PUBLIC INSPECTION COPY

EXTENDED TO MAY 15, 2018

Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

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

2016
Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning $$ JUL $1,$ 2016 and ϵ	ending J	UN 30, 20.	17					
В	Check if applicab	C Name of organization		D Employer iden	ntification number	10.70 AND 10				
	Addre									
	Name	pe Doing business as		36-2434562						
	Initial returr Final returr	Number and street (or P.U. box it mail is not delivered to street address) 1760 W ALGONOUIN ROAD	Room/suite	E Telephone num	mber 7-358-5510					
	termiı ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	33,404,407	7.				
	Amen	ded PALATINE, IL 60067		H(a) Is this a grou	up return					
	Applion tion pendi	F Name and address of principal officer; STAWN UEFFERS		for subordina	ates? Yes X N					
		SAME AS C ABOVE		1	ates included? Yes N	ю				
		empt status: X 501(c)(3)	r 527		ch a list. (see instructions)					
_		te: ► WWW.LITTLECITY.ORG forganization: Corporation Trust X Association Other ►	T	H(c) Group exemp						
Charles .	THE RESIDENCE OF THE PARTY OF T	forganization: Corporation Trust X Association Other Summary	L Year	of formation: 195	7 M State of legal domicile:	ГП				
	1	Briefly describe the organization's mission or most significant activities: TO PR	ROVIDE	SERVICES	AND OPTIONS					
Activities & Governance		TO INDIVIDUALS WITH INTELLECTUAL AND DEVE								
rus	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its ne	et assets.	_				
Š	3	Normalism of called the state of the state o		1		30				
প্র	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	30				
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			~ 1	37				
Σŧ	6	Total number of volunteers (estimate if necessary)			6 129					
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			·	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34				0.				
				Prior Year	Current Year	_				
ne	8	Contributions and grants (Part VIII, line 1h)		3,988,373						
Revenue	9	Program service revenue (Part VIII, line 2g)		21,733,704						
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		269,014						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,793 25,976,298		<u>3·</u>				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		$\frac{23,376,236}{1,275,076}$						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			^	0.				
	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		17,267,602						
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)				<u>.</u>				
þer	h	Total fundraising expenses (Part IX, column (D), line 25) 1,088,33	37.			NAME OF				
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,759,725	5. 7,766,425	5.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,302,397	7. 30,730,610					
	19	Revenue less expenses. Subtract line 18 from line 12		1,673,901	1. 714,201					
Net Assets or Fund Balances			Be	ginning of Current Ye		-				
sets	20	Total assets (Part X, line 16)		20,991,223	3. 28,688,589	۶.				
t AB	21	Total liabilities (Part X, line 26)		8,043,050		4.				
耄	22	Net assets or fund balances. Subtract line 21 from line 20		12,948,173	3. 20,140,165	5 ·				
		Signature Block								
		lities of perjury, I declare that I have examined this return, including accompanying schedules			of my knowledge and belief, it i	is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.	0.15	_				
ο		Signature of officer		Date	.0/1/	_				
Sig		SHAWN JEFFERS, EXECUTIVE DIRECTOR		Date						
He	re	Type or print name and title				00-0				
			T D	ate Check	II PTIN					
Pai	d	RON MARKLUND Preparer's signature		2 (2)// (2) if	D0100EE11					
	parer	Firm's name DUGAN & LOPATKA, CPA'S PC	!*	Firm's EIN	0.0.000.00					
	Only	Firm's address 104 E. ROOSEVELT ROAD SUITE 102		TRIII 3 LIN	00 2000200	_				
	•	WHEATON, IL 60187-5267		Phone no. 6	630-665-4440					
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	-	1	1 I	No.				

4d Other program services (Describe in Schedule O.)

(Expenses \$ 7,054,961 • including grants of \$

HOURS OF SERVICE AND 1,307 DAYS OF SERVICE

1,181,444.) (Revenue \$

7,268,908.)

le Total program service expenses ► 27,639,444.

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THEM LEARN VALUABLE LIFE SKILLS INCLUDING PERSONAL HYGIENE, SOCIAL SKILLS, PRE-EMPLOYMENT SKILLS AND COOKING. SERVICE UNITS - 381,175

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 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 X 9 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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complete Schedule G, Part III

X

Form 990 (2016) LITTLE CITY FOUNDA Part IV Checklist of Required Schedules (continued)

			Yes	
	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	L
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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	300274074074074	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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 related organization?		-	
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	П		
	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 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

Form 990 (2016) LITTLE CITY FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Series No. Seri		Check if Schedule O contains a response or note to any line in this Part V					
to Enter the number of forms WSQ included in in ear Lettler Q-R in copplicable be the there then unber of forms wSQ included in its at Lettler Q-R in copplicable by the companization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to pitze winners? 28 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 59 If at least one is reported on line 2e, did the organization file all required federal employment tax returns? 29 X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to ending the year? 30 If the organization have unrelated business gross recorned \$1.00 or more during the year? 30 If the organization have unrelated business gross income of \$1.00 or more during the year? 30 If the organization have unrelated business gross income of \$1.00 or more during the year? 31 A any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account in a foreign country such as a bank account, securities account, or other financial Accounts (FBAR). 50 If **Yes*, a financial account is financial from the properties of the organization and party to a prohibited tax sheller transaction? 51 If **Yes*, a financial account is financial from the properties of the organization and party to a prohibited tax sheller transaction? 52 If **Yes*, a financial accounts is financial Accounts (FBAR). 53 Was the organization appropriation file if orm 8886.7 54 If **Yes*, a financial accounts (FBAR). 55 If **Yes*, a financial accounts (FBAR). 56 If **Yes*, a financial accounts (FBAR). 57 If **Yes*, a financial accounts (FBAR). 58 Was the organization appropriation file from 8886.7 59 If **Yes*, a financial accounts (FBAR). 50 If **Yes*, a financial accou						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter-0. Find applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. T37 7 2b. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1cl and the state of the calendar year ending with or within the year covered by this return 1cl and the state of the calendar year ending with or within the year covered by this return 1cl and the calendar year ending with or within the year covered by this return 1cl and the calendar year ending with or within the year covered by this return 1cl and the state of the calendar year end the organization file all required federal employment tax returns? 2b. Mote. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 1cl if we calendar year, did the organization than a state of the support of some provision and provision and provision and a state of the support of the organization in Schedule O 1cl if we are then arene of the foreign country; but have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts (FBAR). 1cl If we are the name of the foreign country; but have an interest in, or a signature or other authority over, a financial accounts (FBAR). 1cl If we are the name of the foreign country; but have an interest in, or a signature or other authority over, a financial accounts (FBAR). 1cl If we are the name of the foreign country. 1cl If we are the name of the foreign country. 1cl If we are the name of the foreign country. 1cl If we are the name of the foreign country. 1cl If we are the name of the foreign country. 1cl If we are the name of the foreign country. 1cl If we are the name of the foreign country. 1cl If we are the area of the properties of the sun of the sun of the sun of the sun of the su	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamilling) withings to prize withmes? 2a Either the number of employees reported on Form W3. Transmitted of Wage and Tax Statements. 1b If a least one is reported on time 2a, did the organization file all required federal employment tax retures? 2b X Note. If the sum of lines is a and 2a is greater than 250, you may be required to e-file (see instructions) 3c Dd the organization have unrelated business gross income of \$1 ,000 or more during the year? 3c Dd the organization have unrelated business gross income of \$1 ,000 or more during the year? 3c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (PAR). 3c If "Yes," the first the manner of the foreign country. 3c Was the organization on party to a prohibited tax select transaction; and the organization have a minute gross receipts that the was or in a party to a prohibited tax shelter transaction? 3c If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 3d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 4d If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 4d Did the organization abeliance to include the very solicitation as reposes statement that such contributions or gifts were not tax deductible? 4d If "Yes," indicate the number of Forms 822 filed during the year 4d If "Yes," indicate the number of Forms 822 filed during the year 5d Did the organization excleve a contribution of qualified intellectual property, did the organization file Form 1084-07 5d Did the organization excleved a contribution of undertified transfer for indicated funds. Did accordance for the manu	_		1b	0			
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 overend by this return b if a 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) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization in Note an explanation in Note and unrelated business gross income of \$1,000 or more during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the calendary year, did the organization in 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 accounts for the file of the organization in the foreign ocuntry. Sa instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sa Was the organization a party to a prohibited tax shelter transaction and the state of the organization file form 889617 Sa Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if 'Yes,' ride the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization sective a payment in excess of \$15 made party is a contribution and party for goods and services provided to the payor? To Vers,' ride the organization broad was a payment in excess of \$15 made party as a contribution or party for the which is the organization in every an explanation of the variation	C		eportal	ole gaming			
2a T 37		(gambling) winnings to prize winners?			1c	V0.00 (10.00 00)	C00014700000
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-rife (see instructions) 3	2a						500
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, your may be required to effe (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Difference of the sum of lines 1 and 2a is greater than 250, your may be required to effect of the during the calendar year, did the organization of the an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a At any time during the calendar year, did the organization was a bank account, securities account, or other financial accounts (FBAR). 5b If Yes, and the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c In Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited act whether transaction? 5c In Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Yes, to line 5a or 5b, did the organization in Form 8866-17 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a In Yes, to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes, to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c In Yes, to line the proparization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c If Yes, to line the proparization secure and property for which it was required to life Form 8282? 6c In Yes, to line for the secure		filed for the calendar year ending with or within the year covered by this return	2a	737			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, * Inst filled a Form 980-T for this year **I*\0,** to files \(\) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b		ns?		2b	X	
b If "Yes," has it filled a Form 980-T for this year/ If "No." to line 8b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Financial account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edeutibles as charitate contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of 35 made party as confibition and party for goods and services provided to the payor? 7b If "Yes," did the organization receive a payment in excess of 35 made party as confibition and party for goods and services provided to the payor? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If "Yes," indicate the number of Forms 8282 filed during the year 7c If If Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7c X 7d If the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefi							
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Intitiation 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 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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							
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	0	· · · · · · · · · · · · · · · · · · ·	by the	,			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				
					14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O				

Form 990 (2016)

LITTLE CITY FOUNDATION

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.

	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			X
Sec	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		经验	2011 (A)
	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.			
b	The state of the s			
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		Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
_	persons other than the governing body?	7b	C1533-00-00-0	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the examination have lead charters broughed as affiliated	40	Yes	No X
		10a		Α
D	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?	404		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b		118		CS 2 V.LS
12a		40-	X	420574
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	Λ	
	in Cahadula O have this was dans	40-	х	
13	Did the organization have a written whistleblower policy?	12c 13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21 343335	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	150	X	HUETA
b	Other officers or key employees of the organization	15a 15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	Chieses	SHE	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	E-WEST NO.	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	TOE		25, 10
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	20/29/202	ALL VALUE
Sec	tion C. Disclosure	100		
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 (Section 501(c)(3)s only) a	vailah	le .	
-	for public inspection. Indicate how you made these available. Check all that apply.	vunati		
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.	man	-iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIM TYLER - 847-358-5510			
	1760 W ALGONQUIN ROAD, PALATINE, IL 60067			

632006 11-11-16

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not cl	neck		than		Reportable	Reportable	Estimated
	hours per		unles er an					compensation	compensation	amount of
	week (list any	rot						from the	from related organizations	other compensation
	hours for	direc				8		organization	(W-2/1099-MISC)	from the
	related	stee o	nstee.			ensati		(W-2/1099-MISC)	,	organization
	organizations	al tru:	onal tr		loyee	E CO				and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MATTHEW SCHUBERT	2.00	-		<u> </u>	×	Ŧ =	<u></u>			
PRESIDENT	2.00	x		Х				0.	0.	0
(2) DAVID ROSE	2.00	П								
VICE PRESIDENT/SECRETARY	2.00	Х		X				0.	0.	0
(3) DAVID BISHOP	2.00							_		
VICE PRESIDENT		Х		X				0.	0.	0
(4) B TIMOTHY DESMOND	2.00	_							_	_
VICE PRESIDENT	2.00	Х		Х		<u> </u>		0.	0.	0
(5) DOUGLAS WILSON	2.00	,,						0		
VICE PRESIDENT (6) JEFFREY KRUG	2.00	X		Х				0.	0.	0
TREASURER	2.00	x		x				0.	0.	0
(7) CHARLES FERGUS	2.00	A	\dashv	<u> </u>	_	_	\vdash	0.	0.	0
ASSISTANT TREASURER	2.00	$ _{\mathbf{x}} $		x				0.	0.	0
(8) ALEX ALEXANDROU	2.00		\dashv						0.	
ASSISTANT SECRETARY	2.00	x		x				0.	0.	0
(9) WILLIAM CHEPULIS	2.00	П	\neg							
ASSISTANT SECRETARY		x		X				0.	0.	0
(10) HEATHER RITTER	2.00		П							
ASSISTANT SECRETARY		X		Х				0.	0.	0
(11) JOHN GEORGE	2.00	}							_	
GENERAL COUNSEL	2.00	X		Х				0.	0.	0
(12) RONALD ALLY	1.00	,						•		
DIRECTOR	1 00	X	\dashv					0.	0.	0
(13) TIMOTHY BLEUHER DIRECTOR	1.00	x						0	_	0
(14) ELENI BOUSIS	1.00	<u> </u>	\dashv					0.	0.	0
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0
(15) GREGORY BURNS	1.00	42	\dashv	\dashv				0.		- 0
DIRECTOR	2.00	x						0.	0.	0
(16) MICHELE CARLIN	1.00			\dashv	-	\vdash		- 0.		0
DIRECTOR		$ \mathbf{x} $						0.	0.	0
(17) VERNON CARSON	1.00		\neg							
DIRECTOR		x						0.	0.	0

632007 11-11-16

Part VII Section A. Officers, Directors, Trus	(A) (B)						31 0	(D)		(F)
Name and title	Average	age Position						Reportable	(E) Reportable	Estimated
rearrie and tide	hours per					than		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	director						the	organizations	compensation
	hours for	gib				ted		organization	(W-2/1099-MISC)	from the
	related organizations	stee	truste			pensa		(W-2/1099-MISC)		organization
	below	ual tru	onal		ploye	E aa				and related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог тег			organizations
(18) JOHN DUFFEY	1.00	_		_	¥		-			9
DIRECTOR		X	L					0.	0.	0.
(19) RIT FAISAL	1.00									
DIRECTOR		X						0.	0.	0.
(20) JENNIFER GAVELEK	1.00							_	_	_
DIRECTOR	1 00	Х	_		_	<u> </u>	_	0.	0.	0.
(21) ALEXANDER GIANARAS DIRECTOR	1.00	x							0.	,
(22) MARCUS MONTANYE	1.00	Δ	-	Н	-	_	\vdash	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(23) LIANNE PATERSON	1.00		\vdash		-	_			•	0.
DIRECTOR		х						0.	0.	0.
(24) DAVID PFAU	1.00									
DIRECTOR		X						0.	0.	0.
(25) ANDREW RICHMOND	1.00								_	_
DIRECTOR	1 00	X	<u> </u>				<u> </u>	0.	0.	0.
(26) DALE RUBLAITUS DIRECTOR	1.00	x						0.	0.	_
	<u> </u>	L				<u> </u>	L	0.	0.	0.
c Total from continuation sheets to Part V								945,304.	0.	29,582.
d Total (add lines 1b and 1c)								945,304.	0.	29,582.
2 Total number of individuals (including but r							no re		0.000 of reportable	
compensation from the organization										8
								·-		Yes No
3 Did the organization list any former officer,			e, ke	y en	nplo	yee	, or l	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J for s		• • • •								3 X
4 For any individual listed on line 1a, is the su									the organization	
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors	piete ochedar	5 0 10	Ur Sc	icii į	06/3	OII .				5 X
Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compens	ation from
the organization. Report compensation for										
(A)				_				(B)		(C)
Name and business	address	NC	ONI				_	Description of s	ervices C	compensation
							-			
							\neg			
							T			
							4			
2 Total number of independent contractors (i	ncluding but a	Ot lie	mita	d to	the	دا مو	stor!	ahove) who received	oro than	
\$100,000 of compensation from the organi		Jt III	· III CO	4 10	() - 	oteu	above) who received if	IOIE (IIIII	
SEE PART VII, SECTION		'IN	TU <i>P</i>	TI	01	1 5	SHE	EETS	ECONO ES PAR	Form 990 (2016)

Part VII Section A. Officers, Directors, 7 (A)	(B)		,	-, -,) C)	5*		(D)	(E)	(F)
Name and title	Average			۰، Pos		1		Reportable	Reportable	Estimated
	hours	(cl		all			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	<u>ا</u>				loyee		the	organizations	compensation
	(list any hours for	Jirecto				E E		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or (stee			sate		(44-2/1099-141130)		and related
	organizations	trust	al tru		yee	mbe				organizations
	below	Individual trustee or director	Institutional trustee	je:	Key employee	Highest compensated employee	į			J
	line)	ib	ııstı	Officer	Æ	Ē	Former			
(27) JACK SHUM	1.00							_		
DIRECTOR		X				_		0.	0.	C
(28) JAMES STONE	1.00								_	_
DIRECTOR		X			_			0.	0.	C
(29) JAMES TESTA	1.00								_	_
DIRECTOR	1	X					_	0.	0.	C
(30) CHAD WERKEMA	1.00							_	_	_
DIRECTOR	1000	Х	<u> </u>				<u> </u>	0.	0.	C
(31) SHAWN JEFFERS	40.00									
EXECUTIVE DIRECTOR	1.00	Ш		X				270,070.	0.	9,665
(32) KIM TYLER	40.00							4-4 004		
CHIEF FINANCIAL & ADMIN OFFICER	1.00	Щ		X				151,881.	0.	5,218
(33) EDWARD HOCKFIELD	40.00							440 045		
CHIEF DEVELOPMENT OFFICER	40 00			Щ		Х	<u> </u>	143,015.	0.	5,116
(34) RENEE WATTS	40.00							141 061		4 504
CHIEF HUMAN RESOURCE OFFIC	40.00	Ш				X	L	141,261.	0.	4,591
(35) LARRY HEISLER	40.00					,,		107 006		4 4 2 4
CHIEF MARKETING OFFICER	40.00					Х		127,086.	0.	4,131
(36) DEBRA CRONIN	40.00							111 001		0.54
DIRECTOR OF IT		Ш				X	_	111,991.	0.	861
			Щ			<u> </u>	Щ			
		Н		_						
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	-	\vdash		\dashv	\vdash		-			
	. 1									
Total to Part VII, Section A, line 1c								945,304.		29,582

FOIII	990	0 (FOUNDATIO	N		36-2434	562 Page 9
Pa	t V					-		·	
			Check if Schedule O cont	tains a respons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats st	1	а	Federated campaigns	1a					
le g			Membership dues						
Am S		С	Fundraising events		421,257.				
를 를			Related organizations						
Sig.		е	Government grants (contribut	tions) 1e	352,446.				
E P		f	All other contributions, gifts, gran	1 1					
들			similar amounts not included abo		2,072,252.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines		83,919.			over the	
0 8		h	Total. Add lines 1a-1f			2,845,955.			
	2	_	GOVERNMENT CONTRACTS		Business Code 900099	26 560 353	26 560 353		AREST WAS SAID!
Program Service Revenue	_	a b	PRIVATE PAY		900099	26,569,353. 884,541.	26,569,353. 884,541.		
B 8		C	CONTRACT REVENUE		900099	689,128.	689,128.		
E S		d	MANAGEMENT FEES		531310	68,882.	68,882.	.	
PAG		e				- 00,002.	30,002.		
<u> ፣</u>		f	All other program service reve	enue			·		
						28,211,904.			
\neg	3		Investment income (including						
			other similar amounts)			205,637.			205,637.
	4		Income from investment of ta						
- 1	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents	52,137					
		b	Less: rental expenses	0	*				
I		C	Rental income or (loss)	52,137					
ľ				·····		52,137.			52,137.
	7	а	Gross amount from sales of	(i) Securities					
- 1		_	assets other than inventory	1,699,161	. 12,235.				
		b	Less: cost or other basis	1 701 164					
		_	and sales expenses	1,701,164					
			Gain or (loss)	-2,003		10,232.			10,232.
			Net gain or (loss)			10,232.			10,232
Other Revenue		a	including \$ 421			w.			
96			contributions reported on line						
Ę.			Part IV, line 18	•	187,840.				
ţ.	1	b	Less: direct expenses		258,432.				
°			Net income or (loss) from fund			-70,592.		STANIOSTA BLANCAINA	-70,592.
			Gross income from gaming ac	•					
			Part IV, line 19		·				
	1	b	Less: direct expenses						
			Net income or (loss) from gam		r. 19372				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	10	а	Gross sales of inventory, less						
			and allowances	8					at the African
			Less: cost of goods sold						
- 1		С	Net income or (loss) from sale						
-			Miscellaneous Revenu	e	Business Code				
			MISCELLANEOUS		900099	189,538.	189,538.		
	1	b							
	•	C	All ables as as as						
-	•	a	All other revenue			100 520	PATRICIPANT TO A STREET OF	[[] [[] [] [] [] [] [] [] [] [] [] [] []	
	12	e	Total. Add lines 11a-11d Total revenue. See instructions.			189,538.	28 401 442	0.	107 444
- 1	14		TOTAL TOTOLING. DEC HISH HOHOIIS.	<u> </u>		21,444,011.	28,401,442.	υ.	197,414. Form 990 (2016)

Form 990 (2016) LITTLE CITY FOUNDATION Part IX Statement of Functional Expenses

	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must con			mplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)		(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4 400 504	4 400 504		
_	individuals. See Part IV, line 22	1,188,524.	1,188,524.		
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,	436,834.		436,834.	
6	trustees, and key employees	430,034.		430,034.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,812,320.	16,087,062.	1,019,115.	706,143.
8	Pension plan accruals and contributions (include	17,012,520.	10,007,002.	1,010,110.	700,143.
•	section 401(k) and 403(b) employer contributions)	249,879.	230,067.	10,196.	9,616.
9	Other employee benefits	1,953,463.	1,815,162.	62,430.	75,871.
10	Payroll taxes	1,323,165.	1,221,007.	51,122.	51,036.
11	Fees for services (non-employees):			32,222	32,000.
a	Management				
b	Legal				
	Accounting				
d	Lobbying				*
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,366,735.	1,189,051.	166,400.	11,284.
12	Advertising and promotion				
13	Office expenses	535,131.	444,287.	50,273.	40,571.
14	Information technology				
15	Royalties				
16	Occupancy	1,492,500.		10,479.	11,285.
17	Travel	690,450.	675,086.	13,655.	1,709.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	150 000	4.50.000		·
20	Interest	159,000.	159,000.		
21	Payments to affiliates	1 200 000	1 054 000	25 445	54.5
22	Depreciation, depletion, and amortization	1,309,992.	1,274,028.	35,447.	517.
23	Insurance		BATERIAN SANSARS SANJAN YAYUU		acilla in a carriera an incomparada in incomp
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) ' MISCELLANEOUS	776,190.	554,343.	128,438.	03 400
a	CONSUMABLES	482,345.	480,605.		93,409.
D	FOOD	456,629.	455,002.	920. 962.	820. 665.
c d	WORKER'S COMPENSATION I	428,572.	395,484.	16,558.	16,530.
	All other expenses	68,881.	373,404.	70,220.	68,881.
25 25	Total functional expenses. Add lines 1 through 24e	30,730,610.	27,639,444.	2,002,829.	1,088,337.
<u>25</u> 26	Joint costs. Complete this line only if the organization	20,730,010	21,033,2220	2,002,023.	1,000,337.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	, , , , , , , , , , , , , , , , , , ,				

632010 11-11-16

Form 990 (2016)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	270,609.	1	327,662
2	Savings and temporary cash investments	1,643,561.	2	4,400,572
3	Pledges and grants receivable, net	232,281.	3	51,232
4	Accounts receivable, net	1,680,112.	4	2,778,124
5	Loans and other receivables from current and former officers, directors,		12.35	
	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 sponsoring organizations of section 501(c)(9) voluntary			
Assets	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	179,976.	9	406,009
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 34,001,846.			
b	Less: accumulated depreciation 10b 20,234,478.	10,782,206.	10c	13,767,368
11	Investments - publicly traded securities	5,141,208.	11	5,550,217
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,061,270.	15	1,407,405
16	Total assets. Add lines 1 through 15 (must equal line 34)	20,991,223.	16	28,688,589
17	Accounts payable and accrued expenses	2,221,365.	17	2,879,332
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	4,799,685.	20	4,619,092
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	1,022,000.	23	1,050,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	8,043,050.	26	8,548,424.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.	10 (05 450		
27	Unrestricted net assets	10,697,459.	27	17,949,089
28	Temporarily restricted net assets	1,565,951.	28	1,495,798.
29	Permanently restricted net assets	684,763.	29	695,278.
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.		305	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	10 040 470	32	00 440 445
33	Total net assets or fund balances	12,948,173.	33	20,140,165.
34	Total liabilities and net assets/fund balances	20,991,223.	34	28,688,589.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,73		
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,94		
5	Net unrealized gains (losses) on investments	5	20	5,2	30.
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	6,27	2,5	61.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	20,14	0,1	<u>65.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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:		16.2	501	
	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:				
	Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	3.7		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				<u> </u>
			r	OOA.	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

	N DAMESTIC		LE CITY FO					3	6-2434562
Pa	irt l	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) S	ee instructions		
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative		•			ii).		
4		A medical research organiz					•	iii). Enter	the hospital's name
		city, and state:		,				,. 2	the freepital e frame,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a d	lovernmental u	nit describ	ned in
·		section 170(b)(1)(A)(iv). (0		mogo or anniorately ourne	a or opera	iou by u g	joverninental a	iii deserii	5CG 111
6		A federal, state, or local go		mental unit described in	contion 1	70/6V4VA	V.A		
7	Ħ								سنام مانسم مانس
•		An organization that norma		initial part of its support	ironi a gov	remmenta	I GUIL OF ITOTIL IT	e general	public described in
8		section 170(b)(1)(A)(vi). (C		/dVAVoi) /Onesalata Das	4 H V				
9	\vdash	A community trust describe							
9	ш	An agricultural research org							
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state of	the colleg	je or
40	X	university:							
10		An organization that norma							
		activities related to its exen							-
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	uired by the org	janization	after June 30, 1975.
		See section 509(a)(2). (Con							
11	\vdash	An organization organized							
12	Ш	An organization organized							
		more publicly supported or							Check the box in
	_	lines 12a through 12d that				-		-	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), ty	pically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustee	es of the s	supporting
		organization. You must o							
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization	n(s), by ha	iving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manaç	ge the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionall	y integrat	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its support	ed organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attent	iveness
٠.		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	r the number of supported o	organizations	***************************************					21
g	Prov	ride the following information	about the supporte	ed organization(s).		-			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	inization listed ing document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
					Ē.				
					411 (487-2) (1649) C.	STATES HIS CONTRACTOR			
<u>Tota</u>	31				Edition of		I		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

(Form 990 or 990-EZ) 2016 LITTLE CITY FOUNDATION 36-2434562 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						• •
	membership fees received. (Do not						
	include any "unusual grants.")			L			
2	Tax revenues levied for the organ-						
	ization'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)					化、特色等/214	
	Public support. Subtract line 5 from line 4.		以上,		的特色的特別的		
	ction B. Total Support	I	I	1	T		
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources			<u> </u>	ļ		
9	Net income from unrelated business						
	activities, whether or not the						
10	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							
12		ete (eee inetrueti	ono)			12	
	First five years. If the Form 990 is for	•		rd fourth or fifth t		<u> </u>	
	organization, check this box and stor				-		
Sec	ction C. Computation of Pub				***************************************		
	Public support percentage for 2016 (column (fl)		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 LITTLE CITY FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

-	qualify under the tests listed b	elow, please com	olete Part II.)				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,071,491.	4,949,867.	3,315,528.	3,988,373.	2,845,955.	20,171,214.
2	Gross receipts from admissions, merchandise sold or services per-					• • • • • • • • • • • • • • • • • • • •	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	19,762,576.	19,373,158.	19,767,898.	22,021,187.	28,399,744.	109,324,563.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	an armondad on the balant						
_	***************************************						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	04 004 007	24 222 225				
	Total. Add lines 1 through 5	24,834,067.	24,323,025.	23,083,426.	26,009,560.	31,245,699.	129,495,777.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				228,019.	153,565.	381,584.
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						0.
	Add lines 7a and 7b				228,019.	153,565.	381,584.
	Public support. (Subtract line 7c from line 6.)		以对导流的变形				129,114,193.
Sec	tion B. Total Support			700 W 41,000 M W 2 0.00 W	and the second second	27,000	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	24,834,067.	24,323,025.	23,083,426.	26,009,560.	31,245,699.	129,495,777.
	Gross income from interest,		21,525,025.	23,003,420.	20,003,300.	31,243,033.	125,455,111.
IVa	dividends, payments received on						
	securities loans, rents, royalties	201 124	222 050	272 021	157 070	252 274	
	and income from similar sources	291,134.	223,059.	3/3,031.	15/,0/9.	251,114.	1,302,077.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	291,134.	223,059.	373,031.	157,079.	257,774.	1,302,077.
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			3,065.	7,906.	189,538.	200,509.
	assets (Explain in Part VI.)	25,125,201.	24,546,084.	23,459,522.	26,174,545.	31,693,011.	·
	First five years. If the Form 990 is for				<u> </u>		
17					-		ation,
Sec	check this box and stop heretion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I			-1 (6)		4-1	98.56 %
						15	00 65
	Public support percentage from 2015					16	98.67 %
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	.99 %
	Investment income percentage from	•		•••••		18	1.13 %
19a	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	\
b	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio						D
	3 09-21-16					edule A (Form 990	or 990-EZ) 2016

Ves No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		
2		
3a		
3b 3c	STOR.	
4a		
4b		
4c		
5a 5b		
5c		
7		
8		
	1	
9a		
9b 9c		P _e y
	1 1	
10a 10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	38.		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	To consider	000000000000000000000000000000000000000
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			MAGE:
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		407.03	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4115A012560-3	SIN-HARDEN	TEL HEROTEL
2	Did the organization operate for the benefit of any supported organization other than the supported		988	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	(Application	(0.0000-0-
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	HAPPOIDS!	124700043
Sec	tion 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	Page 1		
	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	200 111111100	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ENER
	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	SHIR SEVEN	
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	A RESIDENCE	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
а	The organization satisfied the Activities Test. Complete Ilne 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	Йo
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	19(0)		
	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		标准	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2 b	P(0.2/0.	orrested!
3	Parent of Supported Organizations. Answer (a) and (b) below.	表語道		ALCO DE CO
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		源騰	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard,	3b		

1	Type III Non-Functionally Integrated 509(a)(3) Supporting			Dark VIII Considerations
'	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	I
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		The state of the s
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	100 E		() () ()
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	· · · · · · · · · · · · · · · · · · ·	
	Discount claimed for blockage or other			
Ū	factors (explain in detail in Part VI):	dr. Fr		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	exstantial servicing contract and a	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	3		
7	see instructions)			
5		4		
6	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
7	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	75		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting org	anization (see
	instructions).	, 9. 40	7F FF 9 018	,

Schedule A (Form 990 or 990-EZ) 2016

Section D - Distributions

Current Year

				Our ont rear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns .	I
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	<u> </u>
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	Excess distributions carryover, if arry, to 2010.			
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e		为100mm(ANSISTERNAS ASSESSED	
	Applied to underdistributions of prior years		Record to the Control of the Control	
-	Applied to 2016 distributable amount			ARCHIOLOGICA CON TRACTOR AND A
<u> </u>	Carryover from 2011 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013		THE TREATMENT OF THE	
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

1

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.lrs.gov/form990.

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 6. 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 of grants from (during year) 5 Dot the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of order advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of order advisor, or for any other purpose conferring imperimable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements. Complete if the organization (check all that apply). Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure included in (e) acquired after 2017 705, and not on a historically important land area 1 Total number of conservation easements. 2 Total number of conservation easements and certified historic structure included in (e) 3 Number of conservation easements included in (e) acquired after 2017 705, and not on a historic structure 1 In the National Register 3 Number of conservation easements included in (e) acquired after 2017 705, and not on a historic structure 2 In the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 2 National organization answered "Yes" on Form 990, Part V, line 8. 3 Number of conservation easements included to monitoring, inspecting, handling of violations, and enforcin		LITTLE CITY FOUNDATI	ON	36-2434562
Total number at and of year	Pa	rt I Organizations Maintaining Donor Advised I	unds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and of year 5 Did the organization informal didonors and donor advisors in writing that the assets held in donor advised funds are the organization informal and grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(i) of conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. 1 Purpose(i) of conservation easements had by the organization (heck all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitatic. Preservation of start an habitatic. Preservation of start an habitatic. Preservation of a certified historic structure included in (a) total number of conservation easements. 2 a Total number of conservation easements. 2 b Total acreage restricted by conservation easements. 2 b Number of conservation easements modified, transferred, released, extringuished, or terminated by the organization during the tax year. 3 Number of states where property subject to conservation easements in cluded in (a) to conservation easements modified, transferred, released, extringuished, or terminated by the organization during the tax year. 3 Number of states where property subject to conservation easements in cluded in (a) to conservation easements modified, transferred, released, extringuished, or terminated by the organization during the year is a start of experiment of experiments of experiments. 3 b Does ea		organization answered "Yes" on Form 990, Part IV, line 6		·
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2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purposelg) of conservation assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purposelg) of conservation assements held by the organization (check all that apply). Preservation of a part of public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure included in (e.g.) and the preservation of a conservation easement on a certified historic structure included in (e.g.) and the preservation of conservation easements and certified historic structure included in (e.g.) and the recommendation of conservation easements included in (e.g.) and the recommendation easements included in (e.g.) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year	1	Total number at end of year		
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5 Did the organization informal if donors and donor advisors in writing that the assets held in donor advised funds are the organization's proryt, subject to the organization's executive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes benefit? 8 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., recreation or education) Preservation of a conservation area preserved in the preservation of part and area Preservation of a conservation area and area Preservation of open space 2 Complete lines 2 at through 2 if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. 5 Decent organization seasements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 4 Number of states where property subject to conservation easement is located Perein and the presence of the conservation easements in the last of the forcing conservation easements during the year Perein organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Perein organization and the presence incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Perein organization easement to the cons	4			
are the organization's property, subject to the organization's exclusive legal control?	5		ing that the assets held in donor advise	ed funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charizable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring important provided in the provided provided in the provided			-	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation essements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of an instancially important land area Preservation of a certified historic structure Preservation of or natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure Included in (e.g. a total number of conservation easements Preservation easements enduring the pear	6			
Impermissible private benefit?			-	_
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Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of catates where property subject to conservation easement is located Des the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) Part XIII, describe how the organization reports conservation easements that describes the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets	1	Purpose(s) of conservation easements held by the organization (check all that apply).	
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \]	9	***************************************		
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bar{\text{\$}}\$	~			gain, provide
b Assets included in Form 990, Part X		·		•
				Schedule D (Form 990) 2016

632051 08-29-16

3 Uning the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition b Scholarly research c 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 socilect or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization any agent, fusures, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance Beginning balance Beginning balance Beginning balance Beginning balance Beginning datance Beginning object the arrangement in Part XIII and complete the following table: Beginning balance Beginning object the arrangement in Part XIII and complete the following table: Beginning object the part of the part of the part X line 21, for escrow or custodial account liability? Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Beginning of year balance	Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	r Asse	ts (continu		1c =
a Public exhibition d Loan or exchange programs	3									
a Public exhibition d				, , , , , , , , , , , , , , , , , , , ,	J	J				
b Scholarly research e Other Pervide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of air, instorical treasures, or other similar assets to be solid to raise funder arrhy than to be maintained as part of the organization collection?	а		d	Loan or exc	hange programs					
c	b		e e		go programme					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization sold received contaction of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Table the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Table the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Table the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Table the organization and the organ	С		-							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as pan of the organization an oswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X ine 21. Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is is the organization or other intermediary for contributions or other assets not included on Form 990, Part X? Is is the organization or other intermediary for contributions or other assets not included on Form 990, Part X? Is if yes, "explain the arrangement in Part XIII and complete the following table: Beginning balance			ollections and explain	how they further t	ne organization's ex	emnt nurnos	e in Pari	· XIII		
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Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes	_							Yes		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escribing the search of the organization of the arrangement in Part XIII and complete the following table: Complete Comp	Pa									
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year e Distributions during the year f Ending balance d Additions during the year e Distributions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						•	,	·		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic	1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets no	t included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 1 Ending balance 1 Ending balance 7 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		on Form 990, Part X?						Yes		No
C Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			((*)(*)(*)(*)(*)(*)(*)(*)(*)(*)(*)(*)(*)			
d Additions during the year Distributions during the year Ending balance 1								Amount		
d Additions during the year Distributions during the year Ending balance 1	С	Beginning balance				1c				
E Distributions during the year 1 E Thirding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did year shade the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2c Did year balance 2d Current year 2d Did Three years back 2d Current year 2d Did Three years back 2d (b) Froir year 2d Did Three years back 2d (c) Two years 2d (c) Two years 2d (c) Two	d	Additions during the year	•••••			1d				
f Ending balance	e	Distributions during the year	•••••			1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Control organization answered "Yes" on Form 990, Part IV, line 10. Control organization answered "Yes" on Form 990, Part IV, line 10. Control organization organization Part XIII Part XIII.	f	Ending balance			*************************	1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	stodial account liab	oility?		Yes		No
1		If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II				
1a Beginning of year balance 1,604,000. 1,651,202. 1,631,982. 1,602,808. 1,599,503. b Contributions 69,652. 1,395. c Net investment earnings, gains, and losses 38,079. -17,851. -7,976. 61,538. 28,422. d Grants or scholarships 27,564. 29,351. 42,456. 32,364. 26,512. e Other expenditures for facilities and programs 27,564. 29,351. 42,456. 32,364. 26,512. g End of year balance 1,614,515. 1,604,000. 1,651,202. 1,631,982. 1,602,808. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 57.00 % 1,602,808. 2 Provide the estimated or quasi-endowment ▶ 9% 7.00 % 9% 1,614,515. 1,604,000. 1,651,202. 1,631,982. 1,602,808. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1,602,808. 1,602,808. 1,602,808. 3 Are there endowment I	Pa	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
b Contributions							ars back	(e) Four	years b	ack
c Net investment earnings, gains, and losses of Grants or scholarships c Other expenditures for facilities and programs c Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 57⋅00 % b Permanent endowment ▶ 43⋅00 % c Temporarily restricted endowment ▶ 67⋅00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 12 Land 195, 366 1 195, 366 1 195, 366 6 1 1 195, 366 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1,604,000.	1,651,202.			2,808.	1,	599,5	03.
d Grants or scholarships e Other expenditures for facilities and programs 27,564. 29,351. 42,456. 32,364. 26,512. f Administrative expenses g End of year balance 1,614,515. 1,604,000. 1,651,202. 1,631,982. 1,602,808. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 43.00 % b Permanent endowment ▶ 43.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 195,366. 195,366. b Buildings 33,806,480. 20,234,478. 13,572,002. c Leasehold improvements d Equipment e Other.	b	Contributions			69,652.				1,3	95.
e Other expenditures for facilities and programs 27,564. 29,351. 42,456. 32,364. 26,512, f Administrative expenses 5 End of year balance 1,614,515, 1,604,000, 1,651,202, 1,631,982, 1,602,808, 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses	38,079.	-17,851.	-7,976.	6:	1,538.		28,4	22.
and programs 27,564. 29,351. 42,456. 32,364. 26,512. f Administrative expenses g End of year balance 1,614,515. 1,604,000. 1,651,202. 1,631,982. 1,602,808. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 57.00 % b Permanent endowment ▶ 43.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) are the related organizations listed as required on Schedule R? 3a(ii) X Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 1.95, 366. 1.95, 366. b Buildings 33, 806, 480. 20, 234, 478. 13, 572, 002. c Leasehold improvements 4 Equipment 5 Cother 6 Cother 7 Cother 6 Cother 7 Cot	d	Grants or scholarships								
## Administrative expenses ##	е	Other expenditures for facilities								
per End of year balance		and programs	27,564.	29,351.	42,456.	3:	2,364.		26,5	12.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 57.00 % b Permanent endowment ▶ 43.00	f	Administrative expenses								
a Board designated or quasi-endowment ▶ 43.00	g	End of year balance	1,614,515.	1,604,000.	1,651,202.	1,63	1,982.	1,	602,8	08.
b Permanent endowment ▶ 43 ⋅ 00	2	Provide the estimated percentage of the curr		e (line 1g, column (a	i)) held as:					
c Temporarily restricted endowment ▶	а		57.00	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organiz	b	Permanent endowment ► 43.00	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organ	С	Temporarily restricted endowment	%							
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(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 195,366. b Buildings 33,806,480.20,234,478.13,572,002. c Leasehold improvements d Equipment e Other	3 a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the organizat	tion			
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 195,366. 195,366. 195,366. b Buildings 33,806,480. 20,234,478. 13,572,002. c Leasehold improvements d Equipment e Other		by:								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 195,366. 195,366. 195,366. b Buildings 33,806,480. 20,234,478. 13,572,002. c Leasehold improvements d Equipment e Other		(i) unrelated organizations						3a(i)		
Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 195,366. Buildings C Leasehold improvements d Equipment Other			•••••							<u>X</u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 195,366. Buildings 195,366. 195,366. 195,366. 195,366. 195,366. 195,366. 195,366. 195,366. 195,366. 195,366.	b					•••••		3b	l.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 195,366. Buildings C Leasehold improvements d Equipment Other	_	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Description of property (a) Cost or other basis (investment) 1a Land 1 Book value 1 195,366. b Buildings c Leasehold improvements d Equipment e Other	Pa									
basis (investment) basis (other) depreciation 1a Land 195,366. 195,366. b Buildings 33,806,480. 20,234,478. 13,572,002. c Leasehold improvements Equipment 0 0 e Other 0 0 0 0			d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
b Buildings 33,806,480 20,234,478 13,572,002 c Leasehold improvements Equipment 9 0ther 9 0th		Description of property	1 ''	1 ' '	1 ' '			(d) Book	value	
b Buildings 33,806,480. 20,234,478. 13,572,002. c Leasehold improvements d Equipment e Other.	1a	Land					+3			
c Leasehold improvements d Equipment e Other	_			33,80	6,480. 20,	234,47	8. 1	3,572	,00	2.
d Equipment	C									
	d	Equipment								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
	Total	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		1	3,767	, 36	8.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.	- F 000 D-+ N/	lin- 44h O - F 000		ato 1002 age (
Complete if the organization answered "Yes" o	(b) Book value		, Part X, line 12. valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(D) DOOK VALAG	(b) Modrida of		TOT YOU THAT TOT VALUE
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		NEDECT STREET	ALEST TRANSPORTERS OF THE STATE OF	alesangre laceria: kanadisa
Part IX Other Assets.		THE HAVE HELD WAS		
Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11d See Form 990	Part Y line 15	
	escription	inic 11d. Occ 1 0111 330	, rarex, mile to.	(b) Book value
(1)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)				
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(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV,		m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Column (h) must aqual Form 990, Part V and (P) line	25.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	20.)			

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 D (Form 990) 2016

Scriedule D (Form 990) 2016 BITTIBE CITT FOUNDATION				2434302 Page
Part XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	etur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				21 600 120
			1	31,688,120
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	الما	205,230.		
a Net unrealized gains (losses) on investments		205,230.		
b Donated services and use of facilities				
c Recoveries of prior year grants		20 070		
d Other (Describe in Part XIII.)		38,079.		242 200
e Add lines 2a through 2d			2e	243,309
3 Subtract line 2e from line 1			3	31,444,811
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	. 4b			
c Add lines 4a and 4b			4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	31,444,811
Part XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				20 720 610
1 Total expenses and losses per audited financial statements			1	30,730,610
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a Donated services and use of facilities				
b Prior year adjustments	1 1			
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0
3 Subtract line 2e from line 1			3	30,730,610
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		COMMON TO STATE OF THE STATE OF		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	30,730,610
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			1; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	ation.		
PART V, LINE 4:				
	•			
LITTLE CITY FOUNDATION PLANS TO USE THESE FU	NDS TO	SUPPORT T	HE	ARTS
PROGRAMS AND THE HORTICULTURE PROGRAM				
PART X, LINE 2:				
LITTLE CITY FOUNDATION FILES INCOME TAX RETU	RNS IN	THE U.S.	FED	ERAL
JURISDICTION AND ILLINOIS. WITH A FEW EXCEPT	IONS,	HE ORGANI	ZAT	ION IS NO
			-	
LONGER SUBJECT TO U.S. FEDERAL, STATE, AND L	OCAL, C	R NON-U.S	. I	NCOME TAX
EXAMINATIONS BY TAX AUTHORITIES FOR THE YEAR	S BEFOR	E 2013.	THE	
ORGANIZATION DOES NOT EXPECT MATERIAL NET CH	LANGE IN	UNRECOGN	IZE	D TAX

BENEFITS IN THE NEXT TWELVE MONTHS.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization LITTLE	CITY FOUNDATION					Employer ide 36-2434	ntification number 562
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	' filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiacompensated at least \$5,000 by the 	ed funds through any of the following Solicitates Gamma Solicitates Gamma Special Special Special Programmer or oral agreement with any individual part VII) or entity in connection with providuals or entities (fundraisers) pursue	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		ļ					
Total			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	gistration
HA For Paperwork Reduction Act Noti	ce see the Instructions for Form	200 0-	000.	7	Sobo	lula G/Farm C	00 or 000 EZ\ 2016

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 GOLF 3 GALA col. (c)) (event type) (event type) (total number) 285,340. Gross receipts 190,005. 133,752. 609,097. 184,908. 115,890. 2 Less: Contributions 120,459. 421,257. 100,432. 74,115. 13,293. 187,840. Gross income (line 1 minus line 2) 4 Cash prizes 16,982. 5 Noncash prizes 7,285. 6,347. 30,614. Direct Expenses 78,750. 6 Rent/facility costs 70,031. 9,275. 158,056. 7 Food and beverages 5,175. 8 Entertainment 1,433 6,608. 31,463. 16,060. 15,631. 63,154. Other direct expenses 258,432. 10 Direct expense summary. Add lines 4 through 9 in column (d) -70,592. 11 Net income summary. Subtract line 10 from line 3, column (d) 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? . : **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: 632082 09-12-16 Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 LITTLE CITY FOUNDATION 36	-2434	1562	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?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	122	1	%
				%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[130		- 70
-	the flame and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
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 amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	The state and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$,	
	Carling manager compensation > 5			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<u> </u>
	retain the state gaming license?		Yes	└ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
0	organization's own exempt activities during the tax year > \$			
Pa	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			
		Sec. 10.0000		
640 63			-	
		200		

Schedule G (Form 990 or 990-EZ)	LITTLE CITY FOUNDATION	36-2434562 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continued)	
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ME 1881 - 1 Marie - 1881 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 - 1882 -		

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE CITY FOUNDATION

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Attach to Form 990.
 Information about Schedule | (Form 990) and its instructions is at www.lrs.gov/form990.

2016	Open to Publi	Inspection
	0	

OMB No. 1545-0047

Employer identification number

36-2434562

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

I								400±0±4 00
	Part I General Information on Grants and Assistance	and Assistance						
•	Does the organization maintain records to substantiate the amount of	to substantiate th		s or assistance, the	e grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
	criteria used to award the grants or assistance?	istance?						X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for mon	toring the use of grant	t funds in the Unite	ed States.			
₽.	Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organ	izations and Domest	ic Governments.	Complete if the orga	anization answered "	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if addi	tional space is nee	ded.			
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
7	Enter total number of section 501(c)(3) and government organizations I	and government or	ganizations listed in the	isted in the line 1 table				^
က	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					A
H	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the instruct	ions for Form 990.					Schedule I (Form 990) (2016)

36-2434562

Schedule I (Form 990) (2016) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE GENERAL LEDGER UPON RECEIPT. A COPY OF THE GRANT PAPERWORK THE RESTRICTION IS MAINTAINED BY THE DEVELOPMENT DEPARTMENT AND THE ACCOUNTING DEPARTMENT. A DISCRETE GENERAL LEDGER DEPARTMENT/PROGRAM Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. SPECIFIC PURPOSE ARE RECORDED AS (d) Amount of non-cash assistance ö 1,188,524. (c) Amount of cash grant 80 (b) Number of recipients THAT ARE RESTRICTED FOR A PAYMENTS TO LICENSED FOSTER PARENTS FOR FOSTER (a) Type of grant or assistance CARE AND RESPITE SERVICES THAT IDENTIFIES LIABILITY IN LINE GRANT FUNDS Part IV PART

THE GRANT REVENUE IS RECORDED BASED ON A MONTHLY BASIS, NO THE FUNDS.

OF.

COSTS ASSOCIATED WITH THE RESTRICTED USE

CODE IS USED TO IDENTIFY ALL

ACTUAL EXPENSES, RESULTING IN A DECREASE IN THE LIABILITY. MONTHLY REPORTS

INDICATING EXPENSES, REVENUES AND BALANCE OF THE GRANT FUNDS ARE SENT TO

632102 11-01-16

Schedule I (Form 990)	LITTLE CITY FOUNDATION	36-2434562 Page 2
Part IV Supplement	LITTLE CITY FOUNDATION tal Information	
PROGRAM MANAGE	RS.	
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		(A)
V. 14 AMOS		X-2000
- Walter Company of the Company of t		
• 17		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2016
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

LITTLE CITY FOUNDATION

Employer identification number 36-2434562

	art I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	10.1/2	162	NO
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	(
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			120000
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	CREVINCIAL.	199116-1792
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	Wat 4		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	10.000000000	THE STREET
		1000	150	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Children	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		2	
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.	1000		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	The state of the state of the state of guille and provide any floring paymonts			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	0		1

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) SHAWN JEFFERS	Ξ	270,070.	0	0	6,916.	2,749.	279,735.	0
EXECUTIVE DIRECTOR	(iii)	• 0		0	0	0		0
(2) KIM TYLER	Θ	151,881.		0	4,728.	490.	157,099.	0
CHIEF FINANCIAL & ADMIN OFFICER	(iii)	• 0	0.	0	0	0	0	0
	Ξ							
	(iii)							
	(i)							
	(III)							
	(i)							
	(II)							
	(3)							
	(II)							
	(1)							
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

SCHEDULE K Form 990)

Supplemental Information on Tax-Exempt Bonds

2016 Open to Public

Inspection

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(i) Pooled Yes No financing Employer identification number OMB No. 1545-0047 £ ž (g) Defeased (h) On behalf 36-2434562 ž of issuer × ۵ Yes Yes Yes ž × Yes £ å REFUND PRIOR BOND (f) Description of purpose 5,355,000.NEW CONSTRUCTIO O ▶ Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. Yes Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ŝ ž 8 00 Yes Yes CONTINUATIONS (e) Issue price 5,355,000 107,100 2,222,573 662,300 3,025,327 × ŝ ŝ 03/20/14 (d) Date issued Yes Yes (F) FOR COLUMN (c) CUSIP # NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, CITY FOUNDATION 86-1091967 SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? ► Attach to Form 990. which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds LITTLE Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion ILLINOIS FINANCE Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** A AUTHORITY Proceeds Department of the Treasury Internal Revenue Service Part 8 Ŋ 9 ω ٥ 9 4 N O 얻 5 F 5 9 4

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 48

bond-financed property?

×

Schedule K (Form 990) 2016

LITTLE CITY FOUNDATION

Page 2

36-2434562

Schedule K (Form 990) 2016

% % % ဍ ဍ Yes Yes % % % % å 운 Yes Yes % % % % ş ž 8 Yes Yes % % % % 2 × 2× × × × × × × × Yes Yes × × counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? A b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another 3a Are there any management or service contracts that may result in private If "Yes" to line 2c, provide in Part VI the date the rebate computation was Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1.141-12 and 1.145-27 business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) 3 Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? Was the hedge terminated? 1.141-12 and 1.145-2? Total of lines 4 and 5 Rebate not due yet? **b** Exception to rebate? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed ₽ a O N 4 Ŋ 9

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016 LITTLE CITY FOUNDATION			36-	36-2434562	2	:		Page 3
Part IV Arbitrage (Continued)								
	4			8		5		Q
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	Yes	² ×	Yes	S _O	Yes	Š	Yes	8
b Name of provider								
d Was the regulators safe harbor for establishing the fair market value of the GIC satisfied?		:						
6 Were any gross proceeds invested beyond an available temporary period?		×						
1 =		Þ						
Does V Description To Hadenblo Assista		4						
Fart V Procedures to Ordertake Corrective Action	A			8		o	_	Q
	Yes	2	Yes	S	Yes	S	Yes	N N
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable		×						
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K See instructions	alribados no sc	K See inctr	lictions					
		200 ::	2000					
NAME: ILLINOIS FINANCE AUTHORI								
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR BOND, N	NEW CONSTRUCTION	TRUCTI	ON					
			70					
							i	
632123 10-19-16						တိ	Schedule K (Form 990) 2016	rm 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

LITTLE CITY FOUNDATION

Employer identification number 36-2434562

Pa	TI Types of Property	·								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts report	ted on		(d) Method of de cash contribi	etermi		s
1	Art - Works of art		iterns contributed	TOTTI 990, Fait V	iii, iiiite ig					
2	Art - Historical treasures									-
3	Art - Fractional interests									
4	Books and publications					-				
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes					 				
8	Intellectual property									
9	Securities - Publicly traded	Х	6	53	305.	MEAN	PRICE			
10	Securities - Closely held stock		Ŭ		, 5051	1111111	TRICE			
11	Securities - Oldsely field stock Securities - Partnership, LLC, or									
11	trust interests									
12	Securities - Miscellaneous					-				
13	Qualified conservation contribution -					-				121211
13										
44	Historic structures Qualified conservation contribution - Other									
14	****									
15	Real estate - Residential									
16	Real estate - Commercial					<u></u>				
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy					ļ				
22	Historical artifacts					ļ				
23	Scientific specimens									
24	Archeological artifacts	37	7.5	0.0	200		***			
25	Other (AUCTION ITEMS)	Х	75	23	,329.	FAIR	MARKET	VA	LUE	
26	Other (CENTER FOR AR)	Х	31	7	,285.	FAIR	MARKET	' VA	LUE	
27	Other ()									
28	Other ()				· · · · · · · · · · · · · · · · · · ·					
29	Number of Forms 8283 received by the organization									
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement	29				, ,	
									Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	orted in Part I, line	es 1 throu	gh 28, th	at it			
	must hold for at least three years from the date	of the initia	al contribution, and	which isn't requir	ed to be u	sed for				
	exempt purposes for the entire holding period?	?		£1,633 • • • • • • • • • • • • • • • • • •				30a		X
b	If "Yes," describe the arrangement in Part II.								对装置	
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandai	rd contribu	utions?		31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	i noncash		•			
	contributions?		******************************					32a		X
b	If "Yes," describe in Part II.						*			
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column	n (a) is che	cked,				
	describe in Part II.	<u> </u>							共產黨	
_HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.			Schedule M	(Form	990) (2016)

632141 08-23-16

	n 990) (2016) LITTLE CITY FOUNDATION	36-2434562	Pag
Part II Sup	oplemental Information. Provide the information required by Part I, lines 30b, 32b, and a porting in Part I, column (b), the number of contributions, the number of items received, or a copart for any additional information.	33 and whether the organiz	ation
is re	porting in Part I, column (b), the number of contributions, the number of items received, or a co	embination of both. Also com	plete
this	part for any additional information.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ip.o.co
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Schedule M (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization

LITTLE CITY FOUNDATION

Employer identification number 36-2434562

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FOSTER CARE AND ADOPTION SERVICES - PLACES CHILDREN FROM BIRTH TO THE AGE OF 21 WHO ARE UNABLE TO LIVE WITH THEIR BIRTH FAMILIES DUE TO ABUSE OR NEGLECT INTO QUALITY HOMES WITH SPECIALLY TRAINED FAMILIES. THE PROGRAM IS DEDICATED TO FINDING LOVING FOSTER TO PERMANENT HOMES FOR CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, MENTAL AND EMOTIONAL DISORDERS, AND/OR MEDICAL NEEDS. THE PROGRAM PROVIDES INTENSIVE CASE MANAGEMENT AND CHILD-SPECIFIC TREATMENT TO ASSIST CHILDREN IN ACHIEVING THEIR INDIVIDUAL GOALS. SERVICE UNITS - 33,868 DAYS OF SERVICE EXPENSES \$ 3,366,128. INCL GRANTS OF \$ 1,181,444. REVENUE \$ 3,521,930.

THERAPEUTIC DAY SCHOOL - PROVIDES PROGRESSIVE EDUCATIONAL SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, AS WELL AS STUDENTS WITH SEVERE AND PROFOUND NEEDS ON THE AUTISM SPECTRUM. THE PROGRAM PROVIDES INTEGRATED LIFE SKILLS, ACADEMIC, CLINICAL AND TRANSITIONAL SERVICES TO HELP CHILDREN REACH THEIR FULL POTENTIAL. CLASSES ARE SELF-CONTAINED, SMALL IN SIZE WITH A TEACHER AND INSTRUCTIONAL SUPPORT STAFF FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL. STUDENTS ARE GROUPED IN AGE APPROPRIATE CLASSES WITH NO MORE THAN A FOUR-YEAR SPAN IN ANY ONE GROUP. THE PROGRAM TAKES ADVANTAGE OF AVAILABLE COMMUNITY RESOURCES IN ADDITION TO MAKING FULL USE OF THE RECREATIONAL, THERAPEUTIC AND SUPPORT SERVICE OPTIONS STATIONED ACROSS THE CAMPUS. SERVICE UNITS -12,103 DAYS OF SERVICE INCLUDING GRANTS OF \$ 0. EXPENSES \$ 2,684,277. REVENUE \$ 2,839,542.

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AND ETHICAL INTEGRITY, LITTLE CITY FOUNDATION HAS A CONFLICT OF INTEREST

POLICY THAT APPLIES TO ALL STAFF AND BOARD MEMBERS, THEIR FAMIY MEMBERS AND

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632212 08-25-16

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

1

LITTLE CITY FOUNDATION

Employer identification number 36-2434562

AGENCY VOLUNTEERS. MEMBERS OF THE BOARD AND STAFF MEMBERS ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN. DISCLOSURE STATEMENTS FOR BOARD MEMBERS ARE TO BE PROVIDED TO THE PRESIDENT OF THE BOARD WITH COPIES TO THE EXECUTIVE DIRECTOR, DISCLOSURE STATEMENTS FOR STAFF ARE TO BE PROVIDED TO THE EXECUTIVE DIRECTOR OR IN THE CASE OF THE EXECUTIVE DIRECTOR, ARE TO BE PROVIDED TO THE PRESIDENT OF THE BOARD. WHEN THERE IS REASON TO BELIEVE THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE BOARD OF DIRECTORS WILL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE. WHERE THE ACTUAL OR POTENTIAL CONFLICT INVOLVES A STAFF MEMBER OTHER THAN THE EXECUTIVE DIRECTOR, THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR REVIEWING THE MATTER AND TAKING APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF LITTLE CITY FOUNDATION. THE EXECUTIVE DIRECTOR SHALL REPORT TO THE PRESIDENT THE RESULTS OF ANY REVIEW AND THE ACTION TAKEN. THE PRESIDENT, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, SHALL DETERMINE IF ANY FURTHER BOARD REVIEW OR ACTION IS REQUIRED. WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF LITTLE CITY FOUNDATION AND A DIRECTOR OR STAFF MEMBER WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, LITTLE CITY FOUNDATION SHALL REFRAIN FROM THE PROPOSED ACTION OR TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS. THE DIRECTOR OR STAFF MEMBER WHO HAS AN ACTUAL OR POTENTIAL CONFLICT SHOULD DISCLOSE THAT CONFLICT BEFORE THE BOARD OF DIRECTORS TAKES ACTION ON THE MATTER. A DIRECTOR OR STAFF MEMBER WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION OR TRANSACTION OF LITTLE CITY FOUNDATION SHALL NOT PARTICIPATE IN ANY WAY IN, OR BE PRESENT DURING, THE DELIBERATIONS AND DECISION MAKING OF LITTLE CITY FOUNDATION WITH RESPECT TO SUCH ACTION OR TRANSACTION. THE DISINTERESTED 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization **Employer identification number** LITTLE CITY FOUNDATION 36-2434562 MEMBERS OF THE BOARD OF DIRECTORS MAY APPROVE OR DISAPPROVE THE PROPOSED ACTION OR TRANSACTION AFTER DELIBERATION AND CONSIDERATION OF THE BEST INTERESTS OF LITTLE CITY FOUNDATION. ACTION BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS SHALL BE PURSUANT TO THE VOTING PROCEDURES OUTLINED IN THE LITTLE CITY FOUNDATION BY-LAWS. FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS, AN INDEPENDENT CONSULTANT PROVIDES COMPENSATION SURVEY RESULTS TO SELECT BOARD MEMBERS ON THE HUMAN RESOURCES SUBCOMMITTEE OF THE OD&G COMMITTEE AND TO THE EXECUTIVE COMMITTEE. SURVEY RESULTS ARE USED TO ESTABLISH THE COMPENSATION LEVEL FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES. THE SURVEY RESULTS, RECOMMENDATIONS FROM COMPENSATION CONSULTANTS AND COMPENSATION DECISIONS OF THE BOARD MEMBERS ARE DOCUMENTED AND MAINTAINED. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAIABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN VALUE OF BENEFICIAL INTEREST IN IRREVOCABLE

TRUST 38,079.

EXCESS OF ASSETS ACQUIRED OVER LIABILITIES

6,234,482.

TOTAL TO FORM 990, PART XI, LINE 9

6,272,561.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

632212 08-25-16

1

Schedule O (Form 990 or 9	990-EZ) (2016)				Page 2
Name of the organization	LITTLE	CITY	FOUNDATION		Employer identification number 36-2434562
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			44-141 (MA) (MA)		

SCHEDULE R Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

LITTLE CITY FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Part

Open to Public Inspection 2016

OMB No. 1545-0047

Employer identification number 36-2434562

(g) Section 512(b)(13) ž controlled entity? Direct controlling Yes × entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity LITTLE CITY FOUNDATION End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) LINE 10 Total income Exempt Code 0 section 501(C)(3) 9 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ILLINOIS PROVIDE INDIVIDUALS WITH DEVELOPMENT DISABILITIES Primary activity Primary activity OW INCOME HOUSING 1760 W ALGONQUIN ROAD, PALATINE, LITTLE CITY FOR COMMUNITY DEVELOPMENT Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 36-3296351, 60067 Part II

Schedule R (Form 990) 2016

36-2434562

Page 2

Schedule R (Form 990) 2016 LITTLE CITY FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	(0)	(p)	(9)	(J)	(6)	ε	(9)	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code		General or Percentage managing ownership
		country)		sections 512-514)			Yes No	_	5) Yes No	<u> </u>
EMPOWER WORKFORCE SOLUTIONS	HIRING									
L3C - 35-2532152, 1760 W	INDIVIDUALS									
ALGONQUIN ROAD, PALATINE, IL	WITH		LITTLE CITY							
60067	DISABILITIES	IL	FOUNDATION	RELATED	-121,466.	-13,985.	×	N/A	×	60.00%
				•						
									-	
					e		+		+	
							,			
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable a	s a Corpo	ا ا	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	on answered "Yes	" on Form 990, Pa	ırt IV, line	34 because it had	d one or r	nore related
organizations treated as a corporation or trust during the tax year.	rporation or trust durin	g the tax)								

73) ed	<u> </u>									910
Section 512(b)(13) controlled	Yes		\vdash						 	690)
(h) Percentage ownership	1-								 	Schedule R (Form 990) 2016
(g) Share of end-of-year										Sche
(f) Share of total income										
(e) Type of entity (C corp, S corp,	or trust)			•						
(d) Direct controlling entity										
(c) Legal domicile (state or	country)									59
(b) Primary activity										
(a) Name, address, and EIN of related organization										632162 09-06-16

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Makes Connected flood 4 to any continuing in Brake II II and IV at this and all in			-	
Note: Complete line 1 if any entry is listed in Parts II, III, of IV of this schedule.	a constant		Yes	2
	ris with one or more r	eiateo organizations iisteo		,
a Receipt of (I) interest, (III) annuities, (III) royalties, of (IV) rent from a controlled entity	Δ ₂		7a A	×
b Gift, grant, or capital contribution to related organization(s)			X dt	×
c Gift, grant, or capital contribution from related organization(s)			1 T	×
d Loans or loan guarantees to or for related organization(s)			×	
A 1 Ages of Jack Augustatose by valeted averagination(a)		· · · · · · · · · · · · · · · · · · ·	+	Þ
e Loans of roan gual at rees by related organization (s)			6	4
 Dividends from related organization(s) 			X #	×
g Sale of assets to related organization(s)			X 19 X	×
h Purchase of assets from related organization(s)				×
				×
j Lease of facilities, equipment, or other assets to related organization(s)				×
k Lease of facilities, equipment, or other assets from related organization(s)			*	×
I Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)		X II	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		X mt	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		X ut	×
o Sharing of paid employees with related organization(s)			X 01	
p Reimbursement paid to related organization(s) for expenses			101	×
	# 10 10 10 10 10 10 10 10 10 10 10 10 10		×	
	* * * * * * * * * * * * * * * * * * *	**************************************		
r Other transfer of cash or property to related organization(s)			Tr X	×
- 3		***************************************	18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	5
(1) LITTLE CITY FOR COMMUNITY DEVELOPMENT	α	990,838.	FMV	
(2) LITTLE CITY FOR COMMUNITY DEVELOPMENT	D	669,078.FMV	FMV	
(3) LITTLE CITY FOR COMMUNITY DEVELOPMENT	L	68,882. FMV	FMV	
(4)				8
(5)				
(9)				
632163 09-06-16	09		Schodule R (Form 990) 2016	2016

36-2434562

Schedule R (Form 990) 2016 LITTLE CITY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inve	estment partnerships.						
(a)	(Q)		(a)		(6) 	Ē	€	8	Z
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec. (related, unrelated, 551(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI	General or managing	Percentage
(S)		country)	excluded from tax under orgs?	_	assets	allocations?	of Schedule K-1 partner? Ownership (Form 1065)	partner?	ownersnip
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Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016	LITTLE CITY	FOUNDATION	36-2434562 Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.		
	Provide additional inform	mation for responses to a	uestions on Schedule R. See instructions	
	1 TOVIGE additional milon	nation for responses to qu	destions on Schedule h. See instructions	j.
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