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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)

2013

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.

Open to Public Inspection

,	A F	or the 2	013 calendar year, or tax year beginning and e	ending									
Ē	3 CI	neck if plicable	C Name of organization		D Employer identifi	cation number							
		Address change	VILLAGE TREASURE HOUSE										
		Name change	Doing Business As		36-4	177047							
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number									
		Termin- ated	1460 PADDOCK DRIVE	_	847-	832-1030							
	느	Amended return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	777,813.							
	L	Applica- tion pending	NORTHBROOK, IL 60062		H(a) Is this a group re								
			F Name and address of principal officer SUE RYAN		for subordinates								
-			SAME AS C ABOVE upt status:	or 527	H(b) Are all subordinates in	ncluded? Yes No							
-			pt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o ► VILLAGETREASUREHOUSE.ORG	H(c) Group exemptio	•								
	K Form of organization: X Corporation												
_	_		ZATION'S MO	ST									
	& Governance		IGNIFICANT ACTIVITY IS TO RESELL FURNITU										
	E	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.							
	<u>8</u>	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	6							
	8 6		umber of independent voting members of the governing body (Part VI, line 1b)		4	6							
	Activities	-	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	5							
2014	Ĭ.		otal number of volunteers (estimate if necessary)		6	116							
	8		otal unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	0.							
en . ≔	\dashv	D IN	et unrelated business taxable income from Form 990-T, line 34		7b Prior Year	Current Year							
		8 C	ontributions and grants (Part VIII, line 1h)		102,515.	85,019.							
AUG	ng.		ogram service revenue (Part VIII, line 2g)		0.	0.							
	Revenue		vestment income (Part VIII, column (A), lines 3, 4-and (d) = 10/10		72.	116.							
	œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		322,671.	349,237.							
复.		12 To	otal revenue - add lines 8 through 11 (must equal PartiVIII, column (A), line (12)		425,258.	434,372.							
SCANNED			rants and similar amounts paid (Part IX, column (A), lines 1-3)		210,000.	250,000.							
Š		14 B	enefits paid to or for members (Part IX, column (A) line 4)		0.	0.							
	Ses		Salanes, other compensation, employee benefits (Part X; column (A), lines 5-10)		59,928.	68,726.							
	Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>	0.	0.							
	Exp		otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	131,468.	140,000.							
			ther expenses (Part IX, column (A), lines 11a·11d, 11f·24e) otal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)	•	401,396.	458,726.							
			evenue less expenses. Subtract line 18 from line 12	<u> </u>	23,862.	<24,354.							
-	Ses		Sold to the state of the state	Be	ginning of Current Year	End of Year							
+	sets alan(20 To	otal assets (Part X, line 16)		80,017.	53,260.							
	Net Assets or Fund Balances	21 To	otal liabilities (Part X, line 26)		28,601.	26,198.							
į	월	22 N	et assets or fund balances. Subtract line 21 from line 20		51,416.	27,062.							
			Signature Block		 								
			es of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is							
1	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparei	r nas any knowledge.	130/14-							
	C:		Signature of Officer		Date	20/1/							
	Sigr Her		SUE RYAN, TREASURER										
1	Hei		Type or print name and title										
•		F	Print/Type preparer's name	, , , ,	Date Check	PTIN							
1	Paid		ARCY STEINDLER Will Olland	W_	// do// if self-employ	P00573131							
1	Prep	arer F	rm's name ▶ MANN. WEITZ & ASSOCIATES L.L.C.		l Firm's EIN ▶	36-3963131							
1	Use	Only F	irm's address 111 DEER LAKE ROAD, SUITE 125										
			DEERFIELD, IL 60015		Phone no. (8	47)267-3400							
	Mar	the IPS	discuses this return with the preparer shown above? (see instructions)			X Yes No							

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2013) VILLAGE TREASURE HOUSE	36-41 <u>77047</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	THE SOLE PURPOSE OF THE CORPORATION IS THE RAISING OF	FUNDS TO SUPF	ORT
	CHARITABLE, 501 (C)(3) ORGANIZATIONS THROUGH THE OPERA		
	CONSIGNMENT/DONATION RESALE SHOP. BY OPERATING THE SHO		
	CORPORATION RAISES PUBLIC AWARENESS OF THE ORGANIZATION		
2	Did the organization undertake any significant program services during the year which were not listed on	ND 10 WILLUI	
2	the prior Form 990 or 990-EZ?	□vaa	X No
	•	res	I LALINO
_	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	;? LYes	NO LAL
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	hers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a			<u>,798.</u>)
	THE ORGANIZATION SPECIALIZES IN THE RESALE OF FURNITUR		<u> DLD</u>
	GOODS. THE ORGANIZATION IS ESTABLISHED BY MEMBERS OF	THE WOMEN'S	
	ASSOCIATION OF THE GLENVIEW COMMUNITY CHURCH. MERCHAN	<u>DISE IS DONAT</u>	CED
	OR PLACED IN THE SHOP FOR CONSIGNMENT. THE PROFITS AR	E USED TO SUF	PORT
	VARIOUS CHARITABLE ORGANIZATIONS THAT SUPPORT WOMEN AN	D CHILDREN IN	1 THE
	NORTH SHORE CHICAGO SUBURBS.		
46	(Code) (Expenses \$ 250,000 · including grants of \$ 250,000 ·) (Rev		
4b	(Code) (Expenses \$		PTON /
			LION
			\ \ \
	ORGANIZATIONS TO WHICH FUNDS ARE GRANTED AND HAS RAISE		
	THE NEED FOR SUCH ORGANIZATIONS. SEE GRANT PROCEDURES	IN SCUEDOFF	
	FOR DETERMINATION OF GRANTEES.		
			<u>_</u>
4c	(Code) (Expenses \$) (Rev	venue \$)
		.	
			
	· · · · · · · · · · · · · · · · · · ·		
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 452,081.		
33300		Form 9	990 (2013)

Form 990 (2013) VILLAGE TREASURE HOUSE
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)?	_	3.7	
_	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	dunng the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11 <u>a</u>	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	۱.,		7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ه مه ا	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	The state of the s			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	(2013)
		rom	33U	(2013)

Form 990 (2013) VILLAGE TREASURE HOUSE
Part IV Checklist of Required Schedules (continued)

		$\overline{}$	169	110
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u> _	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? <i>If "Yes," complete</i>			
	Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I .	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Α
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
-	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
•		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	JUU		
	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 related organization?	330		
27	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 related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
31	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			x
38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36 37 38	x	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	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 reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
U	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
		120		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	!		
-	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 Schedule O	14b		

332005 10-29-13

Form 990 (2013) VILLAGE TREASURE HOUSE 36-4177047 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 36-4177047 Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See	instructioi	15.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
	<u> </u>					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		6	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any othe		1		
-	officer, director, trustee, or key employee?	.p	u., o.,.		2		x
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	rt sunerv	SIOD	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	ic diic	or superv	3011	3		х
		990 w	ac filad?		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form to the organization become aware during the year of a significant diversion of the organization's as		as mear	•	5		X
5		3 0 131			6	X	
6	Did the organization have members or stockholders?				-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoini	one or				
_	more members of the governing body?	_44			7a	X_	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	STOCKI	iolaers, or		 	7.	İ
	persons other than the governing body?				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	ne tollowin	g:	1.		
а	The governing body?				8a_	X	<u> </u>
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 real	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	<u>Revenu</u>	e Code.)			T	
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliate	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing t	he form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes, " c	lescribe			ļ	
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?	•			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndepende	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official				15a	ļ	X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participat	ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatı	on's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 5016	c)(3)s only)	avaılal	ole	
.•	for public inspection. Indicate how you made these available. Check all that apply.	,	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c				nd fina	ncial	
18	statements available to the public during the tax year.		J. HILGIGS	poncy, a	mia	. wa	
20	State the name, physical address, and telephone number of the person who possesses the books	and	oordo of +	he orașs-	ation: B		
20	SUE RYAN - 847-729-2029	and 18	Joius Oi l	no organiz	auoii.	_	
						<u> </u>	
	1460 PADDOCK DRIVE, NORTHBROOK, IL 60062					000	

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

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

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

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

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

(A)	(B)	or any related organization compensa (B) (C) Average Position						(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated	
	hours per	box.	box, unless person is both an officer and a director/trustee)			ıs bot or/trus	han tee)	compensation from	compensation from related	amount of other	
	week (list any	\vdash						the	organizations	compensation	
	hours for	direc				2		organization	(W-2/1099-MISC)	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization	
	organizations	trust	la tr		oyee	E		,		and related	
	below	individual trustee or director	Institutional trustee	, 55	Key employee	estc	퍨			organizations	
	line)	Ē	asu.	Officer	Key	Highest compensated employee	ᄚ		_		
(1) KATHY TOMITA	5.00	ļ									
PRESIDENT/PAST PRESIDENT	1000	X	<u> </u>	X		<u> </u>		0.	0.	0	
(2) SUE RYAN	10.00	ļ									
TREASURER		X	_	X	<u> </u>	<u> </u>		0.	0.	0	
(3) DEEDEE BRANNIGAN	4.00	l									
SECRETARY		X		Х		ļ	ļ	0.	0.	0	
(4) KIM BLAKE	2.00	- ₋						•		•	
DIRECTOR		X				-		0.	0.	0	
(5) KATHRYN HALL	2.00	∤					İ	•		_	
DIRECTOR	F 00	X			_		_	0.	0.	0	
(6) SANDY VANEPPS	5.00	┤								_	
VICE PRESIDENT/PRESIDENT		X	_	X	_	-	-	0.	0.	0	
		┨									
		-				-					
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(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than o box, unless person is both officer and a director/truste				than o	han	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
	hours for related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1	organizations (W-2/1099-MIS		fro orga and	om the anizati d relate	e on ed
					-								
							-						
									<u></u>				
							_					_	
1b Sub-total		<u> </u>	<u> </u>					0.	-	0.			0
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r		nose	liste	ed al	bove			0. 0.	000 of reportable	0. 0.			0
compensation from the organization												Yes	N
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual		·	•	Ť				, ,		3		X
For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	· ·		4		X
rendered to the organization? If "Yes," correction B. Independent Contractors	•						- GIAL	ed organization or indiv			5		X
Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
(A) Name and business	address	N	INC	<u> </u>				(B) Description of s	ervices	С	(C omper		า
					-								
					-								
					-						_		

Form 990 (2013) VILLAGE
Part VIII Statement of Revenue

	•	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts ts	1 a	Federated campaigns	1a					
iran Oun		Membership dues	1b					
ê, Ĕ		Fundraising events	1c					
業と		Related organizations	1d					
S, E		Government grants (contribut						
<u>S</u> S	f	All other contributions, gifts, gran		-				
Per E	•	similar amounts not included abo		85,019.				
풀진		Noncash contributions included in lines	<u> </u>	76,357.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	85,019.			
				Business Code	_			
g	2 a							
اه ڲ	b						_	
Program Service Revenue	С						_	
eve eve	d							
<u>6</u>	е							
ا ته	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)	•	▶	116.			116.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		> _				
			(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Secunties	(ıı) Other				
		assets other than inventory				}		
	b	Less cost or other basis						
		and sales expenses				1		
	С	Gain or (loss)						
	d	Net gain or (loss)						
ě	8 a	Gross income from fundraisin	g events (not					
2		including \$	of					
Other Reven		contributions reported on line	1c). See					
P .		Part IV, line 18	а					
Ě	b	Less direct expenses	b					
	c	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
	b	Less. direct expenses	. b					ľ
		Net income or (loss) from gan	-	•				
	10 a	Gross sales of inventory, less						
		and allowances	а	686,882.				
	b	Less cost of goods sold	b	343,441.				
	С	Net income or (loss) from sale	s of inventory	•	343,441.	343,441.		
		Miscellaneous Revenu	16	Business Code				
	11 a	OTHER INCOME		900099	5,796.	5,796.		
	b							
	С							
	d	All other revenue		<u></u>				
	е	Total. Add lines 11a-11d		. ▶	5,796.			
00000	12	Total revenue. See instructions.		>	434,372.	349,237.	0.	116.
33200 10-29	-13							Form 990 (2013)

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respons		this Part IX		
	ot 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 governments and				
	organizations in the United States. See Part IV, line 21	250,000.	250,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	_			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	63,576.	63,576.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	F 150	F 150		
10	Payroll taxes	5,150.	5,150.		
11	Fees for services (non-employees):				
a	Management				
b	Legal	C 505		6,585.	 .
C	Accounting	6,585.		0,303.	
d	Lobbying Co. Part IV. Inc. 47				
e	Professional fundraising services. See Part IV, line 17				
T	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	3,217.	3,217.		
12	Office expenses	32,247.	32,247.	-	
13	Information technology	5,621.	5,621.		
14	Royalties	5,021.	3,021.		· · · · · · · · · · · · · · · · · · ·
15 16	Occupancy	70,855.	70,855.		
17	Travel	2,236.	2,236.		
	Payments of travel or entertainment expenses		2,230.		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,507.	2,507.		
20	Interest	2,5574			······································
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization				_
23	Insurance	5,905.	5,905.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	10 707	10 767		
	FREIGHT	10,767.	10,767.		
b	LICENSE AND FEES	35.		35.	
d	OTHER	25.		25.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	458,726.	452,081.	6,645.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		· ·	
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	54,042.	1	39,169
	2	Savings and temporary cash investments	22,075.	2	10,191
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 18, 208			_
	b	Less: accumulated depreciation 10b 18,208	0.	10c	0
	11	Investments - publicly traded securities		11	
	12	Investments - other securties. See Part IV, line 11	· · ·	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,900.	15	3,900
	16	Total assets. Add lines 1 through 15 (must equal line 34)	80,017.		53,260
	17	Accounts payable and accrued expenses	28,601.	17	26,198
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	· -	21	
es	22	Loans and other payables to current and former officers, directors, trustees,]]	
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u> </u>	l	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		05	
		Schedule D	28,601.	25	26,198
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here		26	20,130
		•		1	
Net Assets or Fund Balances	07	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	51,416.	27	27,062
틸	27		31,410.	28	21,002
89	28	Temporarily restricted net assets Permanently restricted net assets		28	-
בַ	29	· · · · · · · · · · · · · · · · · · ·		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
စ္တ	20	and complete lines 30 through 34.		20	
se.	30	Capital stock or trust principal, or current funds		30	
Ą	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	51,416.		27,062
	33		80,017.	33	53,260
	34	Total liabilities and net assets/fund balances	00,01/•	<u> </u>	Form 990 (2013

orm	990 (2013) VILLAGE TREASURE HOUSE 3	6-4177047	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets		_	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>1,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)			<u> 26.</u>
3	Revenue less expenses. Subtract line 2 from line 1		_	<u>54.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 5.	1,4	<u> 16.</u>
5	Net unrealized gains (losses) on investments .	i l		
6	Donated services and use of facilities	<u>; </u>		
7	Investment expenses			
8	Prior period adjustments	,		
9	Other changes in net assets or fund balances (explain in Schedule O)	,		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	<u>ງ 2</u> '	7,0	62.
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	asis,		
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	udit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	le O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	1 1		
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b		
		Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number Name of the organization 36-4177047 VILLAGE TREASURE HOUSE Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h ь ___ Type II c X Type III - Functionally integrated d ____ Type III - Non-functionally integrated a ___ Type I e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Nο Yes No **GLENVIEW** COMM CHURCH |36-2229575|1 250,000.

332021 09-25-13

Total

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

250,000.

Schedule A (Form 990 or 990-EZ) 2013

chedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for C	organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 'i)
(Complete only if you checked	_					•
fails to qualify under the tests			=	. ,		J
ection A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(=)	(-)		1-1	107	
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ızatıon'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				1		
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		ı		· -		
alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties					1	
and income from similar sources						
9 Net income from unrelated business					1	
activities, whether or not the						
business is regularly carried on Other income. Do not include gain	 -					
or loss from the sale of capital		İ				
assets (Explain in Part IV)		;				
11 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc (see instructi	ons)	<u> </u>		12	
13 First five years. If the Form 990 is for	•	•	d. fourth, or fifth t	ax vear as a section		
organization, check this box and stop	•		.,			▶ □
ection C. Computation of Publi		rcentage				
14 Public support percentage for 2013 (III	ne 6, column (f) d	livided by line 11, o	column (f))		14	
5 Public support percentage from 2012	Schedule A, Part	II, line 14			15	
6a 33 1/3% support test - 2013. If the or	ganization did ne	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
stop here. The organization qualifies a	s a publicly supp	oorted organization	1			▶□
b 33 1/3% support test - 2012. If the or	ganization did ne	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	% or more, check th	nis box
and stop here. The organization qualif	ies as a publicly	supported organiz	ation			▶□

Schedule A (Form 990 or 990-EZ) 2013

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

b 10% -facts-and-circumstances test - 2012. 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 IV how the

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	ow, picase com	pioto i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants ")						_
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				ľ		
iness under section 513						
 				†·		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				1		
or expended on its behalf		 			1	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1	1		
3 received from disqualified persons		<u> </u>	1	ļ		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				1		
Section B. Total Support			•			
alendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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			<u> </u>	-		_
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	1	<u> </u>		
14 First five years. If the Form 990 is for t	he organization'	's first, second, the	rd, fourth, or fifth 1	tax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here		<u>-</u>		_		▶∟
Section C. Computation of Public					T 1	
15 Public support percentage for 2013 (lin			column (f))	•	15	 .
Public support percentage from 2012 S			·		16	
Section D. Computation of Invest					<u> </u>	
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2013. If the o	rganization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and	stop here. The	e organization qua	lifies as a publicly	supported organi	zation .	. ▶□
b 33 1/3% support tests - 2012. If the o	rganization did	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The org	anızatıon qualifies	as a publicly sup	ported organization	▶Ū
20 Private foundation. If the organization		-		• • •	-	►□

<u>Schedule A</u>	(Form 990 or 990-EZ) 2013 VILLAGE TREASURE HOUSE	<u>36-41//04/ Page 4</u>
Part IV	(Form 990 or 990-EZ) 2013 VILLAGE TREASURE HOUSE Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 1	7b. and Part III, line 12
	Also complete this part for any additional information. (See instructions).	
 -	Also complete this part for any additional information. (See instructions).	
		
		<u> </u>
		
		
-		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Nam	of the organization VILLAGE TREASURE H	OUSE	Employer identification number 36-4177047
Par			
	organization answered "Yes" to Form 990, Part IV, lin		or recounter complete if the
	organization anomorous 100 to 10111 000, 1 art 17, iii	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(-)	(0)
1	•		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		and & control
5	Did the organization inform all donors and donor advisors in	•	
_	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
Par	impermissible private benefit?		Yes No
			an IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	`	
	Preservation of land for public use (e.g., recreation or	<i>'</i> =	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Γ
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe	• • • • • • • • • • • • • • • • • • • •	
	violations, and enforcement of the conservation easements		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections of	4 Aut. Lietewicel Tueseumes, en O	Abou Cimilar Aposto
Fai		-	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
та	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described to the footnote to its financial statements.		
Þ	If the organization elected, as permitted under SFAS 116 (A	**	•
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS	16 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

332051 09-25-13

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

Schedule D (Form 990) 2013

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		TREASURE							<u>77047</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	er Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	t are a s	gnıficant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	C	ı 🗀 1	Loan or exc	hange progra	ams				
b	Scholarly research	•	, 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exe	mpt purp	ose in Parl	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımılaı	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection? .				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table.						<u></u> _
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance .						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				·					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	red for t	he organi	zation	_	
	by:								_ Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds						
Pai	t VI Land, Buildings, and Equipn	nent.				-				
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a S	ee Form 990	, Part X,	line 10.			<u> </u>
	Description of property	(a) Cost or o		(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	del	preciation	<u> </u>		
1a	Land .									
ь	Buildings									
С	Leasehold improvements									
d	Equipment				8,806.		8,8	06.		0.
e	Other				9,402.		9,4			0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pari	X, colun	nn (B), line 1	10(c))			ightharpoonup		0.

0. Schedule D (Form 990) 2013

edule D (Form 990) 2013	VILLAGE	TREASURE	HOUSE

	(b) Book value	11b. See Form 990, Part X, lin (c) Method of valuation:		of-year market value
Financial derivatives		 		
2) Closely-held equity interests	· · · · · · · · · · · · · · · · · · ·			
3) Other				· · · · · · · · · · · · · · · · · · ·
(A)				
(B)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(C)				
(D)				
(E)		_		
(F)		-		
(G)			-	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		-		
Part VIII Investments - Program Related.		1		
Complete if the organization answered "Yes" t	o Form 900 Part IV line	11a Saa Farm 000 Part V Jin	. 12	
(a) Description of investment	(b) Book value	(c) Method of valuation:		of-vear market value
	(b) Book value	(o) Motified of Valuation.		or your market value
(1)		 		
(2)				
(3)				
(4)				
(5)		_		
(6)				
(7)				
(8)				
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	-			
Part IX Other Assets. Complete if the organization answered "Yes" to (a) [o Form 990, Part IV, line Description	11d See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" to (a) IT (1) SECURITY DEPOSIT	- -	11d See Form 990, Part X, lin	e 15.	
Part IX Other Assets. Complete if the organization answered "Yes" t (a) I (1) SECURITY DEPOSIT (2)	- -	11d See Form 990, Part X, lin	e 15.	
Part IX Other Assets. Complete if the organization answered "Yes" to (a) [(1) SECURITY DEPOSIT (2) (3)	- -	11d See Form 990, Part X, lin	e 15.	
Part IX Other Assets. Complete if the organization answered "Yes" to (a) [(1) SECURITY DEPOSIT (2) (3) (4)	- -	11d See Form 990, Part X, lin	e 15.	
Complete if the organization answered "Yes" to (a) [(1) SECURITY DEPOSIT (2) (3) (4) (5)	- -	11d See Form 990, Part X, lin	e 15.	
Complete if the organization answered "Yes" to (a) [(1) SECURITY DEPOSIT (2) (3) (4) (5) (6)	- -	11d See Form 990, Part X, lin	e 15.	
Complete if the organization answered "Yes" to take the organization and the organization answered "Yes" to take the organization answered "Yes" to take the organization answered "Yes" to take the organization answered "Yes" to take the organization answered "Yes" to take the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization a	- -	11d See Form 990, Part X, lin	e 15.	
Part IX Other Assets. Complete if the organization answered "Yes" to take the organization answered "Yes" the organization and "Yes" the organization answered "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Yes" the organization and "Y	- -	11d See Form 990, Part X, lin	e 15.	(b) Book value 3,900
Complete if the organization answered "Yes" to (a) [Description	11d See Form 990, Part X, lin	e 15.	3,900
Complete if the organization answered "Yes" to (a) [(1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		•	
Complete if the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered "Yes" to the organization answered organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organ	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to tal. (a) Description of liability	Description		•	3,900
Complete if the organization answered "Yes" to (a) II (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) I (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) [1] (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) [1] (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) I (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) [1] (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) II (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) II (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	11e or 11f See Form 990, Pa	•	3,900
Complete if the organization answered "Yes" to (a) II (1) SECURITY DEPOSIT (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) o Form 990, Part IV, line	11e or 11f See Form 990, Pa	•	3,900

332053 09-25-13

Schedule D (Form 990) 2013

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AUTHORITIES GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

332054

Schedule D (Form 990) 2013 Part XIII Supplemental Inform	VILLAGE TREASURE ation (continued)	HOUSE	36-4177047 Page 5
CONSIGNMENT PAYMENTS		SOLD	-343,441.
PART XII, LINE 4B - (OTHER ADJUSTMENTS):	
CONSIGNMENT PAYMENTS	FOR MERCHANDISE	SOLD	-343,441.
			·
		· · · · · · · · · · · · · · · · · · ·	
•			

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

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

Vame of the organization VTI.I.AGE TREASURE		HOUSE					Employer Identification number 36-4177047
Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	onng the use of grant	funds in the United	d States.	,		:
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the orga	ınızatıon answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	led.	(6) Motherd of		
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(r) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENIED CENTED							
540 ILLINOIS BLVD							
HOFFMAN ESTATES, IL 60169	36-3711203	501 C(3)	13,000.	0.			FINANCIAL ASSISTANCE
560 GREEN BAY ROD, SUITE 10 WINNETRA IL 60093	36-2971587	501 C(3)	7,000.	0			FINANCIAL ASSISTANCE
1 2							
5210 MAIN STREET SKOKIE, IL 60077	36-2167940	501_C(3)	11,000.	0.			FINANCIAL ASSISTANCE
SLENVIEW, IL 60026	37-1446657	501 C(3)	27,000.	0			FINANCIAL ASSISTANCE
SHELTER, INC. 1616 N. ARLINGTON HTS. ROAD RELINGTON HTS II, 60004	23-7399596	501 C(3)	17,000	o			FINANCIAL ASSISTANCE
THE HARBOUR, INC.				c			GOM KHOT DOK TKTOM KWT D
Ħ	36-282/480		10,000.				17
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	and government or a listed in the line		iisted in the Iine I tadie				
۔ ا	see the Instruct	ions for Form 990.		i			Schedule I (Form 990) (2013)

C	
?	_
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C	•
5	
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Schedule I (Form 990) VILLAGE TREASURE HOUSE Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	TREASURE H	HOUSE	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		36-4177047 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY CHILD CARE CENTER 727 NORTH HARLEM AVE GLENVIEW, IL 60025	36-2747235	501 C(3)	25,500,	0			FINANCIAL ASSISTANCE
YOUTH SERVICES OF GLENVIEW/NORTHBROOK - 3100 WEST LAKE AVE - GLENVIEW, IL 60025	36-3182275	501 C(3)	21,500,	0			FINANCIAL ASSISTANCE
CONNECTIONS FOR THE HOMELESS 2010 DEWEY AVE EVANSTON, IL 60201	36-3346917	501 C(3)	20,000.	0			FINANCIAL ASSISTANCE
FAMILY SERVICE CENTER OF GLENVIEW 1167 WILMETTE AVE, SUITE 201 WILMETTE, IL 60095	36-2171173	501 C(3)	11,000,	0			FINANCIAL ASSISTANCE
LINKS 1779 MAPLE STREET NORTHFIELD, IL 60093	36-2764791	501 C(3)	11,000,	0			FINANCIAL ASSISTANCE
YMCA/DOMESTIC VIOLENCE SERVICES 1215 CHURCH STREET EVANSTON, 1L 60201	36-2193618	501 C(3)	20,000,	0			PINANCIAL ASSISTANCE
ERIKA'S LIGHTHOUSE P.O. BOX 616 WINNETKA, IL 60093	20-1069100	501 C(3)	7,000,	0			FINANCIAL ASSISTANCE
FAMILY PROMISE-CHICAGO NORTH SHORE PO BOX 484 GLENCOE, IL, 60022	27-0288849	501 C(3)	14,000,	0			FINANCIAL ASSISTANCE
HUNGER RESOURCE NETWORK 3025 WALTERS AVENUE NORTHBROOK, IL 60062	27-0313184	501 C(3)	14,000,	0			FINANCIAL ASSISTANCE Schedule I (Form 990)

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36-4177047 Page 1	(h) Purpose of grant or assistance						i	Schedule I (Form 990)
	(g) Description of non-cash assistance							
	(f) Method of valuation (book, FMV, appraisal, other)							
Schedule I (Form 990) VILLAGE TREASURE HOUSE Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(e) Amount of non-cash assistance	0	0					
	(d) Amount of cash grant	4,000,	11,000.					
	(c) IRC section if applicable	501(C)3	501 C(3)					
	Assistance to Go	36-2996608	36-3456061					
	(a) Name and address of organization or government	MIDWEST PALLIATIVE & HOSPICE CARE 2050 CLAIRE CT GLENVIEW, IL 60025	WINGS PROGRAM, INC. P.O. BOX 95615 PALATINE, IL 60095					

Page 2

it of non- (e) Method of valuation (f) Description of non-cash assistance istance (book, FMV, appraisal, other)			Part I, line 2, Part III, column (b), and any other additional information		CURRENT GRANT RECIPIENTS ARE	I ORGANIZATIONS WILL BE DECIDED	SHALL RECEIVE AT LEAST FORTY PERCENT OF THE	MADE SECOND, AND	EXCEPT THAT AWARDS TO NEW	AND THEIR FUNDING SHALL COME	ORGANIZATION MAY BE CHANGED	
(d) Amount of non- cash assistance			 n (b), and an		NT GRAI	NS WILI	ST FOR	ILL BE	AT AWAI	EIR FUR	ANIZAT	
(c) Amount of cash grant			ne 2, Part III, columi			<u>H</u>	VE AT LEAS	ORGANIZATIONS WILL BE MADE	EXCEPT TH	T, AND THI	MY	MEW CD MEW
(b) Number of recipients					THE BOARD,	IER	LL RECEI	I ORGANI	AVAILABLE,	IDED LAS	STATUS C	נטגי
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in	ļН		2 T	NIZATIONS	BLE FUNDS. AWARDS TO TIE	RECEIVE THE BALANCE	IZATIONS, IF ANY, WILL BE	l Hi	anm ao amigorew anm ao amon a

ADDED AT ANY TIME, WITH THE APPROVAL OF THE MAJORITY OF THE BOARD. BEFORE
PRESENTING AN ORGANIZATION FOR APPROVAL, THE SOCIAL SERVICE CHAIRMAN SHALL
HAVE OBTAINED: PROOF THAT THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION
IN GOOD STANDING; EVIDENCE THAT THE ORGANIZATION IS IN COMPLIANCE WITH OUR
MISSION STATEMENTS; OR ORGANIZATION'S TAX IDENTIFICATION NUMBER; EVIDENCE
AS TO THE LEGITIMACY OF THE ORGANIZATION, WHICH MAY BE INDICATED BY OTHER
FUNDING SOURCES, CHARITY RATING SERVICES, SUCH AS CHARITY NAVIGATOR, OR
PERSONAL KNOWLEDGE OF VTH (VILLAGE TREASURE HOUSE) VOLUNTEERS; REVIEW OF
THE ORGANIZATION'S WEBSITE; PERSONAL INTERVIEW.
THE SOCIAL SERVICE CHAIRMAN IS RESPONSIBLE FOR THE FOLLOWING: MAINTAINING
COPIES OF THE ANNUAL REPORTS OF ALL GRANT RECIPIENTS; MAKING CERTAIN THAT
ALL GRANT RECIPIENTS ARE IN GOOD STANDING WITH THE SECRETARY OF STATE
BEFORE THE SPRING GRANTS ARE AWARDED EACH YEAR, AND SENDING A LETTER TO THE
CHAIRMAN OF THE MISSIONS BOARD, AND TO THE WOMAN'S ASSOCIATON SOCIAL
SERVICE CHAIRMAN AT THE GLENVIEW COMMUNITY CHURCH.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Par	VILLAGE TREA til Types of Property	SURE H	OUSE			_	<u>36</u> -	-4177	0 <u>4</u> 7	
rai	tr Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	Noncash co amounts re Form 990, Par	entribution ported on	non	Method of		-	s
1	Art - Works of art									
2	Art · Historical treasures									
3	Art - Fractional interests							-		
4	Books and publications							•		
5	Clothing and household goods	X		76	5,357.	CASH	SALE	VALU	E R	ECE
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property	-								
9	Securities - Publicly traded				_					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or	_								
	trust interests									
12	Securities - Miscellaneous				•					
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other	_								
15	Real estate - Residential									
16	Real estate - Commercial			<u> </u>						
17	Real estate - Other									
18	Collectibles	-								
19	Food inventory									
20	Drugs and medical supplies		1					•		
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens		1							
24	Archeological artifacts									
25	Other ▶ (
26	Other	· ·	-							
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
									Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I,	lines 1 - 28,	that it mu	ist hold for	r		
	at least three years from the date of the initial	contribution	, and which is not	required to be	used for exe	mpt purpo	oses for			
	the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-star	ndard contrib	outions?		31		Х
32a	Does the organization hire or use third parties									
	contributions?							32a		Х
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which co	olumn (a) is c	hecked,				
	describe in Part II.									
HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	10.			Schedule	M (Form	990) (2013

Schedule M	(Form 990) (2013) VILLAGE	TREASURE	HOUSE	36-4177047	Page 2
Part II	Supplemental Information	Provide the inforce number of contr	mation required by Part I, lines 30	b, 32b, and 33, and whether the organiza eived, or a combination of both. Also com	ition
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 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

Name of the organization

VILLAGE TREASURE HOUSE

Employer identification number 36-4177047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
USE THE PROFITS TO SUPPORT VARIOUS NONPROFIT AND CHARITABLE
ORGANIZATIONS TO PROVIDE AID AND SUPPORT WOMEN AND CHILDREN IN THE
NORTH SHORE SUBURBS OF CHICAGO.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUNDS ARE GRANTED AND HAS RAISED AWARENESS OF THE NEED FOR SUCH
ORGANIZATIONS.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION HAS ONE MEMBER WHICH IS THE GLENVIEW
COMMUNITY CHURCH, A RELIGOUS CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: AN ANNUAL MEETING OF THE MEMBERS SHALL BE HELD AROUND THE 31ST
OF MAY OF EACH YEAR FOR THE PURPOSE OF ELECTING DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: AT THE ANNUAL MEETING, THE VILLAGE TREASURE HOUSE PUTS
TOGETHER A SLATE OF RECOMMENDATIONS FOR BOARD MEMBERS. THE CHURCH(MEMBER)
THEN REVIEWS AND APPROVES IT.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A COPY OF THE 990 DRAFT IS SENT TO ALL BOARD MEMBERS. IT IS
REVIEWED AND ANY QUESTIONS ARE RESOLVED BEFORE SUBMISSION.

Name of the organization VILLAGE TREASURE HOUSE	Employer identification number 36-4177047
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: AT THE BEGINNING OF EACH GRANT DISTRIBUTION	MEETING MEMBERS
WILL VERBALLY DISCLOSE ANY POTENTIAL CONFLICTS WITH THOSE	ORGANIZATIONS
REQUESTING GRANTS FROM VTH(VILLAGE TREASURE HOUSE). THE	PRESIDENT MAY
CHOOSE TO REQUEST THAT THOSE MEMBERS REPORTING CONFLICTS	LEAVE THE MEETING
FOR THE DISCUSSION PORTION OF THE MEETING. BOARD MEMBERS	CAN
CONFIDENTIALLY REQUEST THAT MEMBERS WITH CONFLICTS LEAVE	FOR A PORTION OF
THE DISCUSSION.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: PART VI, SECTION B, LINE 15: MANAGEMENT POS	ITIONS ARE NOT
COMPENSATED	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST.	