, line 17 investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 300 300 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16,543 16,085 458 16 Occupancy 6,055 6,205 150 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 39,814 39.814 HRAIL CONTRACTORS 23,109 23,165 56 CONTRACTUAL SERVICES b 20,193 10,784 9,409 SUPPLIES C 12,503 INSURANCE 12,693 190 d 10,707 9,387 1,320 All other expenses 304,748 356,910 52,162 0 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 49,400 39,887 1 Cash-non-interest bearing 2,244 2,244 Savings and temporary cash investments 2 109,423 118,044 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 6,267 5,710 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 167,334 165,885 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,151 15,884 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 7,151 26 15,884 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 160,183 150,001 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 160,183 150,001 33 Total net assets or fund balances 165,885 167,334 Total liabilities and net assets/fund balances

Form	990 (2016) ROGERS PARK COMMUNITY COUNCIL 36-2494482		Page <b>12</b>
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	346,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	356,910
3	Revenue less expenses Subtract line 2 from line 1	3	-10,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	160,183
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	<u> </u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
<u> </u>	33, column (B))	10	150,001
Pá	it XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
þ	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in		
_	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
_	the Single Audit Act and OMB Circular A-133?		3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
			Form <b>990</b> (2016)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public

Name of the organization

ROGERS PARK COMMUNITY COUNCIL

Employer identification number

			ROGERS PARK	COMMUNITY COUNC	<u> </u>		36-249	4482
P	art l	The Reas	on for Public Charity	Status (All organizations	must co	mplete i	his part ) See instruction	S
- The	orga	nization is not	a private foundation because	it is (For lines 1 through 12, ch	eck only or	ne box )		
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i). $\bigcirc$ ۲/	
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990 or 990	D-EZ))		
3		A hospital or	a cooperative hospital service	e organization described in sec	tion 170(b)	)(1)(A)(iii)	•	
4		A medical res	search organization operated	in conjunction with a hospital d	escribed in	section 1	170(b)(1)(A)(iii). Enter the hosp	ital's name,
	_	city, and state	е					
5		An organizati	on operated for the benefit of	a college or university owned of	r operated	by a gove	rnmental unit described in	
		section 170(	(b)(1)(A)(iv). (Complete Part I	II )		_		
6		A federal, sta	te, or local government or go	vernmental unit described in se	ection 170(	b)(1)(A)(v	r).	
7	X	-	on that normally receives a si section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II)	m a govern	mental un	it or from the general public	
8				70(b)(1)(A)(vi). (Complete Part	<b>(II)</b>			
9				ribed in section 170(b)(1)(A)(i		in conjur	ction with a land-grant college	
		-		agriculture (see instructions) E				
10		-	on that normally receives (1)	more than 33 1/3% of its supp	ort from co	ntributions	, membership fees, and gross	
		receipts from	activities related to its exemp	ot functions—subject to certain	exceptions.	, and (2) n	o more than 33 1/3% of its	
				d unrelated business taxable inc			11 tax) from businesses	
			•	, 1975 See section 509(a)(2).	•	•		
11	$\sqcup$	•	•	xclusively to test for public safe	-		• • •	
12	Ш	•	•	xclusively for the benefit of, to p				
			. ,	ations described in section 509 at describes the type of support			. ,, ,	
	а		ŭ	rated, supervised, or controlled	• •		•	9
	a			er to regularly appoint or elect a	• • •	-		
		• •	• , ,	implete Part IV, Sections A a				
	b		•	ervised or controlled in connec		supporte	d organization(s), by having	
				ing organization vested in the s				
		organizat	tion(s) You must complete	Part IV, Sections A and C.				
	С			upporting organization operated ructions) You must complete				
	d	Type III ı	non-functionally integrated	. A supporting organization ope	rated in coi	nnection v	vith its supported organization(s	)
			, <u> </u>	organization generally must sat	•	-		
		<u> </u>	,	ust complete Part IV, Section		-		
	е			eived a written determination fro -functionally integrated supporti			Type I, Type II, Type III	
	f		mber of supported organization		ng organiza	211011		
	g		ollowing information about the					<b>L</b>
		ne of supported	(ii) EIN	(iii) Type of organization	(IV) is the	organization	(v) Amount of monetary	(vi) Amount of
		ganization	(,	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A	)							
(B	)							
(C	)				<del>                                     </del>			
						<del>                                     </del>		
(D 	'							·
(E	)							
						THE STATE	<u></u>	<u></u>
Tot	al							

Schedule A (Form 990 or 990-EZ) 2016

ROGERS PARK COMMUNITY COUNCIL

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)

	tion A. Public Support  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 include any "unusual grants")	350,995	420,517	407,613	276,526	341,567	1,797,218			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	350,995	420,517	407,613	276,526	341,567	1,797,218			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support, Subtract line 5 from line 4						1,797,218			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	350,995	420,517	407,613	276,526	341,567	1,797,218			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,250				1,250			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	103,836	51,733	39,430	24,857		219,856			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10						2,018,324			
12	Gross receipts from related activities, etc	(see instructions)				12	5,523			
13	First five years. If the Form 990 is for the	•	second, third, fourti	n, or fifth tax year a	s a section 501(c)(	3)				
	organization, check this box and stop here	=					▶ [			
Sec	ction C. Computation of Public S	upport Percent	age							
14	Public support percentage for 2016 (line 6	column (f) divided	by line 11, column (	f))		14	89.05%			
15	Public support percentage from 2015 Sche	edule A, Part II, line	14			15	86.67%			
16a	33 1/3% support test—2016. If the organ	ization did not chec	k the box on line 13	, and line 14 is 33	1/3% or more, chec	k this				
	box and <b>stop here.</b> The organization quali	fies as a publicly su	pported organizatio	n			► X			
b	33 1/3% support test—2015. If the organ				s 33 1/3% or more,	check				
	this box and <b>stop here.</b> The organization of						▶ _			
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is									
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in									
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
	organization	4= 16.1			401 477 44		▶ _			
Þ	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line									
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	•	ets the "tacts-and-d	ircumstances" test	i ne organization o	quaimes as a public	у				
	supported organization	44 -bb b		47 47h -h(	46 6		<b>-</b> _			
18	Private foundation. If the organization did	a not check a box of	ı mie 13, 10a, 10D,	i/a, or i/b, check	uns dox and see		_			
	instructions									

Schedule A (Form 990 or 990-EZ) 2016

Page 3

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

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

Sec	tion A. Public Support						/
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	√(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					<i>'</i>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		·	<del></del>		L	
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		Service of the servic	mu - Fame - I - Jack		進い、SET NOTES	E
8	Public support. (Subtract line 7c from line 6)						수 100명 지수 100명 - 100명 - 100명 - 100명
Sec	tion B. Total Support	<u> </u>	/				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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						
С	Add lines 10a and 10b	/					<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	/					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
800	organization, check this box and stop here		200				
	tion C. Computation of Public Su			·	<del></del>		45
15	Public support percentage for 2016 (line 8,			(1))		<u> </u>	15 %
16 Sec	Public support percentage from 2015 Sche tion D. Computation of Investme						16 %
17	Investment income percentage for 2016 (lin			olumn (fl)		·	17 %
18	Investment income percentage for 2015		<del>-</del>	olumin (i <i>))</i>		<u> </u>	18 %
19a	33 1/3% support tests—2016. If the organ			4 and line 15 is m	ore than 33 1/3%		76
. Ja	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2015. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	ie 16 is more than 3	33 1/3%, and	
20	line 18 s not more than 33 1/3%, check the Private foundation. If the organization did		=	•	• •		
		THUL CHECK & DUX U			see instructions	· 	

Schedule A (Form 990 or 990-EZ) 2016

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

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Vac	Al
anea -	Yes	No
	Particular Period Perio	
Tit.	表して	医足翻
والششاشان	المعالف على	
_1_		
2		
2	IN	<b>4.</b> -4
		<b>电量</b> 列
3a		
7.537		i Jaw
	ust f	
	建筑	
	Marada 1127-a.d.	
<u>3b</u>		
3c		
		IX ga.
<del>-7</del> (1	14. F	- 7,50
4a		
4b	ļ	
		Production of the second of th
	[본종]	
	ı	1
46	= ====================================	
-FE		
		排標
	#J	
	المستعددة المقامتين	است المام
<u>5a</u>		
J.		
5b	1	- WERE
	<del> </del>	
5c_		
. ji		- 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	適中 🖟	LF.
334		
	The second second	استنتسا
_ 6_	<del> </del>	<del> </del>
.W.		
-EF.	ـةـــــة	أستأسسان
7_		
w.		三横 4
	astamu at .	manii
<u>.</u>		200
8 9a		
- <u>``</u>	<u>Gatia</u>	
<u>9a</u>		
		Lett.
		f
9b	<u> </u>	<b>}</b>
		W.D.
	1	الله الله الله الله الله
9c		<del></del>
10a	ļ	Į.
	Mil	- B- (d. a.
10b	1	1
orm o	90 or 990	トーテン クル・

Par	t IV: Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			21,43
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Ď. 5	
	below, the governing body of a supported organization?	11a	- Que. 10 1.162	
b	A family member of a person described in (a) above?	11b		
С	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		<del>                                     </del>
Secti	ion B. Type I Supporting Organizations			ــــــــــــــــــــــــــــــــــــــ
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		\$4¥3	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	ATL	Marie .	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	Se <b>d</b> X		1 1 ars
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	nat i		Li
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		WY	
	supervised, or controlled the supporting organization	<u></u>	a	. silette Lui
Sect	ion C. Type II Supporting Organizations		L	<u>L</u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	I the		- EESE
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	· -		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	-	azakini wa i
Sect	ion D. All Type III Supporting Organizations	•	<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	E.		<b>電気よ</b> い
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		il.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-15.	Mata.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Cara are me
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		pinjir in	# 1 g.s
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		Sec
3	By reason of the relationship described in (2), did the organization's supported organizations have a	119		<b>\$</b> 7 E#
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	=	****
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)			
2 /	Activities Test Answer (a) and (b) below.	[	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Tijati. Talijati		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	S. Obs. Mar.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	elie I Pain		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Tin Line	dumin no drawn
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		evay Cyla	11111
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	Care Larine Annie	TOTAL STATE

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

Schedule A (Form 990 or 990-EZ) 2016

些

2

3

1

Enter 85% of line 1

instructions)

Enter greater of line 2 or line 3Income tax imposed in prior year

emergency temporary reduction (see instructions)

ROGERS PARK COMMUNITY COUNCIL

Schedul	e A (Form 990 or 990-EZ) 2016 ROGERS PARK COMMUN		36-2494	482 Page 7				
Par	Type III Non-Functionally Integrated 509(a)(3) So	upporting Organizati	ons (continued)	<del></del>				
Secti	on D - Distributions			Current Year				
_1_	Amounts paid to supported organizations to accomplish exempt purposes	<u> </u>						
2								
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support							
4	Amounts paid to acquire exempt-use assets			ļ. <del></del>				
5	Qualified set-aside amounts (prior IRS approval required)		<del> </del>					
6	Other distributions (describe in Part VI) See instructions							
	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organization	n is responsive						
	(provide details in Part VI) See instructions.		<del></del>					
9	Distributable amount for 2016 from Section C, line 6							
_10_	Line 8 amount divided by Line 9 amount	<del></del>	r					
	<b></b>	(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
	D. 1. 1. 1. 2. 1.	e, apageraghterates i	Pre-2016	Amount for 2016				
_1_	Distributable amount for 2016 from Section C, line 6							
•	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See							
2	Instructions							
3	Excess distributions carryover, if any, to 2016							
a			eriging hery					
b								
С	From 2013							
ď	From 2014							
е	From 2015							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)							
i	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2016 from							
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2016 distributable amount							
<u>C</u>	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 3j	]						
	and 4c							
8	Breakdown of line 7							
	(1997年)	len jelkeneskiskis De denember et bee						
	Excess from 2013							
	Excess from 2014	rigipita di Sept.						
	Excess from 2015		HINGH TEFRESEEPS The Brace Fabrish					
e	Excess from 2016							

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016\_

ROGERS PARK COMMUNITY COUNCIL

36-2494482

Page 8

Part VI

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

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection -

Name of the organization **Employer Identification number** ROGERS PARK COMMUNITY COUNCIL 36-2494482 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2016 ROGERS 1	PARK	COMMUNIT	TY COUNCIL		36-2	494482	<b>.</b>	Page 2
Part III Organizations Maintaini	ng Co	llections of A	Art, Historical T	reasures,	or Other	Similar Assets	s (continue	
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and	l other records, c	heck any of the follo	wing that are	a significan	t use of its		
a Public exhibition		d 🗌 L	oan or exchange pro	grams				
b Scholarly research		e 🗍 c	Other					
c Preservation for future generations								
4 Provide a description of the organization's	collection	ns and explain ho	w they further the or	ganızatıon's e	exempt purp	oose in Part		
XIII								
5 During the year, did the organization solicit	or receiv	ve donations of a	rt, historical treasure	s, or other sin	nılar			
assets to be sold to raise funds rather than	to be m	aintained as part	of the organization's	collection?			Yes	No.
Part IV Escrow and Custodial A	_							
Complete if the organizati	on ans	wered "Yes"	on Form 990, Pa	art IV, line 9	9, or repo	orted an amount	t on Form	
990, Part X, line 21.								
1a Is the organization an agent, trustee, custo	dian or o	ther intermediary	for contributions or	other assets i	not		_	_
included on Form 990, Part X?							Yes	No No
<b>b</b> If "Yes," explain the arrangement in Part XI	II and co	mplete the follow	ring table			<del></del>		
						<u> </u>	Amount	
c Beginning balance						1c		
d Additions during the year						1d		
e Distributions during the year						1e		
f Ending balance			_			1f		
2a Did the organization include an amount on					•		Yes	No No
b If "Yes," explain the arrangement in Part XI	II Check	there if the expla	anation has been pro	vided on Part	XIII			
Part V Endowment Funds.	on one	word "Voc"	on Form 000 Da	art IV line :	10			
Complete if the organization		Current year		(c) Two ye		(d) Three years hook	(a) Faur	
4a Decimina of week belows	\ <u>'</u>	Current year	(b) Pnor year	(c) 1wo ye	als back	(d) Three years back	(e) Four	years back
1a Beginning of year balance b Contributions	<b>—</b> —		<del></del>	<del></del>			<del></del>	
	<b>—</b> —	<del></del>	<del>-</del> ·	<del>                                     </del>				<del></del>
c Net investment earnings, gains, and losses	l			1				
d Grants or scholarships	<b>-</b>		<del></del> -					
e Other expenditures for facilities and			<del></del>	7			<u> </u>	<del></del>
programs				ľ				
f Administrative expenses				1				
g End of year balance				1				
2 Provide the estimated percentage of the cu	rrent ye	ar end balance (l	ine 1g, column (a)) h	eld as				
a Board designated or quasi-endowment ▶		%	-					
<b>b</b> Permanent endowment ▶	%							
c Temporarily restricted endowment ▶		%						
The percentages on lines 2a, 2b, and 2c sl	nould eq	ual 100%						
3a Are there endowment funds not in the poss	ession o	of the organization	n that are held and a	dministered fo	or the		_	
organization by								Yes No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
<b>b</b> If "Yes" on line 3a(ii), are the related organ							3b	
4 Describe in Part XIII the intended uses of t			nent funds					
Part VI Land, Buildings, and Ec				4072	44. 0	E 000 D 4	V 11 40	
Complete if the organizat	on ans							
Description of property	1	(a) Cost or other ba	, , ,	r other basis	1	Accumulated	(d) Book va	ilue
4-1		(investment)	(01	ther)		epreciation		
1a Land	<u> </u> -		<del></del>					
b Buildings			<del></del>		<del> </del>			
c Leasehold improvements	-				<del> </del>			
d Equipment	-				<del> </del> -			
e Other  Total. Add lines 1a through 1e (Column (d) mus	t equal F	orm 990 Part Y	column (R) line 10c	· )	<del></del>			
Tamaria mico la unoughi la (Columni (d) mus	4 - 4 - 1	Soo, i wit M,		· L.				

Part VII	Investments—Other Securities.		ing 44h Con France 000 D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete if the organization answered "Yes" of (a) Description of security or category	(b) Book value		
	(including name of security)	(D) Book value	(c) Method of Cost or end-of-yea	
(1) Financial d			333, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	THE NOT YOUR
	ld equity interests			
(3) Other	id addity interests		<del></del>	
(A)		<del></del>	<del></del>	
(B)		<del></del>		
(C)				
(D)		<del></del>		
(E)				<del></del>
(F)				
(G)				<del></del>
(H)				
	(b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments—Program Related.	C 000 D+ IV / I	. 44 0 5 000 5	
-	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)	<del></del>			<del></del>
(2)				
(3)				·
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	·			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ne 11d See Form 990, Pa	art X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	——————————————————————————————————————			
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.		·	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ne 11e or 11f. See Form 9	90, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶			alt autiku di Karala taka
	uncertain tax positions In Part XIII, provide the text of the foo	tnote to the organization's fir	nancial statements that reports the	<u></u>
	liability for uncertain tax positions under FIN 48 (ASC 740) C			

Schedule D (Form 990) 2016 ROGERS PARK COMMUNITY CO	OUNCIL 3	5-2494482	Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Reve	nue per Return.	
Complete if the organization answered "Yes" on Form	m 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	347,232
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		127a	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recovenes of pnor year grants	2c		
d Other (Describe in Part XIII.)	2d	504	
e Add lines 2a through 2d		2e	504
3 Subtract line 2e from line 1		3	346,728
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	En and in	
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a	4.7 <del>.735</del> .7 2757.553	
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	-	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	346,728
Part XII Reconciliation of Expenses per Audited Financia	I Statements With Expe	enses per Return.	
Complete if the organization answered "Yes" on For	m 990, Part IV, line 12a		
Total expenses and losses per audited financial statements		1	357,414
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		75 47 ° 107 12 ° 1	
a Donated services and use of facilities	2a		
b Pnor year adjustments	2b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Other losses	2c		
d Other (Describe in Part XIII )	2d	504	
e Add lines 2a through 2d		2e	504
3 Subtract line 2e from line 1		3	356,910
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		grafin E	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b	# 3.15  -12.52	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	356,910
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part	V, line 4, Part X, line	
2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informat	ion	
PART XI, LINE 2D - REVENUE AMOUNTS INC			
·			
DIRECT FUNDRAISING EXPENSE		\$	504
		•	
PART XII, LINE 2D - EXPENSE AMOUNTS INC	CLUDED IN FINAN	CIALS - OTHER	<u>L</u>
•			
DIDECE ETRIDORICING EVDENCE		ė	E04

Schedule D (Form 990) 2016 ROGERS PARK COMMUNITY COUNCIL Part XIII Supplemental Information (continued)

36-2494482

Page **5** 

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ROGERS PARK COMMUNITY COUNCIL

Employer identification number 36-2494482

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

FAIR HOUSING INITIATIVE PROGRAM - INVESTIGATES POSSIBLE HOUSING

DISCRIMINATION, ASSISTS CLIENTS TO RESOLVE FAIR HOUSING DISPUTES WITH

HOUSING PROVIDERS AND CONDUCTS COMMUNITY LEGAL EDUCATION ON FAIR HOUSING

RIGHTS AND RESPONSIBILITIES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

TOM LISY

SARA LISY

PRESIDENT

DIRECTOR

HUSBAND/WIFE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD REVIEWS 990 PRIOR TO SIGNING AND FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL APPROVED BY BOARD

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS APPROVED BY BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT FUNDRAISING EXPENSE \$ 504

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

Name of the organization

ROGERS PARK COMMUNITY COUNCIL

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

Employer identification number

36-2494482

DIRECT FUNDRAISING EXPENSE

-504

\$