# VILLAGE OF LOMBARD LOCAL TOURISM GRANT PROGRAM APPLICATION FORM

GENERAL INFORMATION

GENERAL HIT C.			
Organization:	Glenbard East High School Boosters		
Name of event:	Lombard Ale Fest		
Date of event:	6/8/2018	Event location:	227 W. Parkside Ave.
Contact person:	Tim Glennon/Sarah Richardt	Title:	Co-chairs
Business address:	1014 S. Main St.	City & Zip	Lombard 60148
Telephone:	630-248-0180	Email:	director@lombardhistory
			.org

**PROJECT OVERVIEW** 

Total cost of the project:	\$45,765
Cost of city services requested in this application (if any):	\$1,950.00
Total funding requested in this application:	\$10,000.00
Percent of total project cost being requested:	22%
Anticipated attendance:	1500
Anticipated number of overnight hotel stays:	5

Briefly describe the project for which are funds are being requested:

Beer festival Fundraiser dedicated for the turf field at GEHS as well as other local charities that assist with the event.

**ORGANIZATION** 

Number of years that the organization has been in existence:	40+
Number of years that the project or event has been in existence:	5
Number of years the project has been supported by Village of Lombard funds:	5
How many years does the organization anticipate it will request grant funding?	Until bond is paid off in 2023

1) Describe the organization (include brief history, mission, and ability to carry out this project):

The Glenbard East Boosters have a long history of fundraising. Most recently we have hosted the Red and Black Ball (since 2010) as well as concerts. This will be the fifth year for Ale Fest which has become very popular.

objectives of the organization, other local groups or initiatives, and the community at large:

To provide financial support for student athletes at Glenbard East in the f	form of scholars	ships, equipment,
uniforms and coaching.		
3) What is the organization's plan to make the project self-sustaining?		
The event's popularity is growing. We project that we can be self- funder 2500 paid guests. This has not happened as of yet, but hope to reach the quality event with the Village's help.		
PROJECT DESCRIPTION Have you requested grant funding in the past?	⊠ Yes	□ No
Is the event open to the general public?	⊠ Yes	□ No
Do you intend to apply for a liquor license for this project?	⊠ Yes	□ No
Will any revenues from this event be returned to the community?	⊠ Yes	□ No
event is modeled after similar recent events in Wheaton, Lisle and Nape 80 craft brewers who would provide tasting samples to paying guests. For the provided at this event. Food truck vendors will provide dining option to provide the entertainment. Tickets for the event would be sold in advance a number of beers within a corralled area. Vendors will not be so there will not be any cash transactions for beer. Each paying guest will 15 three ounce samples. Volunteers for the event will be stationed at eare punched. The beer is paid for by the Boosters in advance. There will the event. Ticket sales will be limited to 2,500.	Food and entert is for the guests wance and will a elling the beer t be provided wit each brewer ten	ainment will also and a live music llow attendees to themselves and th a punch card for t to ensure tickets
2) If your application is accepted, how will the tourism grant funds be us  To offset expenses, more specifically to pay for the fencing, tents, secur		and street closure.
3) What modifications to the event or other steps will be taken to increase previous years (not applicable to first time events)?		
Our plans to organize a quality event with a great reputation have kept	our attendance	increasing, iviany

other beer festivals decreased patrons but ours continues to rise in attendance. With keeping our event

coordinator. We plan to get marketing out earlier in order to keep it front in peoples minds.

**LOCATION** 

Provide the location of the event or project. If a location has not been secured, list the venue(s) being proposed or considered.

227 W. Parkside and portions of Lilacia Park

MILESTONES AND TIMETABLES

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

We held our first meeting in November of 2018 and major planning will continue in January of 2019 and will have all details finalized by May 1.

### **IMPACT**

1) Please describe how the event or program will promote overnight stays and/or tourism within the Village of Lombard.

We have will again work with hotels for the event that offer discounted room rates to Ale Fest guests. This discount will be offered on the event website and other marketing materials.

2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

In the last four years, the number of event attendeed from out of Lombard exceeded the number of Lombard resident guests. Many of these visitors, then spent time in downtown Lombard for Cruise nights.

3) Who is the target audience for your event or project? What is your anticipated attendance?

Adults between the ages of 21 and 65. Our anticipated attendance this year is between 1500-1800.

4) Please identify and detail the cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, etc.) and whether such costs will be reimbursed or funded under this grant. Please describe any collaborative arrangements developed or anticipated with other organizations to fund or otherwise implement the project (including in-kind donations).

Road closure \$450; Police \$1,500

5) Please describe your marketing plan. Detail the strategies your organization will use to promote the event or project (e.g., advertising, public relations, marketing, print materials, promotional pieces).

Social media will be the primary marketing tool. We will also be placing ads in local newspapers, purchasing lawn signs, banners and posters. We will again ask WGN to advertise for us.

# **FINANCES**

- Please include a detailed itemized budget for your entire event on the attached budget form (2 years of past actuals and estimates for upcoming event).
- Attach a copy of the most recently completed agency audit and Federal Form 990. If these documents are not available, please explain why they are not available.

# **CHECKLIST**

- □ Completed Local Tourism Grant Program Application Form.
- ⊠ Completed detailed budget form.
- Promotional materials from past events (not applicable to first time events).
- Post event summary from past event (not applicable to first time events).
- ⊠ Copy of the most recently completed agency audit or explanation of why it is not available.
- ☑ Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

Additional Notes, Comments or Explanations:

The Boosters have not had an audit since we have only been a not-for-profit since 2012 and our yearly budget is under the requirement for NFP audits.

# **CERTIFICATION**

The undersigned certifies that to the best of his or her knowledge and belief that data in this application are true and correct, the application has been duly authorized by the organization and any funds received under this grant will be used for the purposes described in this application.

Name:	Sarah Richardt			
Title or office held:	Ale Fest Compliance Chairperson	Date:	10/18/2018	

Signature:	Sarah Richardt	WI.
U		

# Our Story

LOMBARD ALE FEST · MONDAY, OCTOBER 1, 2018

The Fifth annual Lombard Ale Fest will take place on Saturday, June 8, 2019. Situated in the breweries around the country and some of Chicagoland's favorite food vendors. The fest will be a celebration of summer seasonal beers, food and live music. Kick off your summer right heart of downtown Lombard,the festival will feature over 100 unique beers from craft with the Lombard Ale Fest.

Lombard Community. The proceeds from the fest will benefit nonprofit organizations in the The goal of the Lombard Ale Fest is to showcase American Craft Beer while supporting the Lombard community.

e | Iombardalefest.com







# Lombard Ale Fest

# LOCAL TOURISM GRANT PROGRAM <u>DETAILED BUDGET</u>

Event: Lombard Ale Fest Date	: <u>11/1/18</u>
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Organization Glenbard East Boosters

**INCOME:** Include an itemized list of all actual (past 2 years) and estimated project revenues (entry fees, gate receipts, food/beverage sales, donations, sponsorships, booth rentals, souvenir sales, other revenues)

ITEMIZED REVENUES	ACTUAL 2017	ACTUAL 2018	ANTICIPATED
Lombard Tourism Grant	\$10000	\$10,000	\$10,000
Ticket sales and sponsors	\$56,267	\$57,019	\$65,000
<u></u>			
Total Income	\$72,066		\$75,000

**EXPENSES:** Include an itemized list of all actual and estimated project expenses (advertising, supplies,

labor, rentals, insurance, materials, entertainment, other expenses)

ITEMIZED EXPENSES	ACTUAL 2017	ACTUAL _2018	ANTICIPATED
Fencing and Tents	\$5761	\$5903	\$6700
Beer	\$11,000	\$10465	\$12000
Promoter fee	\$8579	\$7644	\$10,000
Glasses	\$2252	\$3336	\$3000
Tablecloths and Balloons and misters	\$880	\$125	\$900
Signage	\$2321	\$1925	\$2500
Printing	\$449	\$75	-
Community Group donations	\$2450	\$2000	\$2250
Police	\$1500	\$900	\$1500
Insurance and licensing	\$465	\$555	\$425
Volunteer Shirts and bags	\$976	\$1014	\$1000
Ice/Water/Soda	\$552	\$342	\$1800
Music	\$1100	\$2000	\$1200
Plaques	\$411	\$313	\$500
Commuter parking/road closure	\$900	\$465	\$900
Advertising	\$595	\$495	\$1000
Total	\$39742	\$37557.00	\$45765

<u>IN-KIND CONTRIBUTIONS</u>: Include an itemized list of all actual and estimated in-kind contributions. In-kind contributions are non-cash donations, contributions or gifts which can be given a cash value (include Village of Lombard in-kind services, where applicable)

Estimated value of in-kind
contributions (explain)
to confirm.

ACTUAL 2017	ACTUAL 2018	ANTICIPATED	
\$2000	\$2,000	\$2,000	
Port o Johns	Port o Johns	Port o Johns	

# Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17

27-0999652

# GLENBARD EAST BOOSTER CLUB

Net Asset / Fund Balance at Beginn	ning of Year			74,920
Revenue				
Contributions		12,241 174,310		
Program service revenue		174, <u>310</u>		
Investment income				
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			186,551	
Expenses				
Program services		162,113 5,954		
Management and general		<u>5,954</u>		
Fundraising				
Total expenses		_	168,067	10.404
Excess / (deficit)				18,484
Changes				5,671
Net Asset / Fund Ba	alance at End of Year			99,075
Reconciliation of R	evenue		Reconciliation of	Expenses
Total revenue per financial statements		Total expe	nses per financial statemer	nts
Less:		Less:		
Unrealized gains		Donate	ed services	
Donated services		Prior y	ear adjustments	
Recoveries		Losses	S	
Other		Other		
Plus:		Plus:		
Investment expenses		Invest	ment expenses	***************************************
Other	<u> </u>	Other		
Total revenue per return	186,551	Te	otal expenses per return	168,067
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	<u>74,920</u>	99,0	<u>75</u>	
Liabilities	<del></del>			
Net assets	74,920	99,0	<u>75</u> <u>24,</u>	<u>155</u>
	Miscellaneous Amended return Return / extended due date Failure to file penalty		<u>17</u>	

# IRS *e-file* Signature Authorization for an Exempt Organization

ioi ali Exempt	Organization	
For calendar year 2016, or fiscal year beginning 7/	'01 , 2016, and ending	6/30 <sub>,20</sub> 17
Do not send to the IRS	Keen for your records	

Form **8879-EO** (2016)

OMB No. 1545-1878

Internal Revenue Service	Information about Form 8879-EO and	its instructions is at uses its good	₩a	2010
Name of exempt organization	The street about 1 of the coro-Lo and	its illistructions is at www.irs.gov/	Employer identification	on number
	GLENBARD EAST BOOSTER CLUE	3	27-099965	
lame and title of officer	CHRISTINE YEOMAN			<u></u>
	TREASURER			
Part I Type	Return and Return Information (Whole I	Oollars Only)		<del></del>
	m for which you are using this Form 8879-EO and ente		the return. If you	
heck the box on line 1a	2a, 3a, 4a, or 5a, below, and the amount on that line for	the return being filed with this form	was blank then	
eave line 1b, 2b, 3b, 4b	or <b>5b</b> , whichever is applicable, blank (do not enter -0-).	But, if you entered -0- on the return	then enter -0- on	
ne applicable line below	Oo not complete more than 1 line in Part I.	and, if you entered to ten and retain,	anon onto o on	
a Form 990 check her		/III. column (A), line 12)	1b	186,55
a Form 990-EZ check	ere D Total revenue, if any (Form 990-E	Z, line 9)	2b	
a Form 1120-POL che	there b Total tax (Form 1120-POL, line 2	22)	3b	
a Form 990-PF check	b Tax based on investment income (	Form 990-PF, Part VI, line 5)	4b	
a Form 8868 check he	b Balance Due (Form 8868, line 3c)		5b	···•
	tion and Signature Authorization of Office			
nder penalties of perjun	I declare that I am an officer of the above organization	and that I have examined a copy of t	he	
re true, correct, and con	nic return and accompanying schedules and statements lete. I further declare that the amount in Part I above is	s and to the best of my knowledge a	nd belief, they	
ganization's electronic	turn. I consent to allow my intermediate service provide	er transmitter or electronic return or	iginator (ERO)	
send the organization's	return to the IRS and to receive from the IRS (a) an act	knowledgement of receipt or reason f	or rejection of	
e transmission, (b) the	eason for any delay in processing the return or refund, a	and (c) the date of any refund. If appl	icable, I	
uthorize the U.S. Treasu	y and its designated Financial Agent to initiate an electr	ronic funds withdrawal (direct debit) e	entry to the	
nancial institution accoun	indicated in the tax preparation software for payment of	of the organization's federal taxes ow	ed on this	
eturn, and the financial in	titution to debit the entry to this account. To revoke a p	ayment, I must contact the U.S. Trea	sury Financial	
rgent at 1-888-353-453/	o later than 2 business days prior to the payment (settle	ement) date. I also authorize the fina	incial institutions	
ivolved in the processing esolve issues related to	of the electronic payment of taxes to receive confidential epayment. I have selected a personal identification numbers	al information necessary to answer in	iquiries and	
electronic return and if a	Dicable, the organization's consent to electronic funds	inder erin) as my signature for the o	rganization s	
officer's PIN: check on	-			
X I authorizeI	RMAN BUSINESS SERVICES, IN	IC to enter my PIN	60517 as m	y signature
	ERO firm name	·	Enter five numbers, but	, ,
			do not enter all zeros	
on the organizati	i's tax year 2016 electronically filed return. If I have indi	cated within this return that a copy of	the return is	
being filed with a	state agency(ies) regulating charities as part of the IRS	Fed/State program, I also authorize t	the aforementioned	
ERO to enter my	PIN on the return's disclosure consent screen.			
As an officer of the	e organization, I will enter my PIN as my signature on the	no organization's tay year 2016 aloots	anically filed setum	
If I have indicated	within this return that a copy of the return is being filed	with a state agency(jes) regulating ch	narities as part of	
the IRS Fed/State	program, I will enter my PIN on the return's disclosure	consent screen.	, , , , , , , , , , , , , , , , , , ,	
fficer's signature		Date •	10/25/17	
Part III Certific	ation and Authentication		· · · · · · · · · · · · · · · · · · ·	
RO's EFIN/PIN. Enter	ur six-digit electronic filing identification			
umber (EFIN) followed t	your five-digit self-selected PIN.		366	644360517
			do	not enter all zeros
certify that the above no	eric entry is my PIN, which is my signature on the 2010	6 electronically filed return for the era	anization	
dicated above. I confirm	hat I am submitting this return in accordance with the r	equirements of Pub. 4163. Moderniz	ed e-File (MeF)	
	IRS e-file Providers for Business Returns.	and a second contraction of the second contr	22 3 / 110 (11101 )	
RO's signature		Date	10/25/17	
, , , , , , , , , , , , , , , , , , , ,		Date P		
	ERO Must Retain This F	orm — See Instructions		
	Do Not Submit This Form To the	IRS Unless Requested To [	Do So	

For Paperwork Reduction Act Notice, see back of form.

Department of the Treasury Internal Revenue Service

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

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the 20	16 calendar year, or tax year beginning 07/01/16 , and ending 06/30/	1/	D. Employer	identification number
В	Check if applica			D Employer	Identification fidiniber
Ш	Address change	GLENBARD EAST BOOSTER CLUB		۸ ۵	2225
$\overline{\sqcap}$	Name change	Doing business as		E Telephone	999652
H	-	Number and street (or P.O. box if mail is not delivered to street address)  C/O ATHLETIC DEPT. 1014 S. MAIN ST	Room/suite		424-8920
닏	Initial return	C/O ATHLETIC DEPT. 1014 S. MAIN ST  City or town, state or province, country, and ZIP or foreign postal code	L		
$\square$	Final return/ terminated				eipts \$ 186,551
	Amended return	I LOMBARD II 60148  F Name and address of principal officer:		G Gross rece	eipis \$ 100,001
H		Preame and audiess of principal officer.	H(a) Is this a gr	oup return for so	ubordinates? Yes X No
ш	Application per		M/b) A		ded? Yes No
		1770 PORTER CT	H(b) Are all sub		
		LOMBARD IL 60148	- I NO,	attach a list. (	(see instructions)
	Tax-exempt s		_		
J	Website:	HTTP://WWW.EASTBOOSTERS.COM/	H(c) Group exe		
ĸ	Form of organ	zation: X Corporation Trust Association Other ▶ L	Year of formation: 2	2009	M State of legal domicile: IL
F	Part I	Summary			
		ly describe the organization's mission or most significant activities:			
a	T	HIS ATHLETIC BOOSTER CLUB SUPPORTS THE ATHLETES AND AT	HLETIC AC	TIVITIE	S OF
Š		LENBARD EAST HIGH SCHOOL.			
Governance					,
Š	2 Cho	ck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%			
				1 1	5
•ඊ		ber of voting members of the governing body (Part VI, line 1a)			5
Activities	1	ber of independent voting members of the governing body (Part VI, line 1b)		·· <del>                                   </del>	0
Ž		I number of individuals employed in calendar year 2016 (Part V, line 2a)			40
Aci	1	I number of volunteers (estimate if necessary)			
	1	I unrelated business revenue from Part VIII, column (C), line 12			0
_	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year 12,241
<u>a</u>	8 Con	tributions and grants (Part VIII, line 1h)		8,810	
P	9 Prog	gram service revenue (Part VIII, line 2g)	19	9,886	174,310
Revenue	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)			
œ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 Tota	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21	8,696	186,551
	13 Gran	nts and similar amounts paid (Part IX, column (A), lines 1–3)			0
		efits paid to or for members (Part IX, column (A), line 4)			0
	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Še	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	h Tota	essional fundraising fees (Part IX, column (A), line 11e) Il fundraising expenses (Part IX, column (D), line 25) ▶ 0		Arman S	
찚	17 Oth	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23	9,128	168,067
		I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,128	168,067
		enue less expenses. Subtract line 18 from line 12		0,432	18,484
<u>- 1</u>		citide less expenses. Subtract line to north line 12	Beginning of Cu		End of Year
ş	5 20 Tota	al assets (Part X, line 16)		4,920	99,075
Net Assets or	24 Tota			0	0
et et	22 Not	assets or fund balances. Subtract line 21 from line 20	7	4,920	99,075
			<u> </u>	-/	55/5.5
	Part II	Signature Block as of perjury, I declare that I have examined this return, including accompanying schedules and statements.		at of my leng	uladae and haliaf it is
tı	inder penaltik	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has anv knowledo	e.	wiedge and belief, it is
_	10, 00, 00,	and complete. Designation of property (care and online) to been a state of the stat		1	
				L Date	
Si		Signature of officer	TIDEP	Date	
He	re	CHRISTINE YEOMAN TREAS	URER		
		Type or print name and title			T 1
_		nt/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pa	id ST	UART P. LERMAN		self-em	· · · · · · · · · · · · · · · · · · ·
Pre	eparer Fir	m's name  LERMAN BUSINESS SERVICES, INC.		Firm's EIN	20-8066236
Us	e Only	3550 HOBSON RD SUITE 401			
	Fir	m's address WOODRIDGE, IL 60517-5451		Phone no.	630-719-1400
Ma		iscuss this return with the preparer shown above? (see instructions)			Yes No

	1990 (2016) GLENDARD EAST BO		<u> 27-0999</u>	552	Page 2
P	art III Statement of Program Serv	ice Accomplishments	\$		
	Check if Schedule O contains	s a response or note to	any line in this Part III		<u></u> .
1_	Briefly describe the organization's mission:				
7	HIS ATHLETIC BOOSTER CL	UB SUPPORTS TH	E ATHLETES AND	ATHLETIC ACT	IVITIES OF
G	SLENBARD EAST HIGH SCHOO	L.			
					,
					,
2	Did the organization undertake any significant p	rogram services during the ye	ear which were not listed on t	he	
	prior Form 900 or 900 E72				Yes X No
	If "Yes," describe these new services on Sched	ule O.			
3	Did the organization cease conducting, or make	significant changes in how it	t conducts, any program		
	services?				Yes X No
	If "Yes," describe these changes on Schedule C	).			103 110
4	Describe the organization's program service acc		three largest program service	es as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organ	nizations are required to repo	ort the amount of grants and	allocations to others	
	the total expenses, and revenue, if any, for each	h program service reported	or and amount or granto and t	anocations to others,	
		program cornec reperced.			
4a	(Code: ) (Expenses \$ 1	30,175 including gran	te of \$	\ /Payanya ¢	118,180 )
	HE BOOSTER CLUB PROMOTE	S YOUTH SPORTS	AND APPLICATION	) (Revenue \$	
_		o room prokis	AND AIRDELIC	FOULDWING	
	* *************************************				
		• • • • • • • • • • • • • • • • • • • •			
				************************	
			- 405 1967		
				à	
4b	(Code: ) (Expenses \$	31, 938 including gran	ts of \$	) (Revenue \$	<b>56,130</b> )
	ONCESSIONS AND OTHER IT	ems Are offere	d at all home	GAMES AND TOU	RNAMENTS
T	O SUPPORT THE ATHLETIC	TEAMS			
				***************************************	
		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
				***************************************	***************************************
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Ac	(Code: ) (Expenses \$	in altralia at annou	46 C	\ /D	
40	(Code: ) (Expenses \$	including gran	ts of \$	) (Revenue \$	)
				• • • • • • • • • • • • • • • • • • • •	
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	* *************************************				
	***************************************				
					***************************************
4d	Other program services (Describe in Schedule C	2)			
		J.,			
	(Expenses \$ inclu	iding grants of \$	) (Revenue	\$	)

Pa	In IV Checklist of Required Schedules		Yes	No
	TO A CONTROL OF THE STATE OF TH		163	-110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
_	complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	<u> </u>		-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>-</b>	<del> </del>	<del></del> -
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ļ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
_	Part III	<b> </b>		<del>                                     </del>
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	ے ا		x
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		x
	complete Schedule D, Part III	8		^
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			<b>.</b>
	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	١		<b>.</b>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	7.2	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		11.2	
	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,"	1		
	complete Schedule D, Part VI	11a		X
b	and addition. Secondaries and the secondaries are the secondaries and the secondaries and the secondaries are the secondaries and the secondaries are the secondaries and the secondaries are the secondaries			۱.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			۱
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	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	1		١
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
e	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			۱
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			۱
	Schedule D, Parts XI and XII	12a	<b> </b>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<b> </b>	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	<b>Ļ</b> _	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> </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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Ī	1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	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		
C	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	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	100		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		7.7	
	Part IV instructions for applicable filing thresholds conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part W	28a	14 14 12 1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	LUG		
	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)	200		<u> </u>
	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		$\frac{\ddot{x}}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete Schedule M	,,		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u>~</u>
•	D. O.		i	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u>~</u>
_	annulate Octobrillo N. D. J. II	20		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
•	204 7704 0 4 004 7704 00 1/0/4 7			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	_	<u> </u>
<del></del>	and A and Dad V that 4			v
35a		34		X
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	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	_	ł	17
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		17
20	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			••
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<u> </u>

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	rt V				
	Check it Schedule O Contains a response of note to diffy line in this is a				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	200		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			4.5B)	diezh	
•	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					104
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		2b	<u></u>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructio					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<u> </u>	X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	• O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
u	over, a financial account in a foreign country (such as a bank account, securities account, or other					1
	account)?			4a		X
b				Š. P.	300	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia					
	(FBAR).					
5a	and the second s			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		Х
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
va	organization solicit any contributions that were not tax deductible as charitable contributions?	410		6a		X
<b>h</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions or				
þ	gifts were not tax deductible?	30110 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			7505		15,349
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r goods				
а		90000		7a	4.27	
h	and services provided to the payor?  If "Yes," did the organization notify the donor of the yalue of the goods or services provided?	<b>Mark</b>		7b		<del>                                     </del>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		····   ··-	<u> </u>	
С	required to file Form 8282?			7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	100	13.	Wings -
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		, , , , , , , , , , , , , , , , , , , ,	7e		1
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f	<del>                                  </del>	
	If the organization received a contribution of qualified intellectual property, did the organization file F		as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
ь 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta			- 345	-5 \$ A#	7.15
0	sponsoring organization have excess business holdings at any time during the year?	inou by ano		8		
9	Sponsoring organizations maintaining donor advised funds.					4.50
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				(C)	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		***			
11	Section 501(c)(12) organizations. Enter:	[	<u> </u>			
	Gross income from members or shareholders	11a	1			1.56
a b	Gross income from other sources (Do not net amounts due or paid to other sources				e de la compa	
D		11b			100	
122			<u> </u>	12a		1
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		T	14,3%	1508	
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	and the second s			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			775		
b						150
	the organization is licensed to issue qualified health plans	13b				1
С		۱ ۸ ۸				
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduler					

X

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

Jec	tion A. Governing Body and Management								
1a	Enter the number of voting members of the governing body at the end of the tax year	ایا	_	7 - 1	Yes	No			
	If there are material differences in voting rights among members of the governing body, or	1a		- 10					
	if the governing body delegated broad authority to an executive committee or similar			100	7.08				
	committee, explain in Schedule O.			12.00	1.19				
b	Enter the number of voting members included in line 1a, above, who are independent		E						
2		1b_							
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				1.33	.,			
3				2	ļ	<u> </u>			
•	Did the organization delegate control over management duties customarily performed by or under the direct								
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X			
6	Did the organization become aware during the year of a significant diversion of the organization's assets?		• • • • • • • • • • • • • • • • • • • •	5		X			
7a	Did the organization have members or stockholders?	• • • • • • • • • • • • • • • • • • • •		6		X			
r a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			ļ		<b></b>			
h	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	by the fo	illowing:		2725	100			
a	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								
200	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	······	9		X			
<del>Jec</del>	tion B. Policies (This Section B requests information about policies not required by the Inte-	mal Re	evenue C	ode.)					
١٨	Did the association have been been been been as a				Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>			
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	e form?		11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				.av +5.	100			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· · · · · · · · ·		12a		<u>X</u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflict	s?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done			12c					
3	Did the organization have a written whistleblower policy?			13		X			
4	Did the organization have a written document retention and destruction policy?			14		X			
5	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					2.00			
a	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		<u> </u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				11/4				
6a	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		<u>X</u>			
þ	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					No.			
	organization's exempt status with respect to such arrangements?		<u>.</u>	16b					
	tion C. Disclosure								
7	List the states with which a copy of this Form 990 is required to be filed ▶ II.								
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(	:)(3)s on	ly)						
	available for public inspection. Indicate how you made these available. Check all that apply.								
_	Own website Another's website X Upon request Other (explain in Schedule O)								
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, a	nd						
	financial statements available to the public during the tax year.								
:0 	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>&gt;</b>							
	RISTINE YEOMAN 303 W. MORRIS AVE								
14	MBARD TT. 6014	. <b></b>	63	ハーオつ	, _ ¥ (	47/1			

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

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

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

- 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo. off	x, unle ficer a	sspe ndao	ition more rson i	than or s both : or/truste	an e)	com	(D) eportable epensation from the ganization			(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC)			,		organization and related organizations
(1) DANIEL BELANGER	0.00	x							_	0		0		0
APPAREL CHAIR/VP (2) SAMMIE REAM	0.00					\$ .								
CONCESSIONS CHAIR/VP	0.00	X	Ø 4	tangah	0			Lance		IO.	Call March	0	<u> </u>	0
(3) MAUREEN JOINER	0.00													
OFFICER	0.00	x								0		0		0
(4) CHRISTINE O'BRIE		==											1	
PRESIDENT	0.00			x						0		0		0
(5) CINDY KATSIKAS														
SECRETARY	0.00			x						0		0		0
(6) CHRISTINE YEOMAN													ļ	
TREASURER	0.00			x						0		0	┖	0
(7)		Ì												
(8)														
(9)														
(10)														
(11)														
DAA	<u> </u>		·										. •	Form <b>990</b> (2016)

<u> </u>	art VII Section A. Officers	, Directors, Tru	Stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)		_		
	(A) Name and title	(B) Average			Po	(C) sition			(D) Reportable	(E) Reportable		(F) Estima		
		hours per week					than dis both		compensation from	compensation from related		amour	t of	
		(list any hours for	<u></u>			direct	or/trust		the organization	organizations (W-2/1099-MISC)		compens	sation	
		related	or Indivi	Institu	Officer	₹ 9	age ge	Former	(W-2/1099-MISC)	(VV-2/1099-IVIISC)		from to	ation	
		organizations below dotted	Individual or director	nstitutional	۳ ا	Key employee	Jyee &	_ ■				and rel organiza		
		line)	trustee	trustee		yee	Highest compensated employee							
			*	l te	1		sated							
				T			1				<b>!</b>			
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_			L	<u> </u>		<u> </u>								
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			1	- 6	The second	8		11190000000						
			sacreed.		The same of			B		J				
1b	Sub-total				L									
C	Total from continuation shee							•						
<u>d</u>	Total (add lines 1b and 1c)							<b></b>						
2	Total number of individuals (incl	luding but not lim	ited		ose	listed	abo	ve)	who received more than \$10	00,000 of				
	reportable compensation from t	ne organization		0					<del></del>				Yes	No
3	Did the organization list any for	mer officer, direc	tor, o	or tru	ıstee	, key	y em	ploye	ee, or highest compensated		ſ	3.77	4 (4)	
4	employee on line 1a? If "Yes," of	complete Schedu	le J	for s	uch i	indivi	idual					3	-	X
•	For any individual listed on line organization and related organiz	ra, is the sum of zations greater th	rrep an 1	οπαι: 6150.	ole co .0001	ompe ? <i>If "</i>	ensat Yes."	ion a <i>' con</i>	and other compensation from oplete Schedule J for such	n the			S 18	
_	individual											4		X
5	Did any person listed on line 1a for services rendered to the org	receive or accru	ie cc	mpe	nsat	ion t	rom a	any 1	unrelated organization or ind	lividual	1	5	1	X
Sect	ion B. Independent Contractor		<i>3,</i> 00	Jinpi	<u> </u>	20,10	uuic	0 101	such person	·····	<u></u>	3		<u> </u>
1	Complete this table for your five	highest comper	sate	d inc	lepe	nden	t cor	ntrac	tors that received more than	\$100,000 of				
	compensation from the organiza	ation. Report com	pens	sation	n for	the	caler	ndar I	year ending with or within the	he organization's tax year.		_	(0)	
	Name and	(A) business address							Descripti	(B) on of services		Con	(C) npensati	ion
									Ψ.					
		·												
								_						
2	Total number of independent co	ntractors (includia	ng bi	ut no	t lim	ited	to the	ose	listed above) who			٠.		
	received more than \$100,000 or	f compensation fi	om '	the c	rgar	nizati	on 🕨			0				1,23

Pa	rt VI	III Statement of Rev Check if Schedule	enue O contains	s a response o	or note to any line i	in this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	1a	Federated campaigns	1a			3.2		
돌		Membership dues	1b	11,191				
ا قرق		Fundraising events	1c					
Ĕä		Related organizations	1d					
SE B		Government grants (contributions)	1e					
ë ë		All other contributions, gifts, grants,						
텵		and similar amounts not included above	1f	1,050				API7
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1	a-1f: \$					
<u>3 5</u>	h	Total. Add lines 1a-1f		<u></u>	12,241		16 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18 Table 18	
ue				Busn. Code				
Ye	2a	EVENTS			118,180	118,180		
8	b	CONCESSIONS			56,130	56,130		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	С							
Se	d							
Ę	е							
ğ	f	All other program service reve	enue			The Control of Sagett State of	50.6874896	
Ē	g	Total. Add lines 2a-2f			174,310			
	3	Investment income (including						
		and other similar amounts)						
	4	Income from investment of ta	•	•				**-
	5	Royalties			Piloton unit VII au timb		100	en Carrona September 1881 (1885).
		(i) Real		(ii) Personal	1			
	6a	Gross rents						
	b	Less: rental exps.			8003 90 32			
	C	Rental inc. or (loss)		$\Lambda$				
	_d	Net rental income or (loss) Gross amount from		Arrenta			STATE OF THE STATE	A LANGER BROWN CO. CO. AND AND THE
	/a	sales of assets (i) Securition	es 🥼	(ii) Offner	<b>.</b>	Barrer Barrer		
		other than inventory						
	b	Less: cost or other			Control of the Contro			
		basis & sales exps.			1			
	C	Gain or (loss)					4.4	
	d	Net gain or (loss)	<u></u>	<u></u>		and the second s	C. S. SASSES, 2008	
ø	8a	Gross income from fundraising ev	ents/					
enne		(not including \$				and a street with the street of the street o		
lev.		of contributions reported on line 1				S S veze		
۶r F		See Part IV, line 18	a					
Other Reve		Less: direct expenses	b					
•		Net income or (loss) from fun		ts ▶	1.0.244-1.054 <sub>3</sub> ,			Management of the State of the
	9a	Gross income from gaming activit						
		See Part IV, line 19	a		1 1 1 1 1 1 1 1 1			
	b	Less: direct expenses	b			HEMICS IN		
		Net income or (loss) from gain		<u></u>	The Control of the Co			
	10a	Gross sales of inventory, less	3					
		returns and allowances	a				No.	
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale					The state of the s	A Committee of the Action of t
	_	Miscellaneous Revenue	e	Busn. Code			Control Control	Alexander of the last of the
	11a				<u> </u>	ļ <u></u>		
	b					ļ		
	C	•				<del>                                     </del>	-	
	d	All other revenue			1	Particular Street Street		
	е	Total. Add lines 11a-11d		🟲	100 EF1	174,310		District of the second second of the second of the second second of the
	12	Total revenue. See instruction	ons.		186,551	1 1/4,31U		, i

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

	Check if Schedule O contains a resp		nis Part IX	· • • • • • • • • • • • • • • • • • • •	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		**************************************	2 87 7 8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Danafila maid to an few words		·	/A44a	(1989)
5	Compensation of current officers, directors,			A ST Theory	1
	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	•				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				<u>.</u>
7	Other salaries and wages			· · · · · · · · · · · · · · · · · · ·	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	ļ			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				<u> </u>
C	Accounting	850		850	
d	Lobbying		-		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	165,938	162,113	3,825	
12	Advertising and promotion			-,	<del>-</del>
13	Office expenses				
14	Information technology				
15					
16	************************************				
17	Occupancy Travel			,	
18	Payments of travel or entertainment expenses				
	-				
40	for any federal, state, or local public officials				<del>"</del>
19	Conferences, conventions, and meetings		*		
20	Interest				
21	Payments to affiliates		··		
22	Depreciation, depletion, and amortization	1 070			
23	Insurance	1,279		1,279	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	* *************************************				
b	* *************************************				
c					
d				-	
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	168,067	162,113	5,954	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if		, , , ,	7,353	
	following SOP 98-2 (ASC 958-720)				

99,075

99,075

(B) End of year

99,075 Form 990 (2016)

58,295

40,780

99,075

29

30

31

32

33

58,295

16,625

74,920

74,920

Fund

þ

Assets

₹ 32

29

30

31

33

Permanently restricted net assets

Total liabilities and net assets/fund balances .

complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Forn	n 990 (2016) GLENBARD EAST BOOSTER CLUB 27-0999652		ı	Page 12
Pa	art XI Reconciliation of Net Assets			age 12
	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	186	,551
2	rotal expenses (flust equal Part IX, column (A), line 25)	2		,067
3	revenue less expenses. Subtract line 2 from line 1	3		,484
4	rich assets of fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,920
5	Net unrealized gains (losses) on investments	5		,,,,,,
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Drive paried adjustments	8	5	,671
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	Ť		
	22 estumo (D))	10	99	,075
Pa	int XII Financial Statements and Reporting		<del></del>	,
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	No
1	Accounting method used to prepare the Form 990: X Cash 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			9/4
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		4844 (1)	1 3/15
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process of selection process during the tax year, explain in		149 83	S GASSEL
	Schedule O.			6 Skiller 20 Jan
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?		3a	
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 **990** (2016)

# SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► 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.

GLENBARD EAST BOOSTER CLUB

Employer identification number 27-0999652

P	art I	Reaso	on for Public Charity	Status (All organizations r	nust co	mplete t	his part.) See instructions	<u>s.                                    </u>				
The	orgar	nization is not a	a private foundation because i	t is: (For lines 1 through 12, chec	ck only or	e box.)						
1	$\Box$	A church, con	evention of churches, or associate	ciation of churches described in	section 1	70(b)(1)(A	A)(i).					
2	П	A school desc	cribed in section 170(b)(1)(A	bed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	П	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	П		edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	_	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	П			vernmental unit described in sec	tion 170(	b)(1)(A)(v	).					
7			zation that normally receives a substantial part of its support from a governmental unit or from the general public in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	П	A community	trust described in section 17	<b>70(b)(1)(A)(vi).</b> (Complete Part II.	.)							
9				ibed in section 170(b)(1)(A)(ix) agriculture (see instructions). Ent								
10	X	An organization receipts from support from	activities related to its exemp gross investment income and	more than 33 1/3% of its support functions—subject to certain exunrelated business taxable inco 1975. See section 509(a)(2). (4)	ceptions, me (less	and (2) no section 51	more than 33 1/3% of its					
11		An organization	on organized and operated ex	clusively to test for public safety.	. See sec	tion 509(	a)(4).					
12				clusively for the benefit of, to per								
		of one or mor	re publicly supported organiza	tions described in section 509(a	a)(1) or se	ction 50	9(a)(2). See section 509(a)(3).					
				at describes the type of supporting				9.				
	а			ated, supervised, or controlled by								
				r to regularly appoint or elect a r implete Part IV, Sections A and			tors or trustees of the					
	_	_ ``		ervised or controlled in connection	#100 PER CONTROL OF THE PER CONT	cupporte	d omanization(s) by having					
	b			ng organization vested in the sam								
			ion(s). You must complete I		no porsor	10 11 101 001	itto or manage are cappened					
	С	Type III	functionally integrated. A su	upporting organization operated in ructions). You must complete P	n connect	ion with, a	and functionally integrated with,					
	d			A supporting organization opera				)				
			• •	organization generally must satis ust complete Part IV, Sections								
	е	Check thi	s box if the organization recei	ved a written determination from -functionally integrated supporting	the IRS t	hat it is a						
	f		nber of supported organization									
	g	Provide the fo	ollowing information about the	supported organization(s).								
		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	·				
(A)												
4 7												
(B)												
					<u> </u>							
(C)												
(D)												
(E)												

	edule A (Form 990 or 990-EZ) 2016 GLi Part II Support Schedule for C (Complete only if you che Part III. If the organization	cked the box or	escribed in S	ections 170(b)	(1)(A)(iv) and	failed to qualify	Page 2 under
Sec	ction A. Public Support	Talls to quality	under the test	s listed below,	please complete	e Paπ III.)	<del></del>
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	/A Takal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(9) 2011	(4) 2010	(8) 2010	(f) Total
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						
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.			A CONTRACTOR OF THE CONTRACTOR			
	ction B. Total Support	<u> </u>		<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(a) 2016	(A Tatal
7	Amounts from line 4	(4) 10 12	(2) 2010	(0) 2014	(u) 2013	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	AD					<i>9</i> 0
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			▶
Sec	tion C. Computation of Public Su	ipport Percenta	<b>ige</b>				
14	Public support percentage for 2016 (line 6,	column (f) divided by	y line 11, column (	f))		14	%
15	Public support percentage from 2015 Sched	dule A, Part II, line 1	4			15	%
l6a	33 1/3% support test—2016. If the organi				1/3% or more, chec	k this	
	box and stop here. The organization qualif						▶
þ	33 1/3% support test—2015. If the organi			r 16a, and line 15 is	s 33 1/3% or more,	check	
	this box and <b>stop here</b> . The organization q						▶ □
l7a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part VI how the organization meets the "factorial organization meets" and "factorial organization meets the "factorial organization meets" and "factorial organization meets the "factorial organization meets the "factorial organization meets" and "factorial organization meets the "factorial organization meets" and "factorial organization meets the "factorial organization meets" and "factorial organization meets" and "factorial organization meets" and "factorial organization meets the "factorial organization meets" and "factorial organization meets" and "factorial organization meets" and "factorial organization meets" and "factorial organization organization meets" and "factorial organization organization organization organization organization organization organizatio	the "facts-and-circu	mstances" test, ch	ox on line 13, 16a, eck this box and s	or 16b, and line 14 top here. Explain i	is 1	

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 stop here.
 Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization \_\_\_\_\_

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

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

Sect	ion A. Public Support				<del></del>		
	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.")	13,543	9,120	22,861	18,810	12,241	76,575
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	185,551	236,816	222,419	199,886	174,310	1,018,982
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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	199,094	245,936	245,280	218,696	186,551	1,095,557
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						
	Add lines 7a and 7b		\$56.55.5555   \$1.50.5.455.55.5				<u></u>
8	Public support. (Subtract line 7c from line 6.)						1,095,557
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	199,094	245,936	245,280	218,696	186,551	1,095,557
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	AO					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		and an in the single-	148-21			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			· Mann			
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.)	199,094	245,936	245,280		186,551	1,095,557
14	First five years. If the Form 990 is for the	~					. □
<u> </u>	organization, check this box and stop here						
	tion C. Computation of Public Su	<del> </del>		<b>(6</b> )		15	100.00 %
15 46	Public support percentage for 2016 (line 8,					1	100.00 %
16 Sec	Public support percentage from 2015 Scheroton D. Computation of Investme					110	100.00 /0
	Investment income percentage for 2016 (lin			olumn (fl)	**	17	%
17 19	Investment income percentage for 2016 (iii  Investment income percentage from 2015)					40	<u>%</u>
18 19a	33 1/3% support tests—2016. If the organ			4. and line 15 is m	ore than 33 1/3%, a		
·va	17 is not more than 33 1/3%, check this bo						<b>▶ X</b>
b	33 1/3% support tests—2015. If the organ						
-	line 18 is not more than 33 1/3%, check this						▶□
20	Private foundation. If the organization did						

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

	Yes	No
414		. W.
100 d	1610	
2	(MAR-y)	
3a		
3b		
3с	, share	
4a	1,4,0,4	
4b		
4c		
5a		pastri lagis Liki li ili
5b	åf0r	1.0
5c	-47 N/A	168 61
6		
7	-(8.15) 1.15,15	
8		
9a	L VA	
		15 mm 4 1 44 K
9b	i kilisa (	
9c		
40-		
10a		Barrian
10b	ĺ	

Page 5

Par	t N Supporting Organizations (continued)	— т		
		31.77.334	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1256		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<del></del>
	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		L.
Secti	on B. Type I Supporting Organizations			
		F-20-10-1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1904		Barrier.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4000		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	grenzas	7/35: 4 4.
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			100000
	supervised, or controlled the supporting organization.	2	_	
Secti	ion C. Type II Supporting Organizations			
		ggi sajava	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Property.
	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	156	TO MALE	Tap 8-9
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		Fraction (4)	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			16.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Mar in		and Maria
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Len LOVE	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		14000	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	10-24 A 37	77, 12, 2
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		Tight.	jedy.
	supported organizations played in this regard.	3_		<u></u>
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
			r	
2	Activities Test. Answer (a) and (b) below.	Fig. China	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			
	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	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LBATT D	(Age Bill)
	that these activities constituted substantially all of its activities.	2a	namenatia.	191,06915
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			4.6%
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1 24 24 24 2 2 2 2 24
	reasons for the organization's position that its supported organization(s) would have engaged in these		PEÀ.	15.76
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		DAY	
а		1-50		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ing general	1007 E S
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		A S	lana (
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 GLENBARD EAST BOOSTER CLUB		27-0999	652 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 19	70 (explain in Part VI).See	
instructions. All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(орионал)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	† <u> </u>		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		···
Section B - Minimum Asset Amount	1 2	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		Company of the Compan
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	Ť		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.			
7 Recoveries of prior-year distributions	. 7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	1 - 200 - 1 - 1 - 1	
emergency temporary reduction (see instructions).	6		

7 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

instructions).

Schedule	A (Form 990 or 990-EZ) 2016 GLENBARD EAST BOOS	TER CLUB	27-0999	652 Page 7
Part		upporting Organizati	ons (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purposes			
	Amounts paid to perform activity that directly furthers exempt purposes of			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supporter	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	The second secon		
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.		Evolve Avt. 4 (a.m.), a Astro Chaffee (b.)	
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		And the control of th	
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	27554920		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	in villa espera de la espera de la espera de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición de la composición del composición del composición del composición del composición del composición del composición del composición del composición del compos		
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	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:			

Schedule A (Form 990 or 990-EZ) 2016

а

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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. Inspection

OMB No. 1545-0047

2016

Open to Public Inspection

27-0999652 GLENBARD EAST BOOSTER CLUB FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION **FUNDRAISING** PROGRAM SERVICE COACHES' WISH LISTS 5,800 EVENTS **SERES** 49,691 31,938 TURF FIELD COST 33,333 RED AND BLACK BALL COSTS 13,828 MEMBERSHIP COSTS 12,278 **AWARDS** 4,000 SOCIAL MEDIA EXPENSES 2,586

GLENBARD EAST BOO	OSTER CLUB			Employer identific 27-09996	
VARIOUS OTHER EX	PENSE				
<b>\$</b>	0	\$	1,226	\$	0
ANNUAL FILING FE	<b>ES</b>			•••••••••••••••••••••••••••••••••••••••	····· <del>·</del>
\$	0	\$	13	\$	0
APPAREL			••••••		<b>.</b>
\$	4,245	\$	0	\$	0
SCHOLARSHIP			······	······································	······
\$	7,000	\$	0		
TOTAL		<b>.</b>		\$	0
\$	162 112				
······································	162,113	\$	3,825	\$	0
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				PAGE 1 O	F 1

Form **990** 

# Two Year Comparison Report

2015 & 2016

For calendar year 2016, or tax year beginning

07/01/16

06/30/17

, ending

Name	Na	me	
------	----	----	--

Taxpayer Identification Number

c	2T.E	NBARD EAST BOOSTER CLUB			2	27-09	999652
_		ANDRED ERECT DOODTER. CLOS		2015	2016		Differences
	1	Contributions, gifts, grants	1.	5,752	1,	050	-4,702
		Membership dues and assessments	2.	13,058	11,	191	-1,867
		Government contributions and grants			_		
Φ	Government contributors and grants     Program service revenue			199,886	174,	310	-25,576
/enu		5. Investment income				1	
	6.	Proceeds from tax exempt bonds					
e		Net gain or (loss) from sale of assets other than inventory					
	1	Net income or (loss) from fundraising events					
	1	Net income or (loss) from gaming					
		Net gain or (loss) on sales of inventory					
		Other revenue					
		Total revenue. Add lines 1 through 11	12.	218,696	186,	551	-32,145
	_	Grants and similar amounts paid	13.				
		Benefits paid to or for members	14.				
s	i i	Compensation of officers, directors, trustees, etc.	15.				
S		Salaries, other compensation, and employee benefits	16.				
<u>د</u>		Professional fundraising fees	17.				
ğ	18.	Other professional fees	18.	237,834	166,	788	-71,046
ũ	19.	Occupancy, rent, utilities, and maintenance	19.				
		Depreciation and Depletion	20.		·		
	•	Other expenses	21.	1,294		279	-15
	22.	Total expenses. Add lines 13 through 21	22.	239,128	168,		-71 <u>,061</u>
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	-20,432		484	38,916
	24.	Total exempt revenue	24.	218,696	186,	551	-32,145
	25.	Total unrelated revenue	25.				
5	26.	Total excludable revenue	26.	199,886			-25,576
Information		Total assets	27.	74,920	99,	075	24,155
Ē	28.	Total liabilities	28.				
Ξ	29.	Retained earnings	29.	74,920	99,	075	24,155
声	30.	Number of voting members of governing body	30.	5	5		
ర్		Number of independent voting members of governing body	31.	5	5		
		Number of employees	32.	0	0		
		Number of volunteers	33.	40	40		

Form <b>990</b>			Та	x Return History			2016
Name	GLENBARD	EAST BOOSTER	CLUB				er Identification Number 0999652
		2012	2013	2014	2015	2016	2017
Contributions, gifts,	grants				5,752	1,050	
Membership dues					13,058	11,191	·
Program service re	venue				199,886	174,310	
Capital gain or loss					1		
Investment income							· · · · · · · · · · · · · · · · · · ·
Fundraising revenu	e (income/loss)		,				
Gaming revenue (in	ncome/loss)						
Other revenue							
Total revenue				-	218,696	186,551	
Grants and similar	amounts paid				-		
Benefits paid to or t	for members						
Compensation of of	fficers, etc.						
Other compensation	n						
Professional fees					237,834	166,788	
Occupancy costs							
Depreciation and de	epletion		A (	Barrena B Barrenan	Secretary 1		
Other expenses				Services 1 Services	1,294	1,279	
Total expenses					239,128	168,067	
Excess or (Deficit	)			* * **********************************	-20,432	18,484	
Total exempt reven	ue				218,696	186,551	
Total unrelated reve	enue						
Total excludable re-	venue				199,886	174,310	
Total Assets					74,920	99,075	
lotal Liabilities							
Net Fund Balances					74,920	99,075	

# 27-0999652 Federal Statements

# Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	_ E	Total cpenses		Program Service	agement & General	 Fund Raising
COACHES' WISH LISTS EVENTS SERES CONCESSIONS EXPENSE TURF FIELD COST RED AND BLACK BALL COSTS MEMBERSHIP COSTS AWARDS	<u> </u>	5,800 49,691 31,938 33,333 13,828 12,278 4,000	Ş	5,800 49,691 31,938 33,333 13,828 12,278 4,000	\$ 2,586	\$
SOCIAL MEDIA EXPENSES VARIOUS OTHER EXPENSE ANNUAL FILING FEES APPAREL SCHOLARSHIP		2,586 1,226 13 4,245 7,000		4,245 7,000	 1,226	 <del></del>
TOTAL	\$	165,938	\$	162,113	\$ 3,825	\$ 0

7-0999652	Federal Statements	
	Schedule A. Part III. Line 1(e)	
	Description	Amount
EMBERSHIP DUES AND ASSESSMENT THER	NTS	\$ 11,191
TOTAL		1,050 \$ 12,241
	Schedule A. Part III. Line 2(e)	
	Description	Amount
VENTS ONCESSIONS		\$ 118,180 56,130
TOTAL		\$ 174,310

# **Illinois Return Summary**

For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17

27-0999652

## GLENBARD EAST BOOSTER CLUB

IL-990T due date /extended date 11/15/17

Amount you are paying (IL-990T)	
Apportionment Total sales everywhere	
Total Illinois sales	0
Apportionment factor 0.000	<u>0000</u> %
Net income or loss	
Investment credits	
Net replacement tax	<del></del>
Income tax credits	
Net income tax	<del></del>
Credit from prior year overpayment	<del></del>
Total estimated payments	
Form IL-505-B extension payment	<del></del>
Pass-through withholding payments	<del></del>
Gambling withholding  Total payments	
Total payments	
Overpayment	
Amount to credit forward	
Refund	Married Residence Sans
Tax due before penalty and interest	
Late payment interest	<u></u>
Failure to pay penalty	
Failure to file penalty	
Total amount due	
Next Year's Estimates	Charitable Registration
1st quarter	Filing fee15
2nd quarter	Return / extended due date 01/02/18
3rd quarter	
4th quarter	
Total	
Minorthopour	
Miscellaneous Information	

PMT # Attorney General LISA MADIGAN State of I Charitable Trust Bureau, 100 West Rando	llinois	Form AG990- Revised 3/0
11th Floor, Chicago, Illinois 60601	CO # 0106	50380
Report for the Fiscal Period:	· •	Check all items attached:
	Make Checks	Copy of IRS Return Audited Financial Statements
INIT Beginning <u>07/01/2016</u>	Payable to	Copy of Form IFC
& Ending 06/30/2017		\$15.00 Annual Report Filing Fee
Federal ID # 27-0999652 MO DAY YR	Bureau Fund	\$100.00 Late Report Filing Fee
Assessment to the second secon	Date Organization was	mo DAY YR 08/26/2009
	Year-end	
NAME GLENBARD EAST BOOSTER CLUB	amounts	
MAIL MAIL	A) ASSETS	A)\$ 99,075
ADDRESS C/O ATHLETIC DEPT. 1014 S. MAIN ST	B) LIABILITIES	в) \$
CITY, STATE LOMBARD IL		
ZIP CODE 60148	C) NET ASSETS	c) \$ 99,075
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	94%	D) \$ 175,360
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	6%	E)\$ 11,191
F) OTHER REVENUES	0 %	F) \$ 0
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 186,551
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	96%	H) \$ 162,113
I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	96%	J) \$ 162,113
J¹) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	96%	L)\$ 162,113
M) MANAGEMENT AND GENERAL EXPENSE	4 %	м) \$ 5,95 <b>4</b>
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	0)\$ 168,067
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:  (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P)\$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
T) NAME, TITLE:		T) \$
U) NAME, TITLE:	-	U) \$
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)	CODE CATEGORIES	List on back side of instructions CODE
W) DESCRIPTION: SUPPORT OF ATHLETES AND ATHLETIC ACTIVITIES		w)# <b>043</b>
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y)#

G1	ENBARD EAST	r booster	CLUB	27-09996	52	Form AG9	90-IL, P	age 2
				ATTACH A DETAILED	D EXPLANATION:		YES	NO
1.	WAS THE ORGANIZA	ATION THE SUBJE	ECT OF ANY COURT A	ACTION, FINE, PENALTY	OR JUDGMENT?	1.		X
2.				STEE, OFFICER OR EM EANOR INVOLVING THE				
	MISAPPROPRIATION	OF FUNDS OR A	ANY FELONY?		· · · · · · · · · · · · · · · · · · ·	2.		X
3.	DID THE ORGANIZA	TION MAKE A GR	ANT AWARD OR CON	TRIBUTION TO ANY OR	GANIZATION IN WHICH	TION		
					S IT A PARTY TO ANY TRANSAC INANCIAL INTEREST; OR DID	HON		
					PORTED AS COMPENSATION?	3.	Taile.	X
4.					OFFICER, DIRECTOR OR	4.		X
5.				NAME OF OR COMMING		_	1	
	PROPERTY OF ANY	OTHER PERSON	OR ORGANIZATION?			5.	3.10	X
6.	DID THE ORGANIZA	TION USE THE SE	ERVICES OF A PROFE	SSIONAL FUNDRAISER	? (ATTACH FORM IFC)	6.		X
7a.				OLICITATION, MAILING, FUNDRAISING EXPENSI	ADVERTISEMENT OR ES?	7.	480	x
7b.	ALLOCATED TO PRO	OGRAM SERVICES	s \$	; (iii) THE AMO	;(ii) THE ANUNT ALLOCATED TO MANAGEM D FUNDRAISING \$	MOUNT IENT		
8.	DID THE ORGANIZA PURPOSES?		S RESTRICTED FUNDS	S FOR PURPOSES OTH	ER THAN RESTRICTED	8.		x
9.					CISTRATION OR TAX EXEMPTIO			X
10					ANY THEFT, DEFALCATION			30 S.
10.						10.		X
11.	LIST THE NAME AN	D ADDRESS OF T	THE FINANCIAL INSTIT	UTIONS WHERE THE O	RGANIZATION MAINTAINS ITS			
	THREE LARGEST A  JPMORGAN C		•					
				Mar v			***	
12.	NAME AND TELEPH	ONE NUMBER OF	CONTACT PERSON:	CHRISTINE	YEOMAN			
L	<del></del>					630-70	9-78	44
Δi	I ATTACHMENTS MI	IST ACCOMPAN	y this report - See	INSTRUCTIONS				

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

PREPARER (PRINT NAME)

### BE SURE TO INCLUDE ALL FEES DUE:

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

CHRISTINE O'BRIEN		
PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
CHRISTINE YEOMAN		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
STUART P. LERMAN		

SIGNATURE

DATE

# Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

<u>~</u>			//U1/16 , and ending 06/3	0/17						
В		аррисавіо.			D Employe	r identification number				
님	Address		GLENBARD EAST BOOSTER CLUB							
$\sqcup$	Name ch	Doing business as	Number and street (or D.O. hou if well is not be a							
П	Initial ret	C/O ATHLETIC DEPT. 101	C/O ATHLETIC DEPT. 1014 S. MAIN ST							
	Final ret	um/ City or town, state or province, country, and ZIP or fo	City or town, state or province, country, and ZIP or foreign postal code							
	terminate	LOMBARD	IL 60148							
닏	Amended	F Name and address of principal officer:			G Gross rec	peipts \$ 186,551				
Ц	Application	on pending   CHRISTINE O'BRIEN		H(a) Isthisag	oup return for s	subordinates? Yes X No				
		1770 PORTER CT		H(b) Are all su	hardinatas inali	uded? Yes No				
		LOMBARD	IL 60148	ł		(see instructions)				
	Tax-exe				andor a not.	(ood maaddions)				
	Website			<del> </del>		_				
		organization: X Corporation Trust Association		H(c) Group exe						
	art i	Summary	Other •	L Year of formation: 2	009	M State of legal domicile: IL				
10.4			imal@aan4 aa4 Ma	·						
	1 '	Briefly describe the organization's mission or most s								
ဦ		THIS ATHLETIC BOOSTER CLUB SU GLENBARD EAST HIGH SCHOOL.	PPORTS THE ATHLETES AND	ATHLETIC AC	LIALLE	S OF				
E		CALLED EAST HIGH SCHOOL.								
Governance	١,	Chack this hav  if the agranisation disputi								
		Check this box ▶ ☐ if the organization discontinue		25% of its net asset	1 1	P				
<b>ಿ</b> ರ		Number of voting members of the governing body (Pa			3	5				
Ţį.	4	Number of independent voting members of the gover	ning body (Part VI, line 1b)		. 4	5				
Activities	5	Total number of individuals employed in calendar year	ır 2016 (Part V, line 2a)			0				
ĕ		Total number of volunteers (estimate if necessary)			. 6	40				
	/a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12			0				
	D	Net unrelated business taxable income from Form 99	0-T, line 34		7b	0				
	8 Contributions and grants (Part VIII, line 1h)			Prior Ye	8,810	Current Year 12,241				
ĭ		Program service revenue (Part VIII, line 2g)			9,886	174,310				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a		1 2	9,000	1/4,310				
8										
	12	Total revenue - add lines 8 through 11 (must equal 5	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
		Grants and similar amounts paid (Part IX, column (A)			8,696	186,551				
	14	Benefits paid to or for members (Part IX, column (A),	line 4\							
		Salaries, other compensation, employee benefits (Par								
ses	162	Professional fundraising fees (Part IX, column (A), lin	o 11o)							
Expenses	h	Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line								
Ä					9,128	169 067				
	18	Other expenses (Part IX, column (A), lines 11a–11d,	only man (A) line (CE)	23	9,128	168,067				
		Total expenses. Add lines 13–17 (must equal Part IX Revenue less expenses. Subtract line 18 from line 12			0,432	168,067				
5 S	13	TOTOLING 1633 EXPENSES. SUBLIZICE IIITE 16 ITOM IINE 12	-	Beginning of Cu		18,484 End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	***************************************		4,920	99,075				
Ass	21	Fotal liabilities (Part X, line 26)	••••••••••••	·	0	00,000				
Fee	22	Net assets or fund balances. Subtract line 21 from lin	e 20	7	4,920	99,075				
	art II	Signature Block		· · · · · · · · · · · · · · · · · · ·	-/					
Ur	nder pe	nalties of perjury, I declare that I have examined this return	n, including accompanying schedules and state	ements and to the hes	t of my know	wledge and helief it is				
tru	ie, corre	ect, and complete. Declaration of preparer (other than offic	er) is based on all information of which prepa	rer has any knowledge	).	modgo dila bollor, it is				
Sig	n	Signature of officer		****	Date	· · · · · · · · · · · · · · · · · · ·				
Her	æ	CHRISTINE YEOMAN	TRE	ASURER						
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN				
Paid	ı	STUART P. LERMAN			self-emp	<b>-</b>				
	oarer	Firm's name LERMAN BUSINESS	S SERVICES, INC.	, l	irm's EIN ▶	20-8066236				
Use	Only	3550 HOBSON RD	SUITE 401							
		Firm's address WOODRIDGE, IL	60517-5451	F	hone no.	630-719-1400				
May	the IR	S discuss this return with the preparer shown above	? (see instructions)			Yes No				

orm 9	90 (2016) GLENBARD EAST	BOOSTER CLUB	27-09996	52		Page 2
Par	III Statement of Program	Service Accomplishment	ts			П
		ontains a response or note to	o any line in this Part III.	<u></u>	<u></u>	
 	riefly describe the organization's mission IS ATHLETIC BOOSTER	ON: CTITE CITEDODUS U	ער איינו.פייבי אור	ATHI.ETTC	ACTIVITIES	OF
			HE AIRESTES AND			
GI	ENBARD EAST HIGH SO	JHOOL.				
	Did the organization undertake any signi	front program conject during the	year which were not listed on t	ne		
					Yes	K N
		. Cabadula O				
	"Yes," describe these new services on		it conducts, any program			
	Did the organization cease conducting, o				Yes	X N
					🗀 103 🖰	<u> </u>
	"Yes," describe these changes on Sch					
. 1	Describe the organization's program ser	vice accomplishments for each of i	its three largest program service	es, as measured by		
	expenses. Section 501(c)(3) and 501(c)(			allocations to others,		
1	ne total expenses, and revenue, if any,	for each program service reported.				
_		130,175 including gra		) (Payonuo	s 118,1	80
a (	Code: ) (Expenses \$ E BOOSTER CLUB PRO	TOU, T/O including gra	ants of \$	FOT TOWTNG	*	
Т1	E BOOSTER CLUB PRO	MOTES TOUTH SPORT	S AND AIRLETIC	FOULDWING		
	.,.,					
•						
h	Code: ) (Expenses \$	31, 938 including gr	ants of \$	) (Revenue	\$ 56,3	L30
	NCESSIONS AND OTHER		ED AT ALL HOME		TOURNAMENTS	3
	SUPPORT THE ATHLE					
_	·	<del></del>				• • • • •
			• • • • • • • • • • • • • • • • • • • •			
						• • • • •
	***		· · · · · · · · · · · · · · · · ·			
C	Code: ) (Expenses \$	including gr	ants of \$	) (Revenue	\$	
			· 			
	Other program services (Describe in Sc					
	Other program services (Describe in Sc Expenses \$ Fotal program service expenses ▶	chedule O.) including grants of \$ 162,113	) (Revenue	» \$		

DAA

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
2	complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
•	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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
=	election in effect during the tay year? If "You " complete School to C. Doub!"			v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	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	٦		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	١	1	v
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		X
	of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VII	446		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
	of its total assets reported in Part X, line 16? It "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Ī		
_	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\dashv$	<u> </u>
IJ	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	445		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
	for any foreign organization? If "Voc." complete October 11 F. David V.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>

Pε	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24a	·	ļ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	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		$\vdash$
C	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	<u> </u>	
d	•	24d		├─
25a	100 100 -			•
	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			x
	disqualified persons? If "Yes," complete Schedule L, Part II	<u>26</u>		<b>├</b> ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		WY	
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)			X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule to Part IV	28a		┝┻
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201-	ļ	x
	Schedule L, Part IV	28b		<del>  ^</del>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		x
	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			A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M			- <del>^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		-	<del>  **</del>
32		32		x
22	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<b>—</b> —	<del></del>
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			<del> </del>
34		34		x
25-	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a			<u> </u>	<del></del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	336		<del>                                     </del>
36		36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	······   -30		†
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		x
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	·····	T	T
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		x

	Check if Schedule O contains a response or note to any line in this Part	<b>/</b>				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			200
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
2a	reportable gaming (gambling) winnings to prize winners?			1c		ļ
4a	The state of the s	]	•			
b	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	0		시설함	
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? 		2b	o of line	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			i i i i i i i i i i i i i i i i i i i		
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes" has it filed a Form 990-T for this year? If "Ne" to line 3b provide an explanation in Out of the control of the c	• • • • • • • • • • • • • • • • • • • •		3a	-	X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other au			<u>3b</u>	<del> </del>	├
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	unonty				
	account)?	nciai				l 🐷
b	If "Yes," enter the name of the foreign country: ▶	• • • • • • • •		4a	12513	X
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			- L		
	(FBAR).	Couris			1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	Peris	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	 n2		. 5a		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	A11:		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			··   3c		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		··   ••		† <del></del>
	gifts were not tax deductible?			6b		İ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods		78.4		
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	ø		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· · · · · · · · · · · · · · · · · · ·			1744 1968
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con-			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		4.4	4.3	
۵.	sponsoring organization have excess business holdings at any time during the year?			. 8	1 - 1 - 1 - 1	. 8475
9 a	Sponsoring organizations maintaining donor advised funds.			30.55.		- 938
b						
0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b	100	
а		المما			4.25	
b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	<del></del>			
1	Section 501(c)(12) organizations. Enter:	100	-			
a	Gross income from members or shamboldors	11a			1.44	
	Gross income from other sources (Do not net amounts due or paid to other sources	110				1 1 1 1
	against amounts due or received from them	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-		12a	rjassis.	lite (
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120	7.	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	20 _				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		L
	Note. See the instructions for additional information the organization must report on Schedule O.				PATE OF	95.
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				9. 14. 31. 14.
	Enter the amount of reserves on hand	13c			100 M	
4a	Did the organization receive any payments for indoor tanning continue the tay year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					

27-0999652 Form 990 (2016) GLENBARD EAST BOOSTER CLUB Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 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 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section	n	C.	DISC	ciosure	

7	List the states with which a copy of this Form 990 is required to be filed	Į.

organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: >

CHRISTINE YEOMAN

303 W. MORRIS AVE

630-424-8920

IL 60148

LOMBARD

Form 990 (2016	6) GLENBARD EAST BOOSTER CLUB 27-0999652	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	l
	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 the organization's ta	his table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
compensation, t	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of Enter -0- in columns (D), (E), and (F) if no compensation was paid.	
<ul><li>List all of</li></ul>	f the organization's current key employees, if any. See instructions for definition of "key employee."	
<ul> <li>List the o who received re</li> </ul>	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or key employee) eportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the did any related organizations.	
<ul> <li>List all of \$100,000 of rej</li> </ul>	the organization's <b>former</b> officers, key employees, and highest compensated employees who received more than eportable compensation from the organization and any related organizations.	
<ul> <li>List all of organization, mo</li> </ul>	the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the ore than \$10,000 of reportable compensation from the organization and any related organizations.	
List persons in t	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) (D) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an related from other (list any officer and a director/trustee) organizations compensation organization (W-2/1099-MISC) hours for (W-2/1099-MISC) from the Key employee related nstitutional organization organizations vidual trustee and related below dotted organizations line) trustee (1) DANIEL BELANGER 0.00 APPAREL CHAIR/VP 0.00 X 0 0 (2) SAMMIE REAM 0.00 CONCESSIONS CHAIR/VP 0.00 X 0 0 (3) MAUREEN JOINER 0.00 **OFFICER** 0.00 X 0 0 0 (4) CHRISTINE O'BRIEN 0.00 PRESIDENT 0.00 X 0 0 0 (5) CINDY KATSIKAS 0.00 SECRETARY 0.00 X 0 0 0 (6) CHRISTINE YEOMAN 0.00 TREASURER 0.00 X 0 0 0 (7) (8) (9) (10)(11)

Pa	rt VII Section A. Officers  (A)  Name and title	(B) Average hours per week (list any hours for	(d bo	o not ex, unli	Pos check ess pe	ition more rson i	than o	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
			A			<b>b</b> .					
	······································				No.					1	<u>:</u>
1b c d	Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in-	ets to Part VII, S	ectionited	to ti	 	 		b b ove)	who received more than \$	100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	ormer officer, direction of the complete Scheduler 1a, is the sum of the complete t	ctor, ule J	for a	such ble c	<i>indi</i> v omp	<i>idua</i> ensa	/ ition	and other compensation fro	m the	Yes No
5	organization and related organ individual Did any person listed on line 1 for services rendered to the or	a receive or accr ganization? If "Ye	 ue c	omp	 ensa	 tion	from	any	unrelated organization or in	dividual	4 X
Sect 1	Complete this table for your five compensation from the organization	ve highest compe	nsat	ed in	ndepe	ende r the	nt co	ntrac	ctors that received more that r year ending with or within	n \$100,000 of the organization's tax year.	***
		(A) d business address							Descri	(B) otion of services	(C) Compensation
2	Total number of independent of	contractors (included	ling	but r	not lir	nited	to t	nose	listed above) who	^	

	A constability			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
and Other Similar Amounts	a Federated campaigns	1a			Tevende		512-514
	<b>b</b> Membership dues	1b	11,191				
Ā	c Fundraising events	1c					
<u>ia</u>	d Related organizations	1d					
뙲	e Government grants (contributions)	1e					
9	f All other contributions, gifts, grants,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
뒴	and similar amounts not included above		1,050				
힏	g Noncash contributions included in lines 1a-						
	h Total. Add lines 1a-1f			12,241			
[ ]	-		Busn. Code				
<u>آ</u> بَا	a EVENTS b CONCESSIONS		<del></del>	118,180		4	
3			<b></b>	56,130	56,130		
<u> </u>				<u>-</u> -			
[			<del></del>				
2	f All other program service reven						
<u> </u>	g Total. Add lines 2a-2f			174,310			
3	-			274,310			
i	and other similar amounts)						1
4		exempt bond pr	roceeds >			-	`
5			▶ [	***************************************			
	(i) Real	1	Personal			No villa	
6	a Gross rents						
1	Less: rental exps.			*. **			
1	C Rental inc. or (loss)						
	Net rental income or (loss)		<b></b>		PS/MO/ME#/)		The second secon
"	sales of assets (i) Securities		i) Other				
	other than inventory			42/48/19/44 L		19 11 0 39 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
'	D Less: cost or other						
	basis & sales exps.				and the second		Pro Section 1
	Gain or (loss)			NA PROPERTY.			Artin de
			<b>&gt;</b>				
8	<ul> <li>Gross income from fundraising event (not including \$</li> </ul>	ts			er er er er er er er er er er er er er e		
:	of contributions reported on line 1c).		ſ		1 +1, 1 11		
l t	See Part IV, line 18		]		5 54 5		
١,	Less: direct expenses	. a	<del></del>		A water		
i   i	Net income or (loss) from fundra			TO ALL VELANTS OF A CO			
9:	Gross income from gaming activities.			· Granday (n. 1917)			
	See Part IV, line 19	1	İ				
k	***********	. p					
(	** . *	ng activities					
10:	Gross sales of inventory, less			The second secon			
	returns and allowances	a	ĺ	A Hatada A			
t	Less: cost of goods sold	ь					
	Net income or (loss) from sales	of inventory	<b>.</b>				e e e e e e e e e e e e e e e e e e e
<u> </u>	Miscellaneous Revenue		Busn. Code	28.25			
118	ı						a service of the first
t							
9							
0			L				Terror and the second s
e							
12	Total revenue. See instructions	<u> </u>	<b>.</b>	186,551	174,310	0	0

Form 990 (2016) GLENBARD EAST BOOSTER CLUB 27-0999652 Part IX Statement of Functional Expenses

J-0011	on 501(c)(3) and 501(c)(4) organizations must contains a responsion of the				X
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	-		The second secon	
2	Grants and other assistance to domestic			And the second	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees			A ***	· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		.,,-		· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	850		850	
d	Accounting Lobbying	333			
e	Lobbying Professional fundraising services. See Part IV, line 17		The transfer of the second state of the second		
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column	Primare Primare			
9	(A) amount, list line 11g expenses on Schedule O.)	165,938	162,113	3,825	
12	Advertising and promotion				
13	Office expenses	-			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			*	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,279		1,279	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	V V V V V			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			er per le la la la la la la la la la la la la la	
а					
b					
C					<del></del>
d					
е	All other expenses	160 067	160 110	E OF 4	0
25	Total functional expenses. Add lines 1 through 24e	168,067	162,113	5,954	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			<u> </u>	

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 Cash—non-interest bearing 74,920 1 99,075 Savings and temporary cash investments 2 2 Pledges and grants receivable, net \_\_\_\_\_\_ 3 3 4 Accounts receivable, net 4 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 Notes and loans receivable, net 7 Inventories for sale or use \_\_\_\_\_ Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34).... 16 74,920 99,075 16 Accounts payable and accrued expenses 17 17 Grants payable ..... 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities ..... 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances Unrestricted net assets 27 27 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 58,295 58,295 30 Paid-in or capital surplus, or land, building, or equipment fund 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .....

99,075 Form 990 (2016)

40,780

99,075

16,625

74,920

74,920

32

33

š

33

Form 990 (2016)

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.

### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2016

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

ov/form990. Inspection
Employer identification number

	1100 012			DOUSTER CLUB			27-099	
	art I		on for Public Charity	Status (All organizations	must c	omplete	this part.) See instruction	IS.
The	orga	nization is not	a private foundation because	it is: (For lines 1 through 12, che	eck only o	one box.)		
1	Ш	A church, co	nvention of churches, or ass	ociation of churches described in	section	170(b)(1)	(A)(i).	
2	Ц	A school des	scribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ).)		
3	Ш			e organization described in sect			).	
4	Ш			in conjunction with a hospital de				oital's name
		city, and stat		•			to M. Market and the con-	, and a real real real real real real real re
5		An organizat	ion operated for the benefit o	f a college or university owned or	r operated	by a gov	emmental unit described in	
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)	•	,		
6	Ш			overnmental unit described in se	ction 170	)(b)(1)(A)(	v).	
7		An organizat		substantial part of its support from				
8	П			170(b)(1)(A)(vi). (Complete Part I	1.)			
9	П			cribed in section 170(b)(1)(A)(ix		d in coniur	action with a land-grant college	
		or university university:	or a non-land grant college o	f agriculture (see instructions). Er	nter the n	ame, city,	and state of the college or	
10	X	An organizat	ion that normally receives: (1	more than 33 1/3% of its suppo	ort from c	ontributions	s membership fees, and gross	•••••
	_	receipts from	activities related to its exemp	ot functions—subject to certain ex	ceptions,	and (2) n	o more than 33 1/3% of its	
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 5	11 tax) from businesses	
				, 1975. See section 509(a)(2). (				
11	Н			xclusively to test for public safety				
12	Ш	An organizati	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes	
		Of one or mo	re publicly supported organiz	ations described in section 509(	a)(1) or s	ection 50	9(a)(2). See section 509(a)(3).	
	_			at describes the type of supporting				g.
	а	the sunn	supporting organization ope	rated supervised, or controlled	y its sup	corted orga	anization(s), typically by giving	
				er to regularly appoint or elect a property of the part IV. Sections A an		or <b>une curre</b> c	ters or trustees of the	
	b			pervised or controlled in connection	S SSammon	c cupporto	d omanization(s), by baying	
	_	control of	r management of the support	ing organization vested in the sai	me nerso	ns that co	ntrol or manage the supported	
		organizat	ion(s). You must complete	Part IV, Sections A and C.	mo porce		nation of manage are supported	
	С	Type iii	functionally integrated. A s	upporting organization operated i	n connec	tion with, a	and functionally integrated with,	
				ructions). You must complete P				
	d	Type III	non-functionally integrated	. A supporting organization opera	ated in co	nnection v	vith its supported organization(s	)
		that is no	or functionally integrated. The	organization generally must satis	sty a distr	ibution red	uirement and an attentiveness	
				ust complete Part IV, Sections				
	е	functional	is box if the organization rece liv integrated, or Type III nor	ived a written determination from i-functionally integrated supporting	tne IKS I o organiz	nat it is a	Type I, Type II, Type III	
	f		nber of supported organization		g organiz	auon.		
	g		ollowing information about the					<u>L</u>
(i	) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization		(described on lines 1-10		our governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
					_	ļ <u>.</u>		
(B)								
(0)								
(C)								
/D)					-	ļ		
(D)					]			
(E)					-	<del> </del>		<u> </u>
\ <b>-</b> /								
_				9 10 * 4 / 10 10 200 - 10 10 10 10 10 10 10 10 10 10 10 10 10	<b> </b>			
'otal							<b>!</b>	

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do no include any "unsusual grants"). 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and the paid to or expended on its behalf and the paid to or expended on its behalf and the paid to or expended on its behalf and the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to or expended on the paid to the paid to or expended on the paid to the	Sect	tion A. Public Support						
membership fees received. (Do not Include any "unusual grants.")  Tax revenues levied for the hand of the paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its behalf and either paid to or experied on its	Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities funished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicy supported organization) included on line 1 that exceede 3% of the amount shown on line 11, column (f)  6 Public support. Subract lies 5 from line 4.  Section B. Total Support  Calendar year of rised lyear beginning in)  (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total organization from similar source from unrelated business activities, whether or not the business is regularly carried on  9 Nel income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Instrumental properties of the pro	1	membership fees received. (Do not			:			
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 5 The portion of total contributions by esch person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person (other than a year person other than a year person (other than a year person other and year (or fiscal year beginning in)  8 Public support. Sobilact line 5 from line 4.  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 950 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  8 Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A. Part II. line 14  15 Public support percentage from 2015 Schedule A. Part II. line 14  16a 33 1/3% support test—2016. If the organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  1 0%-facts-and-circumstances test—2015. If the organization did not check a box on line 13 or 16a, or 15b, 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, check this box and stop here. Explain in Part VI how the o	2	organization's benefit and either paid						
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.  Section B. Total Support  Calendar year of riscal year beginning in)  A mounts from line 4.  Gross income from interest, dividende, payments received on securities loans, rents, royalities and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (cipalan in Part VI).  11 Total support. Add line 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (fi))  15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (fi))  16 3 33 1/3% support test—2015. If the organization oid not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test—2015. 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, check this box and spob phere.  Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and spob phere.  Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and spob phere.  Explain in Part VI how the organization meets the "facts-and	3	furnished by a governmental unit to the organization without charge						
each person (other than a governmental unit or publicly supported organization) included on iner it that exceeds 2% of the amount shown on line 11, column (f)  6	4	Total. Add lines 1 through 3			or Manifestina Co. Section Co. Co. Co.	and the second s	ALTERNATION OF THE STATE OF THE	
Section B. Total Support  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI).  Total support test—2016. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			obe shu			
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b 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 stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								<b>&gt;</b> 🔲
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b							
supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Explain in Part VI how the organization me	ets the "facts-and-o	rcumstances" test.	The organization	qualifies as a public	ly	_
instructions	18	• • • • • • • • • • • • • • • • • • • •	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		<b>▶</b> □
		instructions						▶ □

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

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

Sec	ction A. Public Support	quality under the	tests listed be	siow, piease co	mpiete Part II.,		
Cale	ndar 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				(=, == :=	(0) 2010	(1) 1044
	fees received. (Do not include any "unusual grants.")	13,543	9,120	22,861	18,810	12,241	76,575
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	185,551	236,816	222,419	199,886	174,310	1,018,982
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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	199,094	245,936	245,280	218,696	186,551	1,095,557
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1					
<del></del>	tion B. Total Support						1,095,557
	ndar year (or fiscal year beginning in)		#1.0040 T	T			
9	American francis Co.	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Gross income from interest, dividends.	199,094	245,936	245,280	218,696	186,551	1,095,557
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						·-·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	199,094	245,936	245,280	218,696	186,551	1,095,557
14	First five years. If the Form 990 is for the	organization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	)	
	organization, check this box and stop here			<u></u>	<u></u>		▶ 📘
	tion C. Computation of Public Su						
15	Public support percentage for 2016 (line 8,	column (f) divided by	line 13, column (f)	)		15	100.00%
16 Saa	Public support percentage from 2015 Sched	lule A, Part III, line 15	<u>5</u>	<u></u>	····		100.00 %
	tion D. Computation of Investment				<del></del>	I I	
17 18	Investment income percentage for 2016 (lin	ie Tuc, column (†) divi	aed by line 13, col	umn (f))			<u> %</u>
10 19a	Investment income percentage from 2015 S 33 1/3% support tests—2016. If the organ			and line 15 is mor			%%
.va	17 is not more than 33 1/3%, check this box						<b>▶</b> X
b	33 1/3% support tests—2015. If the organ						········ 🚩 😅
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						

Page 4

**Supporting Organizations** Part IV

(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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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 leasons 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).
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

1 2 3a 3b 3c 4a 4b 4b 5a 5b 5c 5c 7
1 2 3a 3b 3b 3c 4a 4b 5a 5a 5b 5c 5c 7
2 3a 3b 3c 4a 4a 4b 5a 5c 5c 5c 7
3a
3b 3c 4a 4b 4b 5a 5a 5b 5c 6
3c 4a 4b 4c 5a 5b 5c 6
4a 4b 5a 5b 5c 6
4b 4c 5a 5b 5c 6
5a 5b 5c 6
5a
5b 5c 6
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7
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9a
9c
10a
10b

Pa	rt IV Supporting Organizations (continued)		rage 3
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2000	7351
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		lek Ku
	below, the governing body of a supported organization?	AL - 1941901	t to the section
b	A family member of a person described in (a) above?		<u> </u>
<u>C</u>	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.		
Sect	ion B. Type I Supporting Organizations	<b>-</b>	
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- Maria	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		375746
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	0.43	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
04	supervised, or controlled the supporting organization.	<u></u>	
<u>Secti</u>	on C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	
	or management of the supporting organization was vested in the same persons that controlled or managed		
C = -4	the supported organization(s).		<u> </u>
Secu	on D. All Type III Supporting Organizations		<del></del>
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Park S.	No.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		177 - 189 Pos
2	Were any of the organization's officers, directors, of trustees either (i) appointed or elected by the supported		No year
	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).	A 15-425-1078	S 10.0
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 5 th %	
Secti	supported organizations played in this regard.  on E. Type III Functionally-Integrated Supporting Organizations	Ь	<u> </u>
1			···
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.		
b			
c	The organization is the parent of each of its supported organizations. Complete line 3 below.		
·	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.	Van	N-
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes	No
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		4.4
	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.	\$6546.015W/A	200
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Sta Victor
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	ur - málote i	ns sacti
3	Parent of Supported Organizations. Answer (a) and (b) below.	Name 4	
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? <i>Provide details in Part VI.</i>	<ul> <li>a a a feathful (e)</li> </ul>	is with which
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Program.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1	* 2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organization	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	n Nov. 20, 1970	(explain in Part VI).See	
instructions. All other Type III non-functionally integrated supporting organizations	must complete	Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		<del> </del>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		No.	
instructions for short tax year or assets held for part of year):		The state of the state of	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	25, 441	100 mm 1	And American
factors (explain in detail in Part VI):		and protesting the second	APT TO THE TOTAL TO
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	9		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	10 mg	
2 Enter 85% of line 1.	2	All Control of the Co	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE WAY STATE	
4 Enter greater of line 2 or line 3.	4	The state of the s	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr	ated Type III su	pporting organization (see	
instructions).		·	

Schedule A (Form 990 or 990-EZ) 2016

Part VI. See instructions.

Breakdown of line 7:

b Excess from 2013 ....
c Excess from 2014 ....
d Excess from 2015 ....
e Excess from 2016 ....

and 4c.

Excess distributions carryover to 2017. Add lines 3

### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GLENBARD EAST BOOSTER CLUB

Employer identification number

GLENBA	ARD EAST BOOSTE	R CLUB		27-09996	552
FORM 990, PART VI	I, LINE 11B - C	RGANIZATIO	N'S PROCESS T	O REVIEW FO	RM 990
NO REVIEW WAS OR	WILL BE CONDUC	TED.		••••	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION		• • • • • • • • • • • • • • • • • • • •			
FORM 990, PART V	I, LINE 19 - GO	OVERNING DO	CUMENTS DISC	LOSURE EXPLA	NATION
DOCUMENTS ARE AVA	AILABLE UPON RE	QUEST.			
•••••					
FORM 990, PART IX	K, LINE 11G - O	THER FEES	FOR SERVICES		
DESCRIPTION					
PROGR	RAM SERVICE	MGT &	GENERAL	FUNDR!	AISING
COACHES' WISH LIS	STS				
\$	5,800	\$	<b>O</b>	\$	0
EVENTS SERES		<b>)</b>			
<b>\$</b>	49,691	\$	0	\$	0
CONCESSIONS EXPEN	•••••				
<b>\$</b>	31,938	\$	0	\$	0
TURF FIELD COST					
\$	33,333	\$	0	<b>Ş</b>	0
RED AND BLACK BAI				<b>.</b>	
\$ MEMBERSHIP COSTS	13,828	<b>\$</b>	0	<b>\$</b>	0
\$	12,278	<b>e</b>	•••••	<b>.</b>	^
AWARDS	14,410	\$	0	<b>\$</b>	0
	4,000	\$	0	\$	•••••
SOCIAL MEDIA EXPE		······································		<b></b>	0
\$	0	\$	2,586	\$	0
			<i>! .</i>		<i>.</i> <del></del>

Name of the organization  GLENBARD EAST BC	OOSTER CLUB			27-09996	
VARIOUS OTHER EX					
			1 226	\$	0
\$	0	\$	1,226	<b>.</b>	
ANNUAL FILING FE	EES				
\$	0	\$	13	\$	0
APPAREL					
\$	4,245	\$	0	\$	0
SCHOLARSHIP					
	7.000		0	\$	0
\$	7,000	\$		<b></b>	
TOTAL					
\$	162,113	\$	3,825	\$	0
					,
	A 6				
			)		
		<b></b>			
			· · · · · · · · · · · · · · · · · · ·		
				PAGE 1	OF 1

### VILLAGE OF LOMBARD LOCAL TOURISM GRANT – POST EVENT SUMMARY

This post event summary must be completed within 90 days of the event completion. Failure to submit a post-event summary may affect the applicant's ability to receive future grant funds.

GENERAL INFORMATION

Organization:	Glenbard East Boosters	Name of event:	Lombard Ale fest	
Date of event:	06/09/20018	Event location:	Park & Parkside Ave	
Contact person:	Tim Glennon	Title:	Chairmen	
Business address:	1014 S. Main St.	City & Zip:	Lombard 60148	
Telephone:	630-564-5382	E-mail address:	Tglennon_99@yahoo.com	
Estimated attendance:	1250	Estimated hotel st	tays: 8-12	
Method for estimating	attendance: Ticket sales	and volunteers		

1) Please summarize the advertising and marketing placed to promote the event. Please attach examples of event marketing pieces and advertisements.

Lawn signs/ Posters / Press release / WGN ad reads / Website / email blast /

- 2) Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events?
- 3) How did the actual outcomes of the program or event compare to your original expectations? How did the event compare to the proposal and concept as initially presented to the Village?

Our outcome was as expected our local businesses seemed to appreciate the Ale fest foot traffic.

anticipate the same results and organizational strategy for next year's event. We feel we added a local boost to the downtown businesses the day of.

4) Summarize how the program performed from a budgetary standpoint and describe how the program and any proceeds from the event were supportive of the organization, other local groups, initiatives or the community at large.

Our Budget was in line with our expense expectations. Proceeds will go to help GBE Athletics and also, Lombard Historical Society

5) Describe your organization's long term plans for funding this project or event.

Same as in past years we will anticipate that this Fest will continue to be supported by the GBE Boosters. Click here to enter text.

#### SUBMISSION INSTRUCTIONS

Please submit the completed form within 90 days of the event completion to Nicole Aranas, Assistant Village Manger, by e-mailing aranasn@villageoflombard.org or by using the submit button below.