## Form . 990

72949304701915 Return of Organization Exempt From Income Tax

2017

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. 1906 ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

	al Revenu				· www.irs.go	//Form990	) for instru								nspection	<u></u>
	For the	2017 calend						07-0	1 , 20	17, and en	ding		0	6-30 ,2	)18	
	Check if a	pplicable	C Name of org	ganization <b>WA</b> l	UKEGAN TO	COLLE	GE NFP							D Employe	r identification	on no
Ц.	Address cl	hange	Doing busin	ness as										45-486	0376	
_	Name cha	nge	Number and	d street (or PO	box if mail is not	delivered to s	treet address)	)			Room/su	ute		E Telephon	e number	
Ш.	Initial retur	rn	410 G	rand Ave	enue									(630)3	06-551	2
	Final retur	n/terminated	City or town	, state or provir	nce, country, and 2	ZIP or foreign	postal code				G Gross receipts					
	Amended	return	Wauke	gan, IL	60085								Ì	\$	491,94	16
	Application	n pending		address of princ						-	H(a)	s this a group	return	for subordinates?		X No
			ļ	•								-		es included?		
	Tax-exemp	ot status X	501(c)(3)	501(c) (	) <b>4</b> (insert i	ло.) П	4947(a)(1) or		27	3	٠,٠,٠			a list (see ins		
	Website		JKEGANTO			<u>بر ، ، ، </u>	1011(0)(1) 0.		<u> v</u>		H(c)			n number	4401101107	
			Corporation		Association	Other ►	1-		Year of fo	rmation 2	012	1		al domicile	IL	
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Activities &	4	Number of in	ndependent v	oting memb	ers of the gov	erning boo	dy (Part VI,	line 1b)			• • • •		4			16
ĭţ	5	Total number	r of individua	is employed	' ın calendar yı	ear 2017 (	Part V, line	2a)					5			4
\ct	6	Total number	r of volunteer	rs (estimate	if necessary)			• • • •					6			
	7a	Total unrelate	ed business i	revenue fror	n Part VIII, co	lumn (C),	line 12 ·						7a	1		0
	ь	Net unrelated	d business ta	ixable incom	ne from Form	990-T, line	34 • •	• • • •					7b	)		0
N'Revenue New Y										L	Pı	nor Year		Cui	rrent Year	
=	8	Contributions	s and grants	(Part VIII, Iır	ne 1h) · · ·							466	, 27	2	490,	091
<u> </u>	9	Program ser	vice revenue	(Part VIII, I	ine 2g) · · ·					[		-				0
₹ <u>-</u>	10	Investment in	ncome (Part	VIII, column	(A), lines 3, 4	, and 7d)				[		1	,42	1		497
86	11	Other revenu	ue (Part VIII,	column (A),	lines 5, 6d, 8d	c. 9c, 10c,	and 11e)			🗀	~~				1.	358
Ź	12				1 (must equal		•			_		467	. 69	3	491,	
8	13				rt IX, column (								, 98			710
2	1			-	IX, column (A		•			<b></b>			, , , ,	<u> </u>		<u> </u>
Expense 502		•		-	yee benefits (f					<u> </u>		246	55	6	253,	<u> </u>
3					, column (A),							240	, 55	<del></del>		0
-Sua			-							<b>—</b>				<del></del>		
Ř	1				column (D), lin				104,49	<del></del>			4.5			
ш		•		· ·	lines 11a-11d	·		· · · · ·		⊢		119			181,	
		•		•	st equal Part I		I (A), line 2:	0)		<del> </del>		407			458,	
		Revenue les	s expenses	Subtract lin	e 18 from line	7		· · · · ·	<del></del>	• • • • •			<u>,70</u>			314
Net Assets or	2	<b>-</b>	(D	40)		/ _R	ECEN	7		<u>                                     </u>	Beginning	of Current			d of Year	
Sset	20	Total assets	•	•		6	SOCI	(ED	<u> </u>	⊢	_	311			345,	
¥,	21	Total liabilitie	s (Part X, line	e 26) · ·	$\cdots f_{i}$	81 Ę			: ا	[			, 98		4,	820
				es Subtra	ct line 21 from	20 mgle 20 □	B 04 2	(119 · 1	<u>क्र्}/ ∙ ∙</u>			307	<u>, 44</u>	7	340,	761
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Unde	er penaltie Correct, a	es of perjury, I dea	clare that I have	examined this i	return, including a officer) is based	ccontoanying	rechedules an	d statement	and to the	e best of my k edge	nowledge	and belief	ıt ıs			
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For Paperwork Reduction Act Notice, see the separate instructions.

	rt III   Statement of Program Service Accomplishments											
	Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission											
	TO CREATE BRIGHTER FUTURES FOR STUDENTS, FAMILIES AND COMMUNITIES BY PREPARING STUDENTS TO											
	ENROLL IN AND GRADUATE FROM COLLEGE.											
2	Did the organization undertake any significant program services during the year which were not listed on the											
	prior Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services? · · · · · · · · · · · · · · · · · · ·											
	If "Yes," describe these changes on Schedule O											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,											
	the total expenses, and revenue, if any, for each program service reported											
4a	(Code) (Expenses \$318,703 including grants of \$23,710 ) (Revenue \$)											
	TUTORING AND PROGRAM SERVICES											
	<u> </u>											
45	(Code ) (December 1)											
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)											
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)											
4d	Other program services (Describe in Schedule O )											
	(Expenses \$ including grants of \$ ) (Revenue \$ )											
4e	Total program service expenses ► 318.703											

7) WAUKEGAN TO COLLEGE NFP Checklist of Required Schedules

		_	Yes	) No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ı	
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		i	l
	"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	_	Х
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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	'		
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			١
	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			١
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			١
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	, , , , , , , , , , , , , , , , , , , ,			, ,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	, , , ,	40=	\ , \	
	Schedule D, Parts XI and XII	12a	Х	
b	,	404		\ ,
4.0	"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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		,
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	45		,
40	any large measurement in the second and the second	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	46		<sub>v</sub>
47		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		, l
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	<b> </b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х
	If "Yes," complete Schedule G, Part III	1.3		L /\

Form 990 (2017)
Part IV C 7) • WAUKEGAN TO COLLEGE NFP
Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			١
	through 24d and complete Schedule K. If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
AI.	to defease any tax-exempt bonds?	24c		├──
255	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		l v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
26	If "Yes," complete Schedule L, Part I	230		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			\ \
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<del>  ^-</del>
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\overline{X}$
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<del> </del>
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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,"			ļ
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i		
	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,			ĺ
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			,,
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-31		
30	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
	19. Note, All 1 of the Bay liners are required to complete Scriedule O		000 /	2047

#### Form 990 (2017) · WAUKEGAN TO COLLEGE NFP 45-4860376 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable ol c Did the organization comply with backup withholding rules for reportable payments to vendors and 1c Х reportable gaming (gambling) winnings to prize winners? 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х 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 4a Χ b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Χ h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the R sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter а Initiation fees and capital contributions included on Part VIII, line 12 ..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

C

14a

11

а

b

b

12a

13

Section 501(c)(12) organizations. Enter

Enter the amount of reserves on hand

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

**Note** See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

against amounts due or received from them ) ......................

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?

. . . . . . . . . . . .

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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . . . . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? 14 Х Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Illinois Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ELYSE DANCKERS (630)306-5512, 410 GRAND AVENUE, Waukegan, IL 60085

Form	990	(2017)	

#### WAUKEGAN TO COLLEGE NFP

45-4860376

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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

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

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

(A)  Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch untes er and	Pos eck m ss per	C) sition nore the	na de Highest compensated employee	n	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOAN BOUGHTON TREASURER	1.00_	Х		X				0	0	0
(2) ELAINE EISEN BOARD MEMBER	1.00	Х						0	-	0
(3) KAREN PAPP SECRETARY	1.00	Х		Х				0	0	0
(4) JIM SUMMERS BOARD MEMBERS	1.00_	Х						0	0	0
(5) LIAM CONNELL BOARD MEMBER	1.00_	Х						_0	0	0
(6) LOUISE HAYES BOARD MEMBER	1.00	Х						0	0_	0
(7) LAUREN JONHSON VICE PRESIDENT	1.00_	Х		Х				0	0	00
(8) MARY SUE WELCH PRESIDENT	1.00	Х		Х				0	0	0
(9) EILEEN SHANLEY-ROBERTS BOARD MEMBER	1.00	Х						0	0	0_
(10)IAIN LOPATA BOARD MEMBER	1.00	Х		Х				0	0	0
(11)LENNY GONZALEZ BOARD MEMBER	1.00	Х						0	0	00
(12)REYNA MONTES DE OCA BOARD MEMBER	1.00	Х						0	. 0	0
(13)DAVID VILLALOBOS BOARD MEMBER	1.00	Х						0	0	0
(14)JILL_FORDBOARD MEMBER	1.00_	Х						o	0	0 Form 900 (2017)

Part VII Section A. Officers, Directors, Trustees,  (A)	Key Employ (B)	ees, a	nd F	ligh: C Posi	;)	Compe	ensa	ted Employees (c	continued)(E)		(F)	
Name and title	Average hours per week (list any	box, office	unles: er and	s pers	on is	an one both an trustee)		Reportable compensation from	Reportable compensation from related	1	stimated mount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization , (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	ipensati from the ganization d relate anizatio	on ed
(15) JENNIFER SPARROW BOARD MEMBER	1.00	Х						0	0			0
(16)LILIANA GAYTON BOARD MEMBER	1.00	Х						0	0			0
(17)		1										
(18)												
(19)							_					
(20)												
(21)												
(22)				_						-		
(23)												
(24)								<del></del>				
(25)												
1b Sub-total			• •	• •			<b>&gt;</b>					
d Total (add lines 1b and 1c)								0 han \$100 000 of	0			0
reportable compensation from the organization									0			T
3 Did the organization list any former officer, director,	or trustee, ke	ey emp	oloye	e, o	hıgi	hest co	ompe	ensated		[	Yes	No
employee on line 1a? If "Yes," complete Schedule J										3		X
4 For any individual listed on line 1a, is the sum of reportanization and related organizations greater than												
ındıvıdual					• •					4		X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	•		-			-		on or individual			—	X
Section B. Independent Contractors	complete cen	CODIC	0 101	000								<u> </u>
1 Complete this table for your five highest compensation compensation from the organization. Report compensation.												
(A)								(8)		1	(C)	
Name and business address								Description of	services	Comp	ensatio	<u>n</u>
								<del> </del>				
Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	isted	abo	ove) w	ho					

Form 990 (2017) 45-4860376 Page 9 · WAUKEGAN TO COLLEGE NFP Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt function Unrelated business Revenue excluded from tax Total revenue revenue under sections 512-514 Federated campaigns . . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 1c 66,368 d Related organizations . . . . . . . 1d e Government grants (contributions) . . 1e 423,723 All other contributions, gifts, grants, 1f and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 490,091 **Business Code** Program Service Revenue 2a f All other program service revenue . . . . . . Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ 497 497 Income from investment of tax-exempt bond proceeds · · · ▶ (ı) Real (II) Personal 6a Gross rents . . . . . . . . . b Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ \_\_\_\_ 66,368 of contributions reported on line 1c) See Part IV, line 18 · · · · · · · a  ${\bf b}$  Less direct expenses  $\cdots$   ${\bf b}$ c Net income or (loss) from fundraising events ..... 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . . a **b** Less direct expenses . . . . . . . . . b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a b Less cost of goods sold . . . . . . b c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 

900099

1,358

1,358

491,946

1,358

1,358

497

11a MISCELLANEOUS

e Total. Add lines 11a-11d

12 Total revenue. See instructions · · · · · · · · · ▶

b

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, (B) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . . . . . 23,710 23,710 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . 226,673 194,939 15,867 15,867 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 7,081 6,089 496 496 10 19,926 17,136 1,395 1,395 11 Fees for services (non-employees) а Accounting 4,319 4,319 Lobbying e Professional fundraising services See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... 62,877 1,233 61,644 12 3,069 3,069 13 4,125 1.873 174 6,172 14 2,181 1,527 654 15 Royalties 16 17,483 1.417 18,900 17 3,393 3,393 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,755 1,755 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 3,709 2,040 1,669 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) COLLEGE VISITS 4,954 4,954 b 18,582 SUMMER PROGRAMS 18,582 C INTERN 3,252 3,252 d EXPANDING HORIZONS 1,385 1,385 All other expenses 18,855 2,924 24,915 е 46,694 Total functional expenses. Add lines 1 through 24e 25 458,632 318,703 35,438 104,491 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)

Page 10

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	• • • •	· · · · · · · · · L
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	308,829	1	345,581
	2	Savings and temporary cash investments	2,598	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			1
		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 employers and			ĺ
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	,	organizations (see instructions) Complete Part II of Schedule L		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
,	10a	Land, buildings, and equipment cost or			i
		other basis Complete Part VI of Schedule D 10a			[
	b	Less accumulated depreciation · · · · · · · · · · 10b	<del></del>	10c	
	11	Investments - publicly traded securities	<del></del>	11	
	12	Investments - other securities See Part IV. line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	311,427	16	345,581
	17	Accounts payable and accrued expenses	311,421	17	
	18	Grants payable		18	****
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,	<del></del>		
Liabilities		trustees, key employees, highest compensated employees, and			}
ligi		disqualified persons Complete Part II of Schedule L	·	22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	·-
	24	Unsecured notes and loans payable to unrelated third parties	<del></del>	24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third			<del>-</del>
	23	, ,			
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2 000	25	4 020
	26	Total liabilities. Add lines 17 through 25	3,980 3,980	26	4,820
	20	Organizations that follow SFAS 117 (ASC 958), check here	3,980		4,820
Sa		complete lines 27 through 29, and lines 33 and 34.			
Ü	27	Unrestricted net assets	279 422	27	304,586
ala	28	Temporarily restricted net assets	278,432	28	
d B	29	Permanently restricted net assets	29,015	29	36,175
"in	23	Organizations that do not follow SFAS 117 (ASC 958), check here			<del></del>
ا ا					Į
ts	20	complete lines 30 through 34.		30	
sse	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	207 447	33	240.761
	33	Total net assets or fund balances	307,447		340,761
	34	Total liabilities and net assets/fund balances	311,427	34	345,581

		<u>-486037</u>	6	P	age 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		• • •		$\cdot \square$			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		191,	946			
2	Total expenses (must equal Part IX, column (A), line 25)	2		158,	632			
3	Revenue less expenses Subtract line 2 from line 1	3		33,:				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		307,4				
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7 Investment expenses								
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		340,	761			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		$\cdot \square$			
				Yes	No			
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
þ	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			ĺ	1 1			
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				]			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>			
-	If the organization changed either its oversight process or selection process during the tax year, explain in		-	}	1 1			
	Schedule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		_		-			
	the Single Audit Act and OMB Circular A-133?		3a		X			
þ	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	<u> </u>	<u> </u>			
EEA			Form	990 (	2017)			

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

	UKEGAN TO COLLEGE NFP 45-4860376											
Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must d	complete	this par	t ) See instructio	ns				
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 12, check onl	y one box	)		<del></del>				
1	$\dot{\Box}$	A church, convention of churches, or		-			<b>Γ</b>	1				
2	ñ	A school described in section 170(b)				N N P	IJ	1				
3	Ħ	A hospital or a cooperative hospital se	. ,. ,. ,	•		ιίί).	•	1				
4	Ħ	A medical research organization open	•			•	(A)(iii) Enter the					
•	ш	hospital's name, city, and state	ated in conjunction	with a hospital described	3 111 3801101	170(1)(1)	(A)(III). Linter the					
5	П		efit of a college or	awarah awaad ar aaara	tod by a ge	woromont	al unit desembed in					
3	Ш	An organization operated for the bene		niversity owned or opera	ied by a go	overnmenta	ai unit described in					
		section 170(b)(1)(A)(IV). (Complete F										
6	닖	A federal, state, or local government of	•									
7	X	An organization that normally receives			ernmental	unit or fror	n the general public					
	_	described in section 170(b)(1)(A)(vi)										
8	Ц	A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)								
9	Ш	An agricultural research organization	described in <b>sectio</b>	n 170(b)(1)(A)(ıx) opera	ited in conj	unction wit	h a land-grant college	<b>:</b>				
		or university or a non-land-grant colleg	ge of agriculture (se	ee instructions) Enter the	e name, cit	y, and state	e of the college or					
	_	university	<u>-</u>									
10		An organization that normally receives	s (1) more than 33	1/3% of its support from	contribution	ns, memb	ership fees, and gross	S				
		receipts from activities related to its ex	xempt functions - s	ubject to certain exception	ons, and (2)	) no more t	han 33 1/3% of its					
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess section	511 tax) fr	om businesses					
		acquired by the organization after Jun	e 30, 1975 See <b>se</b>	ction 509(a)(2). (Comple	ete Part III	)						
11		An organization organized and operat	ed exclusively to te	st for public safety. See s	section 50	9(a)(4).						
12		An organization organized and operat	ed exclusively for th	ne benefit of, to perform	the function	ns of, or to	carry out the purpose	es				
		of one or more publicly supported orga	anizations describe	d in section 509(a)(1) or	r section 5	09(a)(2) S	See section 509(a)(3)	<b>.</b>				
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	anization ar	nd complet	e lines 12e, 12f, and	12g				
	а	Type I A supporting organization				•		-				
		the supported organization(s) the	•	•		_						
		supporting organization You mus		•	•							
	b	Type II. A supporting organization	•		its suppor	ted organiz	zation(s), by having					
		control or management of the sup	•			-	· · · · · ·	1				
		organization(s) You must comp					gu саррания					
	С	Type III functionally integrated.			ection with	and funct	ionally integrated with	•				
	·	its supported organization(s) (see					=	'1				
	d	Type III non-functionally integra		•				'c)				
	u		_									
		that is not functionally integrated		•			t and an attentivenes	5				
	_	requirement (see instructions) You					Tuno II Tuno III					
	е	Check this box if the organization	_			a Type I,	rype II, Type III					
		functionally integrated, or Type III	· · · · · · · · · · · · · · · · · · ·		nization							
	f	Enter the number of supported organi										
	<u>g</u>	Provide the following information about			<del></del>							
	(i)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	1 ' '	rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))	docum		instructions)	instructions)				
					<u> </u>	<del></del>						
	_			· · · · · · · · · · · · · · · · · · ·	Yes	No						
(A)												
			<del></del>		<del> </del>							
(B)		:				1						
					ļ	<u> </u>						
(C)												
, 					<u> </u>							
(D)							[					
_, 					L							
E١												
(E)												
Tota	Ī											

45-4860376

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

Sec	tion A. Public Support			<del>`</del>									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	245,535	302,843	409,043	448,157	490,091	1,895,669						
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 · · · · · ·	245,535	302,843	409,043	448,157	490,091	1,895,669						
5	The portion of total contributions by												
	each person (other than a												
	governmental unit or publicly												
	supported organization) included on				ĺ	ĺ							
	line 1 that exceeds 2% of the amount												
	shown on line 11, column (f)		_										
6	Public support Subtract line 5 from line 4 · ·						1,895,669						
Sec	tion B. Total Support												
Cale	ndar year (or fiscal year béginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
7	Amounts from line 4 · · · · · · · · · · · ·	245,535	302,843	409,043	448,157	490,091	1,895,669						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		331	22	1,421	497	2,271						
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)	26,852				1,358	28,210						
11	Total support Add lines 7 through 10 .						1,926,150						
12	Gross receipts from related activities, etc. (s	ee instructions)				12							
13	First five years. If the Form 990 is for the or organization, check this box and stop here		<u></u>				▶ 🗌						
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·			<del></del>								
14	Public support percentage for 2017 (line 6, c		-				98.42 %						
15	Public support percentage from 2016 Sched						97.50 %						
16a	33 1/3% support test - 2017. If the organiza				3% or more, cneck 		▶ ☑						
_	box and stop here. The organization qualifie		=				▶ 🏻						
b	33 1/3% support test - 2016. 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													
174	10%-facts-and-circumstances test - 2017. 10% or more, and if the organization meets to	•											
	Part VI how the organization meets the "fact												
	organization · · · · · · · · · · · · · · · · · · ·		_				. ⊾ □						
b	<del>-</del>						; • 🗆						
Ü	10%-facts-and-circumstances test - 2016.	-											
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly												
	supported organization						▶ □						
18	Private foundation. If the organization did i					· ·	· <b>山</b>						
	instructions						▶ □						
	manuchuna	<del> </del>											

Schedule A (Form 990 or 990-EZ) 2017 WAUKEGAN TO COLLEGE NFP

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

(Complete only if you cl	hecked the box on line	e 10 of Part I or if t	he organization failed t	to qualify under Part I
If the organization fails:	to qualify under the te	ete listed helow nl	lease complete Part II	1

Se	ction A. Public Support	<del></del>			<del></del>	·	
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 · · · · · · · ·				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·			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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from						
Sec	ction B. Total Support			<u>, y</u>	l	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·				, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990/s for the orgoganization, check this box and stop here				a section 501(c)(3)		<u>•</u> 🔲
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co					15	%
16	Public support percentage from 2016 Schedu				· · · · · · · · · ·	16	%
	ction D. Computation of Investme			lump (f))		17	0/.
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc					17	<u>%</u> %
	33 1/3% support tests - 2017. If the organization is not more than 33 1/3%, check this box	ation did not check	the box on line 14,			line	
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this t	ation did not check	a box on line 14 or	r line 19a, and line	16 is more than 33	1/3%, and	
20	Private foundation. If the organization did no	ot check a box on I	ine 14, 19a, or 19b	, check this box and	d see instructions		· · · · · • <u>' []</u>

45-4860376

Schedule A (Form 990 or 990-EZ) 2017 · · · WAUKEGAN TO COLLEGE NFP Part IV

Supporting Organizations

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

Sect	ion A. All Supporting Organizations	,		
	ion / in outporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			ī
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			Ī
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	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 Part VI when and how the		ļ	1
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
•	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			1
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used		ļ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		1	
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	1		
	(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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>	.	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		ļ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	:
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	I	.	
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	<u> </u>	
С	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	<u> </u>	<b> </b>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<u> </u> -		
	supporting organizations)? If "Yes," answer 10b below	10a	<del> </del>	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	<del></del>	.	لـــــا
	determine whether the organization had excess business holdings )	10b	1	L

Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		w <sub>k</sub> ,,	27%
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	lax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			"i waiku i
	controlled the organization's activities. If the organization had more than one supported organization,			4
	describe how the powers to appoint and/or romove directors or trustees were allocated among the supported	<u> </u>		<u></u>
	organizations and what conditions or rostrictions, if any, applied to such powers during the tax year	1		
				1
2	2 Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			Par almost
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or managoment of the supporting organization was vested in the same persons that controlled or managed	11 FF3	<i>-</i> 0	<u> </u>
	the supported organization(s)	1		
Sec	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	· · · · · · · · · · · · · · · · · · ·			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	L	L
	ion E. Type III Functionally Integrated Supporting Organizations	-	tions	.1
1	Chock the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below	3 ti U C	wons	7
_	The organization satisfied the Activities Fest Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
b		/caa i	netnu	rtions
_		1300 /	Yes	
2	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			ا_ ا
	the supported organization(c) to which the organization was responsive. It is so, then in that or the many	'		1 TO 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			]
	how the organization was responsive to those supported organizations, and how the organization determined			اــــــا
L	that these activities constituted substantially all of its activities	-		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		.	<u> </u>
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		لتتا
•	activities but for the organization's involvement		<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del></del> -	<del>                                     </del>	
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b	<del></del>	
	of its supported digatifications. If Too, added to it it it it it it it of the played by the digatification.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See					
	instructions. All other Type III non-functionally integrated supporting organ	izatıon	s must complete Section	ons A through E		
Sac	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
			(A) Phor fear	(optional)		
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3	· · · · · · · · · · · · · · · · · · ·			
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
co	llection of gross income or for management, conservation, or					
ma	aintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year		
			(A) I noi real	(optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
_ins	structions for short tax year or assets held for part of year)					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other	1				
fa	ectors (explain in detail in Part VI)					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 !		}		
se	e instructions)	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
	Multiply line 5 by 035	6				
_7	Recoveries of prior-year distributions	7				
8_	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4		4				
5	Income tax imposed in prior year	5		-		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$				
	nergency temporary reduction (see instructions)	6				
	Check here if the current year is the organization's first as a non-functionally	v-integi	rated Type III supporting	og organization (see		

instructions)

Day	4 V T	V Commandian Orangai	- stiem = (continued)					
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	tion D - Distributions	·	Current Year					
	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp							
2	organizations, in excess of income from activity	a of a constant accounts						
	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	uons					
		······································		<del></del>				
	Qualified set-aside amounts (prior IRS approval required)							
	Other distributions (describe in Part VI) See instructions	<del>,</del>	<del></del>					
	Total annual distributions. Add lines 1 through 6			<del></del>				
8	Distributions to attentive supported organizations to which the	e organization is respon-	sive					
9	(provide details in Part VI) See instructions							
	Distributable amount for 2017 from Section C, line 6	<del> </del>	<u>.</u>	<del></del>				
10	Line 8 amount divided by Line 9 amount	<del></del>	/::\	/:::\				
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
	Distributable amount for 2017 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·				
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required - explain in Part VI) See							
	instructions							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015			·				
	From 2016		<del></del>					
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount		<u> </u>	·				
	Carryover from 2012 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from							
	Section D, line 7 \$			<u></u>				
	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
	Remainder Subtract lines 4a and 4b from 4			<u> </u>				
5	Remaining underdistributions for years prior to 2017, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions			· · · · · · · · · · · · · · · · · · ·				
6	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2018 Add lines 3j							
	and 4c							
	Breakdown of line 7							
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
d	Excess from 2016							

e Excess from 2017

Schedule A (Forr	n 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E,
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	Thio 2, o, and o mos complete the part of any additional members (see members)
<del></del>	
<del></del>	
<del></del>	
	`

# SCHEDULE D (Form 990)

Department of the Treasury

# **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.

Internal Revenue Service

Name of the organization

► Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name	of the organization		Employer identification number
WAU	JKEGAN TO COLLEGE NFP		45-4860376
Pa	rt I Organizations Maintaining Donor Advised Funds or 0	Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 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	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in wi	iting that grant funds can be use	ed
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	
	conferring impermissible private benefit?		· · · · · · · · · · ·
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check al	I that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a	conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements $\cdots \cdots$		
c	Number of conservation easements on a certified historic structure include	ed ın (a)	· · · 2c
d	Number of conservation easements included in (c) acquired after 7/25/06	, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the or	ganization during the
	tax year		
4	Number of states where property subject to conservation easement is loc	ated <b>&gt;</b>	
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolations, and enforcing conserv	ation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)? $\cdots \cdots \cdots$		
9	In Part XIII, describe how the organization reports conservation easemen		
	balance sheet, and include, if applicable, the text of the footnote to the organization	ganization's financial statements	that describes the
<u> </u>	organization's accounting for conservation easements	lists in al Transcript	Other Similar Accets
Pa	rt III Organizations Maintaining Collections of Art, I		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		A and bulleton a bank
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		
	works of art, historical treasures, or other similar assets held for public ex		
	public service, provide, in Part XIII, the text of the footnote to its financial		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		
	works of art, historical treasures, or other similar assets held for public ex	nibition, education, or research i	in lutilierance of
	public service, provide the following amounts relating to these items		<b>b</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or of		ain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) re		<b>&gt;</b> ¢
a	Revenue included on Form 990, Part VIII, line 1		
ь	Assets included in Form 990, Part X		• \$

Pa	rt III   Organizations Maintaining Co	ollections of A	Art, Histo	rical Tr	easures, c	or Othe	<u>r Similar Assı</u>	ets (contini	ued)
3	Using the organization's acquisition, accession, ar	nd other records, c	heck any o	the follow	ing that are a	significan	t use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loa	n or excha	nge progra	ms				
b	Scholarly research	e 🗌 Oth	ner						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
	XIII								
5	During the year, did the organization solicit or rece	eive donations of ai	rt, historical	treasures,	or other simi	lar			
	assets to be sold to raise funds rather than to be r		of the orga	nization's c	ollection?		<u></u> .	· 🗌 Yes	☐ No
Pa	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization and 990, Part X, line 21	swered "Yes" o	n Form 9	990, Part	t IV, line 9,	or repo	rted an amour	nt on Form	
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contrib	utions or of	ther assets no	ot	<del></del>		
								. Tyes	□No
b	If "Yes," explain the arrangement in Part XIII and o	complete the follow	ing table						_
	<b>,</b> , , , , , , , , , , , , , , , , , ,	, ,	J				Amo	unt	
С	Beginning balance					· 1c			
d	Additions during the year					. 1d			
е						. 1e	· · · · · · · · · · · · · · · · · · ·		
f	Ending balance					. 1f			
2a	Did the organization include an amount on Form 9	90, Part X, line 21,	, for escrow	or custodi	al account lia	bility?		· · Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII Chec	k here if the expla	nation has	been provi	ded on Part X	all .			
Pa	rt V Endowment Funds.								
	Complete if the organization ans	wered "Yes" o	n Form 9	90, Part	: IV, line 10	)			
		(a) Current year	(b) Pri	or year	(c) Two years	back (	d) Three years back	(e) Four years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and				<u> </u>		<u>-</u> .		
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	ear end balance (li	ne 1g, colu	mn (a)) hel	ld as				
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should e	qual 100%							
3a	Are there endowment funds not in the possession	of the organization	that are h	eld and adr	ministered for	the			
	organization by							Yes	No
	(i) unrelated organizations · · · · · · · ·		• • • • •			• • • •	• • • • • • • • •	3a(i)	—
	(II) related organizations		• • • • •			• • • •		3a(II)	<del> </del>
b	If "Yes" on 3a(II), are the related organizations liste	•						3b	
4	Describe in Part XIII the intended uses of the orga		ent funds					<u></u>	
Pa	rt VI Land, Buildings, and Equipme		<b>-</b> (	NOO D - 4		- 0	F 000 B	4 V I 40	
	Complete if the organization ans	swered "Yes" o	n Form s	90, Par	( IV, line 11	a See	Form 990, Par	τχ, line 10	<u>'</u>
	Description of property	(a) Cost or oth			other basis other)		cumulated reciation	(d) Book value	•
1a	Land					<u></u>			
b	Buildings							<del></del>	
c	Leasehold improvements				<del></del>			<del></del>	
d	Equipment						<del></del>		
e	Other							<del></del>	
	Add lines 1a through 1e (Column (d) must equal		column (R	line 10c )					
Jua	, and most to through to footamin to must equal	· 51111 550, 1 GILA,	33.37.77 (2)	,					

Schedule D (Form 990) 2017

WAUKEGAN TO COLLEGE NFP

45-4860376

Page 2

chedule D (Form		LLEGE NFP	45-486	60376 Page
Part VII	Investments - Other Securities.  Complete if the organization answere	d "Voo" on Form 000. Bo	art IV line 11h See Form 000	Part Y June 12
		(b) Book value	(c) Method of valuation	
	(a) Description of security or category (including name of security)	(b) book valde	Cost or end-of-year market	
1) Financial	derivatives			
2) Closely-he	eld equity interests			<del></del>
<ol><li>Other</li></ol>				
(A)				
(B)				<del></del>
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	) must equal Form 990. Part Y col. (R) line 12.)			
Part VIII	) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	on
(4)		**************************************	Cost or end-of-year market	value
(1)				
(2)				
(4)		***************************************		
(5)		,		
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11d See Form 990	, Part X, line 15
	(a) C	Description		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)		<del></del>	<del></del> -	
(7)		·		
(8)				
(9)	on (h) must squal Form 000. Part V. col. (R) line 15	1		
Part X	on (b) must equal Form 990, Part X, col (B) line 15.  Other Liabilities.	,		
. 41.7	Complete if the organization answere line 25	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f See For	m 990, Part X,
l.	(a) Description of liability	(b) Book value		<del></del>
(1) Federal	income taxes			

11110 20		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEPOSITS	4,820	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 4,820	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities'

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

▶ Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www irs gov/Form990 for the latest instructions.

	1 2017
	Open to Public Yes
Employe	er identification number

NAUKEGAN TO COLLEGE NFP					45-4	860376
Partili Fundraising Activities	•	_		swered "Yes" on	Form 990, Part I	√, line 17
Form 990-EZ filers are no						
1 Indicate whether the organization rais	sed funds through	_				
a Mail solicitations		• □		of non-government gra of government grants	ants	
b Internet and email solicitations		, H		Iraising events		
c Phone solicitations		9 ∐	Special fund	iraising events		
<ul><li>d  In-person solicitations</li><li>2a Did the organization have a written or</li></ul>	r oral agraamant i	uith anu indisi	idual (ipoliudi	na officero directoro i	truotoos	
or key employees listed in Form 990,					_	res No
b If "Yes," list the 10 highest paid individ					_	_
compensated at least \$5,000 by the	•	andraiderd, p	orougin to u	groomento undoi vinto		
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1			] ]			
2						
3						
4		<del> </del>	-			
5						
6					•	
7						
8			-			
9						
10						
Total			▶			
3 List all states in which the organization registration or licensing	is registered or li	censed to so	licit contribut	ions or has been notifi	ied it is exempt from	
						<del> </del>
<del></del>					<del></del>	
		-	<del>.</del>			··· <del>-</del>
<del></del>					<del></del>	

Part II

\* WAUKEGAN TO COLLEGE NFP Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through OCTOBER FEST None col (c)) (event type) (total number) (event type) Revenue Gross receipts 66,368 66,368 2 Less Contributions Gross income (line 1 minus 66,368 66,368 Cash prizes Noncash prizes Rent/facility costs · · · · · · · Direct Expenses 7 Food and beverages . . . . . . Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 66,368 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo col (a) through col (c)) bingo/progressive bingo Gross revenue . . . . . . . . . Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

### SCHEDULE O (Fòrm 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

**Open to Public** Inspection

Employer identification number

Name of the organization 45-4860376 WAUKEGAN TO COLLEGE NFP 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW 02. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD DISCUSSED DURING THEIR MONTHLY MEETINGS. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS MONITORS PERFORMANCE AND APPROVES COMPENSATION 04. Other officer or key employee compensation (Part VI, line 15b BOARD OF DIRECTORS APPROVES COMPENSATION 05. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST 06. List of other expenses (Part IX, line 24e) THE ORGANIZATION HIRED A PROFESSIONAL CONSULTANT TO HELP ADVANCE THEIR PROGRAMS.