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Return of Organization Exempt From Income Tax

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

2015

SEP 1.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

and ending AUG 31,

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

2016

Open to Public Inspection

D Employer identification number В Check if applicable C Name of organization Address change UNITY PRESCHOOL Name change 36-6081119 Doing business as es) Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 827 FOSTER STREET 847-869-7170 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende EVANSTON, IL 60201 H(a) Is this a group return Applica-tion Yes X No F Name and address of principal officer ANNIE HUGHES for subordinates? pending 827 FOSTER ST. 60201 EVANSTON, IL \_ Yes L H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 4947(a)(1) or 501(c) ( ) ◀ (insert no.) L If "No," attach a list (see instructions) J Website: ► WWW.UNITYPRESCHOOLEVANSTON.COM **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association Other > Year of formation: 1963 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities UNITY NURSERY SCHOOL IS A Activities & Governance NON-SECTARIAN PRESCHOOL FOR CHILDREN AGES 2 TO 5 ACCREDITED BY Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 30 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** <u>8,961.</u> 8 Contributions and grants (Part VIII, line 1h) Revenue 290<u>,806</u>. <u>286,4</u>84. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 65. 10 68. 20,440 301. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 311,314 312,811. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0\_. Benefits paid to or for members (Part IX, column (A), line 4) ο. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 181,048 194,592. 16a Professional fundraising fees (Part IX, column (A), line 11e) О. **b** Total fundraising expenses (Part IX, column (D), line 25) 120,598. 111,028. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>315,190</u>. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 292,076 -2,379. 19 Revenue less expenses Subtract line 18 from line 12 19,238. Assets or Balances **Beginning of Current Year** End of Year 313,594 298,335. O 20 Total assets (Part X, line 16) AUG 23 2017 Ś 66,835. 21 Total liabilities (Part X, line 26) <u>79,715</u> Net 231,500 \_Net assets or fund balances Subtract line 21 from-line-20 233,879 Part II | Signature Block OGDEN. U Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 8.15.17 Here Type or print name and title PTIN Check Print/Type preparer's name Preparer's signature Paid P01387972 CHERYL K. ROHLFS, CPA self-employed 36-3998687 Preparer Firm's name CHERYL ROHLFS & ASSOCIATES Firm's EIN Use Only Firm's address 401 HUEHL ROAD, SUITE Phone no. 847-753-9200 NORTHBROOK, IL 60062 No May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form 990 (2015) LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2015) UNITY PRESC		<u> 36-60</u>	81119	Page 2
Pa	rt III Statement of Program Service A	Accomplishments			
	Check if Schedule O contains a response	or note to any line in this Part III			
1	TO 5 ACCREDITED BY NAEYC ENVIRONMENT FOR CHILDREN	A NON-SECTARIAN PRESCHOOL THE ORGANIZATION PROVIDE TO GROW SOCIALLY, EMOTION	DES A WARM,	INVITI	<b>NG</b>
	INTELLECTUALLY.				
2	Did the organization undertake any significant pr the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedu	ogram services during the year which were not liste	ed on	Yes	X No
3		significant changes in how it conducts, any prograi	m services?	Yes	X No
4	Describe the organization's program service acc Section 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reporte	omplishments for each of its three largest program required to report the amount of grants and allocand	tions to others, the tota	al expenses, a	ınd 
4a			) (Revenue \$	<u>287, </u>	033.
	PRESCHOOL PROGRAM FOR CH	ILDREN AGES 2 TO 5			
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$		)
	, (AND 11000 Q	moduling granto or t			
			<del></del>		
		<del></del>			
			<del></del>		
		<del></del>			
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$		)
				<del></del>	
			<del></del>		
			<del></del>		
4d	Other program services (Describe in Schedule O	)			
	,	grants of \$ ) (Revenue \$		)	
4e	Total program service expenses	284,147.	<del></del>		
				Form 99	90 (2015)
53200 12-16					. ,

Form 990 (2015)

X 18

17

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	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	}	ı	1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	}		1
	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	L	<b>-</b>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c	<b></b>	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ĺ		(
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<b> </b>	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		ļ	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}	}	)
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}	)	l
	complete Schedule L, Part II	26	<del> </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì	l	ł
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}	ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<b> </b>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ļ	1
	instructions for applicable filing thresholds, conditions, and exceptions).		١.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del></del>	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С			j	7.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<del> </del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		)	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		Ì	
~~	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	00	}	
	Schedule N, Part II	32	<del> </del> -	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00	l	v
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_	<del> </del>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 24	[	v
05-	Part V, line 1	34	<del> </del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h	}	ļ
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26	}	v
<b>^</b> -	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del> -	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27	)	X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	<del> </del>	1
38		38	x	}
	Note. All Form 990 filers are required to complete Schedule O		990	/201 <i>5</i>

,	Check if Schedule O contains a response or note to any line in this Part V					لــا
4-	Establish mumber consisted in Day 0 of Form 1000 Fates 0 of and are destiled				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and it	1b	<del></del>	4		
C	(gambling) winnings to prize winners?	eporta	ble garring	1c	x	}
20		1	ľ	10		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	g			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		L	2b	x	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	13)		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	- 0		3b	<b>_</b>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ntv over. a		<u>├</u> ──	
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a	}	_x_
ь	If "Yes," enter the name of the foreign country		<b>-</b>		· ·	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	its (FBAR).	}	)	į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		7	5a	}	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	•	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	<u>L</u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	r gifts		}	i
	were not tax deductible?			6b	L	
7	Organizations that may receive deductible contributions under section 170(c).			İ	{	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	ervices p	provided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas req	uıred	]		}
	to file Form 8282?		1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	L	4	İ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	ct?	7e	<b>↓</b>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf			7f	<b>├</b>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			79	<b>}</b> -	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<del> </del>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e	_	1	1
_	sponsoring organization have excess business holdings at any time during the year?			8	├	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			_	Ì	1
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	├	├
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<del> </del>	<del> </del>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	}		1	
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		1	1	1
ь 11	Section 501(c)(12) organizations. Enter	LIVU	<u> </u>	†	1	}
'' a	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·		1		}
-	amounts due or received from them)	11b				l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	7		İ
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note, See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					]
-	organization is licensed to issue qualified health plans	13b		]		
С	Enter the amount of reserves on hand	13c		<u> </u>	L	L
14a	Did the organization receive any payments for indoor tanning services during the tax year?		· · · · · · · · · · · · · · · · · · ·	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	<u> </u>	L
				Eorn	990	(2015)

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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					<u> </u>
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13	1	
	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.		ı		1	İ
b	Enter the number of voting members included in line 1a, above, who are independent	1b	L	13	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision		1	
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		}	
	more members of the governing body?			7 <u>a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	Ì	1	}
	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 th	e following:			
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 re	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,		1	
	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	re filing the form	? 11a	X	<u> </u>
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				j	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1 <u>2</u> a	<u> </u>	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escnbe			
	ın Schedule O how this was done			120	:	<u> </u>
13	Did the organization have a written whistleblower policy?			13	$\overline{}$	X
14	Did the organization have a written document retention and destruction policy?			14	X	<del>  </del>
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7			1	1
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	4	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 w	nth a			
	taxable entity during the year?			16a	<del> </del>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	-			ĺ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıo	n's		1	
	exempt status with respect to such arrangements?			16b	Ц	<u> </u>
<u>Sec</u>	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 (Sect	ion 501(c)(3)s on	ly) avaıla	ble	
	for public inspection Indicate how you made these available Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy,	and fina	ncial	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	id records: > _			
	ANNIE HUGHES - 847-869-7170					
	827 FOSTER ST., EVANSTON, IL 60201					(2015)
				Г	~ 444	11201471

# 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

X Check this box if neither the organization r		d organization compensat					nsat		·	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	er an	aaa	T	T	(ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	5	9			sated		organization	(W-2/1099-MISC)	from the organization
	related organizations	nstee	trust		8	ub du		(W-2/1099-MISC)		and related
	below	뺼	tona		ploy	is as	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o.gam_amem
(1) ELLEN FOWLER	5.00	_								
DIRECTOR		X						0.	0.	
(2) TARA WEINTRAUB	5.00									•
PRESIDENT-ELECT		X		X			ļ	0.	0.	0.
(3) KATIE FOREMAN	5.00									_
DIRECTOR		X					L	0.	0.	0.
(4) ALLISON HACKNEY	5.00									
DIRECTOR		X						0.	0.	<u> </u>
(5) MARNIE MOMSEN	5.00									
DIRECTOR		X						0.	0.	0.
(6) AMY HODGMAN	5.00									
DIRECTOR		X						0.	0.	0.
(7) TYLER MACAVOY	5.00									
PRESIDENT		X		X				0.	0.	0.
(8) SONIA KINRA	5.00									
SECRETARY		X		X				0.	0.	0.
(9) KHAJA MUBASHIRUDDIN	5.00									
TREASURER		X		X				0.	0.	0.
(10) DAN MACAVOY	5.00			ŀ						
DIRECTOR		X						0.	0.	0.
(11) KRISTINA BRANKOV	5.00									_
DIRECTOR		X			_		_	0.	0.	0.
(12) AMBER RHODES	5.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(13) SUNI KARTHA	5.00									
DIRECTOR		X			L			0.	0.	O.
				ŀ						
					<u> </u>					
	-									
		-	_				_			

Form 990 (2015)

	Section A. Officers, Directors, 1	Tustees, Key Em	hin	ees	<u>, ang</u>	<u>u 111</u>	giic	<u> </u>	ompensated Employee	23 (00//11/12/02)			
•	(A)	(B)			((				(D)	(E)		(F)	
	Name and title	Average		not c		more	than d		Reportable	Reportable	i i	stimated	
		hours per week					is both or/trus		compensation from	compensation from related	an	nount o other	Л
		(list any	į						the	organizations	com	pensat	ion
		hours for	die				ted		organization	(W-2/1099-MISC)	fr	rom the	<b>;</b>
		related	stee o	rustee			eusa		(W-2/1099-MISC)	1	1 7	janizatio	
		organizations below	를	onal t	}	loyee	E 9	ļ		Į		d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>F</b> ormer			loig	anızatıo	1113
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			1							i	ļ		
1b	Sub-total	<del></del>		I		1		<b></b>	0.	0			0,
	Total from continuation sheets to Par	rt VII, Section A					j		0.	0			0.
	Total (add lines 1b and 1c)	·						▶	0.	0	$\cdot$		0.
2	Total number of individuals (including b	ut not limited to th	nose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
	compensation from the organization	<b>&gt;</b>											0
												Yes	No
3	Did the organization list any former offi			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on		] }	
	line 1a? If "Yes," complete Schedule J I										3_		X
4	For any individual listed on line 1a, is th									the organization		1 1	37
	and related organizations greater than S	\$150,000 <i>7                                 </i>	," co	mpie	ere S	scne	auie	JK	or such individual				
5		or occurs occurs		6						dual for convious	4_	-+	X
5	Did any person listed on line 1a receive					_	unr			dual for services			
	rendered to the organization? If "Yes," or					_	unr			dual for services	5		
	rendered to the organization? If "Yes," of tion B. Independent Contractors	complete Schedu	le J f	or su	ıch	pers	unro on_	elate	ed organization or indivi		5	rom	
Sec	rendered to the organization? If "Yes," or	t compensated in	depe	or su	nt c	oers ontr	unro con acto	elate	ed organization or indivi	\$100,000 of compe	5	from	
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or su	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation	complete Schedul t compensated in for the calendar y	depe	or su	nt c	oers ontr	unro con acto	elate	ed organization or indivi	\$100,000 of comper	5 nsation 1	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>x</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	complete Schedul t compensated in for the calendar y	depe	or si ende	nt c	oers ontr	unro con acto	elate	hat received more than a the organization's tax (B)	\$100,000 of comper	5 nsation (	C)	<u>X</u>
Sec 1	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)  Name and busin	t complete Schedul t compensated in for the calendar y ess address	depe year (	ONE	nt c	ontrivith (	acto	rs th	hat received more than a the organization's tax y	\$100,000 of comper year ervices	5 nsation (	C)	<u>X</u>
Sec	rendered to the organization? If "Yes," of tion B. Independent Contractors  Complete this table for your five highes the organization. Report compensation.  (A)	t complete Schedul t compensated in for the calendar y ess address	depe year (	ONE	nt c	ontrivith (	acto	rs th	hat received more than a the organization's tax y	\$100,000 of comper year ervices	5 nsation (	C)	<u>X</u>

Pai	t VII	Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
la f	d	Related organizations	1d					
i, i	е	Government grants (contribu	tions) 1e					
i Sign	f	All other contributions, gifts, grain	nts, and					
ğ i		sımılar amounts not ıncluded abo	ove 1f	8,961.				
gg	g	Noncash contributions included in line	s 1a-1f \$					
<u>3 €</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	8,961.			
				Business Code				
9	2 a	TUITION		611110	<u> 267,923.</u>	267,923.		·
Program Service Revenue	b	REGISTRATION FI	EES	611110	11,290.	11,290.		
en.	C	SNACK FEES		611110	7,271.	7,271.		
ev ev	d							
S.	е	· .						
۵	f	All other program service rev	enue					
	<u> </u>	Total. Add lines 2a-2f		<b>•</b>	286,484.			
	3	Investment income (including	dividends, inter	est, and	a=			
		other similar amounts)		<b>&gt;</b>	65.	65.		
	4	Income from investment of ta	proceeds					
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a							
	b	Less rental expenses						
}	С	Rental income or (loss)						
,		Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
·	b							
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<b>D</b>				
ne	8 a	Gross income from fundraisir	-					
le l		including \$						
Be		contributions reported on line		20 726				
Other Revenue		Part IV, line 18	a .	20,726. 3,909.				
ਰੋ∣		Less direct expenses	b	3,909.	16,817.			16,817.
		Net income or (loss) from fun	-		10,01/.		···	10,01/
	9 a	Gross income from gaming a						
l		Part IV, line 19	a					
		Less direct expenses	b b					
		Net income or (loss) from gar Gross sales of inventory, less						_
	и а	and allowances						
			а		•			
		Less cost of goods sold	b oo of inventors					
}	c	Net income or (loss) from sale		Business Carla				****
}	44 -	Miscellaneous Revenu		Business Code 611110	484.	484.		1
]		MISCELLANEOUS I		011110	404.	404.		
	b		<del></del>					
	C	All other revenue						
	_	Total. Add lines 11a-11d			484.			
}	12	Total revenue See instructions.			312,811.	287,033.	0.	16,817.

828\_\_\_\_1

# Part IX Statement of Functional Expenses

Seci	<u>(on 501(c)(3) and 501(c)(4) organizations must comp</u> Check if Schedule O contains a respons			implete column (A).	
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	)			
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	1			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	156 650	150 000	04 261	
7	Other salaries and wages	176,659.	152,298.	24,361.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 750	3,759.		
9	Other employee benefits	$\frac{3,759.}{14,174.}$	12,310.	1,864.	
10	Payroll taxes	<u> </u>	12,310.	1,004.	
11	Fees for services (non-employees)  Management		ļ		
a b	Legal	-			
	Accounting	3,666.		3,666.	
d	· · · · · · · · · · · · · · · · ·	3,000.		3,000.	
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	1,918.	1,918.		
12	Advertising and promotion	556.	556.		
13	Office expenses	326.	326.		
14	Information technology				
15	Royalties				
16	Occupancy	48,927.	48,927.		
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	00.110			
22	Depreciation, depletion, and amortization	23,143.	23,143.	1 150	
23	Insurance	5,904.	4,752.	1,152.	
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	CUIDDI TOC	11,940.	11,940.		
b	REPAIRS AND MAINTENANCE	10,224.	10,224.		
c	UTILITIES	5,069.	5,069.		
d	TUITION ASSISTANCE	2,774.	2,774.		
е	All other expenses	6,151.	6,151.		
25	Total functional expenses Add lines 1 through 24e	315,190.	284,147.	31,043.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or no	te to any line in this Part X		Г	(D)
				(A) Beginning of year		(B) End of year
'	1	Cash - non interest-bearing	_	149,022.	1	156,907
2	2	Savings and temporary cash investments	_		2	
	3	Pledges and grants receivable, net			3	
4	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees Complete			
		Part II of Schedule L			5	
(	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ştş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L	<u></u>	6	
Assets	7	Notes and loans receivable, net			7	
٤ 🎙 ک	8	Inventories for sale or use			8	
۶	9	Prepaid expenses and deferred charges			9	
10	0a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 224,076.			
	b	Less accumulated depreciation	10b 86,548.	160,672.	10c	137,528
1.	1	Investments - publicly traded securities			11	
12	2	Investments - other securities See Part IV, line	11		12	
13	3	Investments - program-related. See Part IV, line	11		13	
14	4	Intangible assets			14	
15	5	Other assets See Part IV, line 11		3,900.	15	3,900
16	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	313,594.	16	298,335
17	7	Accounts payable and accrued expenses			17	
18	В	Grants payable		18		
19	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities			20	
21	1	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
22	2	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee	es, and disqualified persons			
		Complete Part II of Schedule L			22	
23	3	Secured mortgages and notes payable to unrela	ated third parties		23	
24	4	Unsecured notes and loans payable to unrelated	d third parties		24	
25		Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	1			
		Schedule D	, ,	79,715.	25	66,835.
26	6	Total liabilities. Add lines 17 through 25		79,715.	26	66,835.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶ X and			
io l		complete lines 27 through 29, and lines 33 an	1			
27 28 29 30 31 32		Unrestricted net assets		233,879.	27	231,500
28	3	Temporarily restricted net assets		•	28	
29	9	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (A	SC 958), check here			
5		and complete lines 30 through 34.	,, , , , , , , , , , , , , , , , , , , ,			
30		Capital stock or trust principal, or current funds			30	
31		Paid-in or capital surplus, or land, building, or eq	uipment fund		31	<u></u>
32		Retained earnings, endowment, accumulated in	· —		32	
33		Total net assets or fund balances		233,879.	33	231,500.
34		Total liabilities and net assets/fund balances	<u> </u>	313,594.	34	298,335.
		The second secon		<u> </u>	<u> </u>	Form <b>990</b> (2015

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	315	<u>5,1</u>	90.
3	Revenue less expenses Subtract line 2 from line 1	3		2,3	<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233	3,8	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			_0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	231	L,5	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	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	0	1		
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	d 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 separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	]		
	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 Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	_	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	ar sudde contain who is Cahadula O and decombs any store dates to underso such audite				

Form **990** (2015)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
		UNIT	Y PRESCHOO	)L				3	6-6081119
Pai	<b>ተ</b>	Reason for Public	Charity Status	(All organizations must c	omplete th	ns part ) S	ee instruction	s	
The c	organ	ization is not a private found	lation because it is	(For lines 1 through 11,	check only	one box )			
1	=	A church, convention of ch	urches, or associati	ion of churches describe	d in sectio	on 170(b)(	1)(A)(ı).		
2	X	A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (For	n 990 or 9	90·EZ))			
3	_	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	onjunction with a hospita	ıl describe	d in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental (	ınıt describ	ed in
		section 170(b)(1)(A)(iv). (C							
6	_	A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	)(v).		
7		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). (C							
8	_	A community trust describe							
9		An organization that norma							
		activities related to its exen	•	·				• •	•
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	ured by the or	ganization	after June 30, 1975
40		See section 509(a)(2). (Con							
10 [	=	An organization organized							
11		An organization organized							
		more publicly supported or							neck the box in
•		lines 11a through 11d that							
а	L	Type I. A supporting orga the supported organization							
		organization You must o			a majority	or the dire	Clors of truste	es or the s	upporting
b		Type II. A supporting org	•		tion with i	ts sunnort	ed organizatio	n(e) by ba	vina
-		control or management o							
		organization(s) You mus			arrio poro	ono macoc	ontroi or mane	igo ti lo sup	ported
С		Type III functionally inte			in connec	tion with	and functiona	lly integrate	ed with
		its supported organization						ny mrogram	,
d		Type III non-functionally						rted organi	zation(s)
		that is not functionally int							
		requirement (see instruct							
е		Check this box if the orga						II, Type III	
		functionally integrated, or						•	
f	Ente	r the number of supported o							
g	Prov	ide the following information	about the support	ed organization(s)					
	(1	Name of supported	(II) EIN	(III) Type of organization		rganization In your	(v) Amount of	- 1	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))		document?	support	,	other support (see instructions)
					Yes	No	ınstruct	ons)	instructions)
						<del></del>			
		ļ							
			<del></del>			-			
Total									

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 UNITY PRESCHOOL

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) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 % 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test - 2015. If the organization did 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 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. 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.

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.

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 UNITY PRESCHOOL Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						·
Calendar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and				1		
membership fees received (Do not						
include 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				1		
organization's tax-exempt purpose				<u></u>		
3 Gross receipts from activities that						ļ
are not an unrelated trade or bus-		Í				
iness under section 513						
4 Tax revenues levied for the organ-		_		j		}
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					<u></u>	
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)			ļ <u>.</u>		<u></u>	
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>		
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2015 (lir	ne 8, column (f) d	vided by line 13, o	column (f))		15	9
16 Public support percentage from 2014	Schedule A, Part	III, line 15			16	9
Section D. Computation of Inves	tment incom	e Percentage				
17 Investment income percentage for 201	5 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2015. If the c			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 an	-					▶□
b 33 1/3% support tests - 2014. If the o		_				and
line 18 is not more than 33 1/3%, chec	_					
20 Private foundation. If the organization		-				

## Part IV Supporting Organizations

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

1 Are all of the organization's supported organizations listed by name in the organization's governing		Yes	
	l l		No
			ı
documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		ı
	•		
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 <b>Part VI</b> how the organization determined that the supported			i
organization was described in section 509(a)(1) or (2)	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	3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			l
organization made the determination	3b		l
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If			ĺ
"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
despite being controlled or supervised by or in connection with its supported organizations	4b		L
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			ı
to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			ļ
purposes	4c		<u> </u>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			ĺ
answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1	ĺ
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		1	
was accomplished (such as by amendment to the organizing document)	<u>5a</u>		-
b Type I or Type II only. Was any added or substituted supported organization part of a class already			ĺ
designated in the organization's organizing document?	5b	<u> </u>	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			,
anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			ĺ
support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ĺ
Part VI.	6	-	<del> </del>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			l
(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	'		<u> </u>
B 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).  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			ŀ
in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- 54		
the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
10a Was the organization subject to the excess business holdings rules of section 4943 because of section			
4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
supporting organizations)? If "Yes," answer 10b below	10a		
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 )	10b		

Part V Type III Non-Functionally Integrate	ed 509(a)(3) Supporting Orga	nizations	
1 . Check here if the organization satisfied the Inte	egral Part Test as a qualifying trust o	n Nov 20, 1970 <b>See instr</b>	uctions. All
other Type III non-functionally integrated support	orting organizations must complete \$	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for pr	oduction or		
collection of gross income or for management, conse	ervation, or		
maintenance of property held for production of incon	ne (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 as	sets (see		
instructions for short tax year or assets held for part	of year)		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-u	use assets 2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of I	ine 3 (for greater amount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 f	rom line 3) 5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, Iii	ne 8, Column A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B	3, line 8, Column A)		
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, ur	nless subject to		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization	on's first as a non-functionally-integra	ated Type III supporting org	ganization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

a b

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

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Name of the organization

Inspection

Employer identification number

	UNITY PRESCHOOL		36-6081119
Pai		ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iii	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	of deficit advisor, or for any other purpose co	Yes No
Pai		ganization answered "Yes" on Form 990. Par	
1	Purpose(s) of conservation easements held by the organizat		(17, 1110)
•	Preservation of land for public use (e.g., recreation or		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	Pleservation of a certifie	a historic structure
2	·	find concentration contribution in the form of	a concentration accompant on the last
2	Complete lines 2a through 2d if the organization held a quality of the tax year	med conservation contribution in the form of	
_	day of the tax year  Total number of conservation easements		Held at the End of the Tax Year
a			2a
0	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	1 1
2	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the oi	ganization 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
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing conser	vation easements during the year
_	American of comments of commen		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
_	Page 12   12   12   12   12   12   12   12	4704	(4/5)()
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(n)(	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
Par	t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	or Similar Assets
<u>r ai</u>	Complete if the organization answered "Yes" on Form	•	ei Silillai Assets.
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	_	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>_b</u>	Assets included in Form 990, Part X		<b></b> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	UNITY	PRESCHOOL	_
Part VII Investments -	Other Secu	rities.	

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		ne 11b See Form 990, F	Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year n	larket value
1) Financial derivatives				
2) Closely-held equity interests				<del>_</del>
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)			<u> </u>	
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11c See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value		lluation Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)			<u> </u>	
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d See Form 990, F		Book value
	Description	<del></del>	(0)	SOOK VAIUE
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<del></del>			
(7) (8)				_
(9)	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11e or 11f See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) TUITION RECEIVED IN ADVAN	CE	66,835.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line		66,835.		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnot	e to the organization's fi	nancial statements that repoi	ts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

#### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

Employer identification number

UNITY PRESCHOOL

36-6081119

		YES	NC
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
other governing instrument, or in a resolution of its governing body?	1	X	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	_2	X	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	_		1
i you need more space, use Part II	3	X_	
		:	
			ļ
-		v	
			$\vdash$
	40	┼^	-
	40	×	
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	1	1	
			v
Students' rights or privileges?	5a	-	
Admissions policies?	5b		X
Admissions policies? Employment of faculty or administrative staff?	5b 5c		X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5b 5c 5d 5e 5f 5g 5h		X X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5b 5c 5d 5e 5f 5g 5h		X   X   X   X   X   X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		X X X X X X
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5b 5c 5d 5e 5f 5g 5h		X X X X
		las the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the seriod of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain you need more space, use Part II  3  Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student dimissions, programs, and scholarships?  Accopies of all material used by the organization or on its behalf to solicit contributions?  Eyou answered "No" to any of the above, please explain If you need more space, use Part II	las the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the seriod of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain it you need more space, use Part II  3 X  Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Records of all catalogues, brochures, announcements, and other written communications to the public dealing with student dmissions, programs, and scholarships? Records of all material used by the organization or on its behalf to solicit contributions? Records of all material used by the above, please explain. If you need more space, use Part II.

532061 10-02-15

Schedule E	(Form 990 or 990 EZ) (2015) UNITY  Supplemental Information, P	PRESCHOOL	<u>36-6081119</u> F	<sup>2</sup> age <b>2</b>
Part II	`Supplemental Information. ₽	Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	d 7, as applicable	
	Also provide any other additional info	rmation.		
			<del> </del>	
			<del></del>	
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### SCHEDULE G

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(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization 36-6081119 UNITY PRESCHOOL Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

532081 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990-EZ) 2015 UNITY PRESCHOOL	<u> 36-6081119</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	L Yes	∟ No
13 Indicate the percentage of gaming activity conducted in	1 1	
a The organization's facility	13a	<u>%</u>
<b>b</b> An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords	
Name ► KHAJA MUBASHIRUDDIN		
Address ► 827 FOSTER ST EVANSTON, IL 60201		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name ▶		
Name >		
Address >		
16 Gaming manager information		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and	Part III, lines 9, 9b, 10	)b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		
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532083 09-14-15 Schedule	e G (Form 990 or 990	-EZ) ZU 15

Schedule G (Form 990 or 990-EZ) UNITY PRESCHOOL	36-6081119 Page 4
Schedule G (Form 990 or 990 EZ) UNITY PRESCHOOL  Part IV Supplemental Information (continued)	
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532084 04-01-15	

### SCHEDULE O

Internal Revenue Service

(Form 990' or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

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

Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** 36-6081119 UNITY PRESCHOOL FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNITY NURSERY SCHOOL PRIVIDES A WARM, INVITING ENVIRONMENT FOR CHILDREN TO GROW SOCIALLY, EMOTIONALLY, PHYSICALLY AND INTELLECTUALLY. FORM 990, PART VI, SECTION B, LINE 11: REPRESENTATIVES OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AND A COPY WAS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE SCHOOL'S EXECUTIVE DIRECTOR AND APPROVES ALL COMPENSATION CHANGES. FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL MAINTAINS COPIES OF ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS IN THE OFFICE OF THE SCHOOL. FORM 990, PART XII, LINE 2C: FORM 990, PART XII, LINE 2C: REPRESENTATIVES OF THE BOARD OF DIRECTORS AND THE SCHOOL'S DIRECTOR REVIEW THE AUDITED FINANCIAL STATEMENTS BEFORE ISSUANCE AND ARE RESPONSIBLE FOR THE ANNUAL AUDITOR SELECTION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

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