

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

45-3934105

P.S. IT'S SOCIAL

Net Asset / Fund Balance at Beginning of Year 84,289

Revenue

Contributions	521,952
Program service revenue	210,368
Investment income	_____
Capital gain / loss	_____
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	2,000

Total revenue 734,320

Expenses

Program services	485,156
Management and general	248,422
Fundraising	_____

Total expenses 733,578

Excess / (deficit) 742

Changes _____

Net Asset / Fund Balance at End of Year 85,031

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>734,320</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>733,578</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	236,331	245,453	
Liabilities	152,042	160,422	
Net assets	84,289	85,031	742

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/17
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2016, or fiscal year beginning ..., 2016, and ending ..., 20

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

P.S. IT'S SOCIAL

Employer identification number

45-3934105

Name and title of officer

CONNIE BLADE SECRETARY

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc. and 1b-5b amounts). Row 1a: Total revenue 734,320.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Weinberg, Barton & Company to enter my PIN 60201 as my signature. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 08/03/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

15259461403

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 08/03/17

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
P.S. IT'S SOCIAL

Doing business as **CURT'S CAFE**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2922 CENTRAL ST

City or town, state or province, country, and ZIP or foreign postal code
EVANSTON IL 60201

D Employer identification number
45-3934105

E Telephone number
847-868-8385

G Gross receipts \$ **734,320**

F Name and address of principal officer:
RICK MARSH

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** www.curtscafe.org

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2011** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	490,958	521,952
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,794	210,368
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,000
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640,752	734,320
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	332,508	429,900
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) u		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,377	303,678
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	610,885	733,578	
19	Revenue less expenses. Subtract line 18 from line 12	29,867	742	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	236,331	245,453
	22	Net assets or fund balances. Subtract line 21 from line 20	152,042	160,422
			84,289	85,031

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **CONNIE BLADE** Date: **SECRETARY**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MATTHEW BARTON** Preparer's signature: _____ Date: **08/03/17** Check if self-employed PTIN: **P00944647**

Firm's name: **Weinberg, Barton & Company** Firm's EIN: **26-3349278**

Firm's address: **1609 Sherman Ave Ste 204 Evanston, IL 60201-3753** Phone no.: **847-859-6880**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING, AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE COMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING, AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE COMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING, AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE COMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS.

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

(Expenses \$ **485,156** including grants of \$) (Revenue \$ **210,368**)

4e Total program service expenses **u 485,156**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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	
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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section 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 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.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**
SUSAN TRIESCHMANN **2922 CENTRAL ST**
EVANSTON **IL 60201** **847-868-8385**

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK MARSH	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) CONNIE BLADE	0.00									
SECRETARY	0.00	X		X			0	0	0	
(3) JEFF MACKEVICH	0.00									
DIRECTOR	0.00	X					0	0	0	
(4) NINA KAVIN	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) JESSICA HOCHMAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) PATTI ANDERSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) DERRICK MILLIGAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) MIKE KUHN	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) BRYANT JACKSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) ENJOLI DALEY	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) ROBYN BAILEY	0.00									
DIRECTOR	0.00	X					0	0	0	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	521,952				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u		521,952			
Program Service Revenue	2a JOB TRAINING	Busn. Code 722210	399,016	399,016			
	b LESS: FOOD COSTS		-188,648	-188,648			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		210,368			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19		a					
		b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a RENTAL INCOME			2,000	2,000			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		2,000				
12 Total revenue. See instructions.	u		734,320	212,368	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	393,815	393,815		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	36,085	36,085		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	825		825	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	31,762		31,762	
12 Advertising and promotion	21,010		21,010	
13 Office expenses	84,499	25,582	58,917	
14 Information technology				
15 Royalties				
16 Occupancy	112,219		112,219	
17 Travel	3,783		3,783	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	3,407		3,407	
19 Conferences, conventions, and meetings	9,101	9,101		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,573	20,573		
23 Insurance	16,499		16,499	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	733,578	485,156	248,422	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	104,676	1	146,316
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,470	8	1,536
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	183,153		
	10b	Less: accumulated depreciation	115,311	10c	67,842
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	5,500	14	5,100
	15	Other assets. See Part IV, line 11	36,669	15	24,659
16	Total assets. Add lines 1 through 15 (must equal line 34)	236,331	16	245,453	
Liabilities	17	Accounts payable and accrued expenses		17	75,212
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	145,343	22	81,500
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,699	25	3,710
	26	Total liabilities. Add lines 17 through 25	152,042	26	160,422
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	84,289	32	85,031
33	Total net assets or fund balances	84,289	33	85,031	
34	Total liabilities and net assets/fund balances	236,331	34	245,453	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	734,320
2	Total expenses (must equal Part IX, column (A), line 25)	2	733,578
3	Revenue less expenses. Subtract line 2 from line 1	3	742
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,289
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,031

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

P.S. IT'S SOCIAL

Employer identification number

45-3934105

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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.")	81,038	152,013	255,808	439,014	521,952	1,449,825
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	81,038	152,013	255,808	439,014	521,952	1,449,825
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,449,825

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	81,038	152,013	255,808	439,014	521,952	1,449,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,000	9,000				17,000
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,466,825

12 Gross receipts from related activities, etc. (see instructions) 12 212,368

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.84 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.20 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c 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:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization

P.S. IT'S SOCIAL

Employer identification number

45-3934105

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization P.S. IT'S SOCIAL	Employer identification number 45-3934105
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANA PEARL 2126 KEENEY ST SKOKIE IL 60076	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KAREN & GENE GRIFFIN 8325 KENTON SKOKIE IL 60076	\$ 20,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WOMEN'S CLUB OF EVANSTON 1702 CHICAGO AVE EVANSTON IL 60201	\$ 57,343	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JULIAN GRACE FOUNDATION 1700 GREENBAY ROAD SUITE 202 HIGHLAND PARK IL 60035	\$ 34,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SIMON FAMILY FOUNDATION 843 BLUFF ST GLENCOE IL 60022	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FOOD FOR THOUGHT 7001 RIDGEWAY LINCOLNWOOD IL 60712	\$ 21,768	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

P.S. IT'S SOCIAL

Employer identification number

45-3934105

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MORITZ FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS OH 43205	\$ 19,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KUHN FOUNDATION 7701 FORSYTH SUITE 925 ST LOUIS MO 63105	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

P.S. IT'S SOCIAL

Employer identification number

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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using 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
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or 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? Yes No

Part IV 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, 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f 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 **u** %
 - b Permanent endowment **u** %
 - c Temporarily restricted endowment **u** %
- 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:
- | | Yes | No |
|-----------------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		90,844	40,938	49,906
d Equipment		85,167	69,181	15,986
e Other		7,142	5,192	1,950
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	67,842

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PNC TRANSFERS	19,954
(2) OTHER RECEIVABLE	2,396
(3) RENT DEPOSIT	2,309
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	24,659

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN - FROM CITY OF EVANSTON	2,021
(3) SALES TAX PAYABLE	1,689
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	3,710

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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

Name of the organization

Employer identification number

P.S. IT'S SOCIAL

45-3934105

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)	SUSAN & THOMAS TRIESCHMANN TO FUND ORGANIZATION	SUSAN TRIESCHMANN		<input checked="" type="checkbox"/>		63,938	81,500		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							u \$	81,500					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

P.S. IT'S SOCIAL

45-3934105

Form 990 - Organization's Mission or Most Significant Activities

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE COMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS. TRAINING WILL BE IN THE RESTAURANT INDUSTRY AS WELL AS LIFE AND EXPERIMENTAL TRAINING AND SUPPORT.

Form 990 - Organization's Mission

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING, AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE COMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS. TRAINING WILL BE IN THE RESTAURANT INDUSTRY AS WELL AS LIFE AND EXPERIMENTAL TRAINING AND SUPPORT.

Form 990, Part I, Line 6

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING, AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE CVOMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS. TRAINING WILL BE IN THE RESTAURANT INDUSTRY AS WELL AS LIFE AND EXPERIMENTAL TRAINING AND SUPPORT.

Form 990, Part III, Line 4d - All Other Accomplishment

TO PROVIDE INSPIRATION, LEADERSHIP, LIFE AND JOB SKILLS, TRAINING, AND JOB PLACEMENT FOR YOUTH RE-ENTERING THE COMMUNITY AFTER INCARCERATION AND AT-RISK YOUNG ADULTS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE ORGANIZATION RETAINS THE SERVICES OF A CPA FIRM TO PREAPRE ITS ANNUAL

Name of the organization

Employer identification number

P.S. IT'S SOCIAL

45-3934105

**FORM 990. THE PRESIDENT AND EXECUTIVE DIRECTOR REVIEW AND APPROVE THE
COMPLETED FORM 990 AND ALL SCHEDULES PRIOR TO FILING.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION'S GOVERNING DOCUMENTS, INTERNAL POLICIES AND TAX RETURNS
ARE AVAILABLE UPON REQUEST.**

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

P.S. IT'S SOCIAL

Identifying number

45-3934105

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	20,173
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,173
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2016 tax year (see instructions): 43 Amortization of costs that began before your 2016 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

45-3934105

Federal Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	TABLES & CHAIRS (DINING ROOM)	7/01/12	4,000			X	2,000	7 HY 200DB	2,396	459
2	WORK TABLES	7/01/12	1,000			X	500	7 HY 200DB	599	115
3	SHELVING	4/01/12	600			X	300	5 HY 200DB	460	93
4	RACHILLO ESPRESSO MACHINE	4/01/12	19,000			X	9,500	5 HY 200DB	14,554	2,964
5	LAPTOP COMPUTERS	6/01/12	3,200			X	1,600	5 HY 200DB	2,413	525
6	MARK GREENBAUM	2/17/12	1,150			X	575	5 HY 200DB	888	175
7	DIVINO	2/15/12	1,713			X	856	5 HY 200DB	1,333	253
8	EQUIPMENT	3/15/12	4,054			X	2,027	5 HY 200DB	3,130	616
9	SANDWICH STATION	3/16/12	1,100			X	550	5 HY 200DB	843	171
10	WALK-IN FREEZER	3/22/12	1,500			X	750	5 HY 200DB	1,149	234
11	HOOD GEORGE	3/24/12	1,500			X	750	5 HY 200DB	1,149	234
12	OVEN	4/30/12	300			X	150	5 HY 200DB	228	48
13	SMALLWARES (2012)	4/15/12	3,603			X	1,801	5 HY 200DB	2,760	562
14	EQUIPMENT	4/01/12	1,768			X	884	5 HY 200DB	1,354	276
15	DOUBLE STACK OVEN	1/01/13	4,500			X	2,250	5 HY 200DB	3,204	518
16	IPAD	1/02/13	725			X	362	5 HY 200DB	516	84
17	HOBART MIXER	11/13/13	1,000			X	500	5 HY 200DB	652	139
18	REACH-IN COOLER	12/31/13	1,903			X	951	5 HY 200DB	1,218	274
19	NORPOLE SANDWICH STATION	12/31/13	1,720			X	860	5 HY 200DB	1,101	247
20	NORPOLE REFRIGERATOR	12/31/13	1,867			X	933	5 HY 200DB	1,195	269
21	SMALLWARES (2013)	12/31/13	3,540			X	1,770	5 HY 200DB	2,266	509
22	LEASEHOLD IMP	7/31/13	35,118			X	27,655	15 HY 150DB	7,463	2,765
23	AWNING	12/09/14	1,800			X	900	15 HY S/L	990	60
24	KITCHEN EQUIPMENT	10/27/14	24,000				24,000	5 MQ200DB	10,320	5,472
26	POS TERMINAL	3/02/15	1,400			X	700	5 HY 200DB	840	224
27	AWNING	3/06/15	1,542			X	771	7 HY 200DB	881	189
28	SANDWICH STATION	3/09/15	1,249			X	624	5 HY 200DB	749	200
29	FREEZER	3/25/15	4,375			X	2,187	5 HY 200DB	2,625	700
30	LEASEHOLD IMPROVEMENTS - SOUTI	3/31/15	31,926			X	15,963	15 HY S/L	16,495	1,065
31	LEASEHOLD IMPROVEMENTS - SOUTI	3/31/15	22,000			X	11,000	15 HY S/L	11,367	733
			<u>183,153</u>				<u>113,669</u>		<u>95,138</u>	<u>20,173</u>
Amortization:										
25	GOODWILL	10/27/14	<u>6,000</u>				<u>6,000</u>	15 MO Amort	<u>500</u>	<u>400</u>
			<u>6,000</u>				<u>6,000</u>		<u>500</u>	<u>400</u>
	Grand Totals		189,153				119,669		95,638	20,573
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>189,153</u>				<u>119,669</u>		<u>95,638</u>	<u>20,573</u>

45-3934105

IL Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
Prior MACRS:								
1	TABLES & CHAIRS (DINING ROOM)	7/01/12	4,000	2,000	2,396	459	459	0
2	WORK TABLES	7/01/12	1,000	500	599	115	115	0
3	SHELVING	4/01/12	600	300	460	93	93	0
4	RACHILLO ESPRESSO MACHINE	4/01/12	19,000	9,500	14,554	2,964	2,964	0
5	LAPTOP COMPUTERS	6/01/12	3,200	1,600	2,413	525	525	0
6	MARK GREENBAUM	2/17/12	1,150	575	888	175	175	0
7	DIVINO	2/15/12	1,713	856	1,333	253	253	0
8	EQUIPMENT	3/15/12	4,054	2,027	3,130	616	616	0
9	SANDWICH STATION	3/16/12	1,100	550	843	171	171	0
10	WALK-IN FREEZER	3/22/12	1,500	750	1,149	234	234	0
11	HOOD GEORGE	3/24/12	1,500	750	1,149	234	234	0
12	OVEN	4/30/12	300	150	228	48	48	0
13	SMALLWARES (2012)	4/15/12	3,603	1,801	2,760	562	562	0
14	EQUIPMENT	4/01/12	1,768	884	1,354	276	276	0
15	DOUBLE STACK OVEN	1/01/13	4,500	2,250	3,204	518	518	0
16	IPAD	1/02/13	725	362	516	84	84	0
17	HOBART MIXER	11/13/13	1,000	500	652	139	139	0
18	REACH-IN COOLER	12/31/13	1,903	951	1,218	274	274	0
19	NORPOLE SANDWICH STATION	12/31/13	1,720	860	1,101	247	247	0
20	NORPOLE REFRIGERATOR	12/31/13	1,867	933	1,195	269	269	0
21	SMALLWARES (2013)	12/31/13	3,540	1,770	2,266	509	509	0
22	LEASEHOLD IMP	7/31/13	35,118	27,655	7,463	2,765	2,765	0
23	AWNING	12/09/14	1,800	900	990	60	60	0
24	KITCHEN EQUIPMENT	10/27/14	24,000	24,000	10,320	5,472	5,472	0
26	POS TERMINAL	3/02/15	1,400	700	840	224	224	0
27	AWNING	3/06/15	1,542	771	881	189	189	0
28	SANDWICH STATION	3/09/15	1,249	624	749	200	200	0
29	FREEZER	3/25/15	4,375	2,187	2,625	700	700	0
30	LEASEHOLD IMPROVEMENTS - SOUTI	3/31/15	31,926	15,963	16,287	410	1,065	655
31	LEASEHOLD IMPROVEMENTS - SOUTI	3/31/15	22,000	11,000	11,223	282	733	451
			<u>183,153</u>	<u>113,669</u>	<u>94,786</u>	<u>19,067</u>	<u>20,173</u>	<u>1,106</u>
Amortization:								
25	GOODWILL	10/27/14	<u>6,000</u>	<u>6,000</u>	<u>500</u>	<u>400</u>	<u>400</u>	<u>0</u>
			<u>6,000</u>	<u>6,000</u>	<u>500</u>	<u>400</u>	<u>400</u>	<u>0</u>
	Grand Totals		189,153	119,669	95,286	19,467	20,573	1,106
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>189,153</u>	<u>119,669</u>	<u>95,286</u>	<u>19,467</u>	<u>20,573</u>	<u>1,106</u>

45-3934105

AMT Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	TABLES & CHAIRS (DINING ROOM)	7/01/12	4,000		X	2,000	7 HY 200DB	2,396	459
2	WORK TABLES	7/01/12	1,000		X	500	7 HY 200DB	599	115
3	SHELVING	4/01/12	600		X	300	5 HY 200DB	460	93
4	RACHILLO ESPRESSO MACHINE	4/01/12	19,000		X	9,500	5 HY 200DB	14,554	2,964
5	LAPTOP COMPUTERS	6/01/12	3,200		X	1,600	5 HY 200DB	2,413	525
6	MARK GREENBAUM	2/17/12	1,150		X	575	5 HY 200DB	888	175
7	DIVINO	2/15/12	1,713		X	856	5 HY 200DB	1,333	253
8	EQUIPMENT	3/15/12	4,054		X	2,027	5 HY 200DB	3,130	616
9	SANDWICH STATION	3/16/12	1,100		X	550	5 HY 200DB	843	171
10	WALK-IN FREEZER	3/22/12	1,500		X	750	5 HY 200DB	1,149	234
11	HOOD GEORGE	3/24/12	1,500		X	750	5 HY 200DB	1,149	234
12	OVEN	4/30/12	300		X	150	5 HY 200DB	228	48
13	SMALLWARES (2012)	4/15/12	3,603		X	1,801	5 HY 200DB	2,760	562
14	EQUIPMENT	4/01/12	1,768		X	884	5 HY 200DB	1,354	276
15	DOUBLE STACK OVEN	1/01/13	4,500		X	2,250	5 HY 200DB	3,204	518
16	IPAD	1/02/13	725		X	362	5 HY 200DB	516	84
17	HOBART MIXER	11/13/13	1,000		X	500	5 HY 200DB	652	139
18	REACH-IN COOLER	12/31/13	1,903		X	951	5 HY 200DB	1,218	274
19	NORPOLE SANDWICH STATION	12/31/13	1,720		X	860	5 HY 200DB	1,101	247
20	NORPOLE REFRIGERATOR	12/31/13	1,867		X	933	5 HY 200DB	1,195	269
21	SMALLWARES (2013)	12/31/13	3,540		X	1,770	5 HY 200DB	2,266	509
22	LEASEHOLD IMP	7/31/13	35,118		X	27,655	15 HY 150DB	7,463	2,765
23	AWNING	12/09/14	1,800		X	900	15 HY S/L	990	60
24	KITCHEN EQUIPMENT	10/27/14	24,000			24,000	5 MQ150DB	7,830	4,851
26	POS TERMINAL	3/02/15	1,400		X	700	5 HY 200DB	840	224
27	AWNING	3/06/15	1,542		X	771	7 HY 200DB	881	189
28	SANDWICH STATION	3/09/15	1,249		X	624	5 HY 200DB	749	200
29	FREEZER	3/25/15	4,375		X	2,187	5 HY 200DB	2,625	700
30	LEASEHOLD IMPROVEMENTS - SOUTI	3/31/15	31,926		X	15,963	15 HY S/L	16,495	1,065
31	LEASEHOLD IMPROVEMENTS - SOUTI	3/31/15	22,000		X	11,000	15 HY S/L	11,367	733
			<u>183,153</u>			<u>113,669</u>		<u>92,648</u>	<u>19,552</u>
	Grand Totals		183,153			113,669		92,648	19,552
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>183,153</u>			<u>113,669</u>		<u>92,648</u>	<u>19,552</u>

45-3934105

Bonus Depreciation Report

FYE: 12/31/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
23	AWNING	12/09/14	1,800		0	0	900	900
30	LEASEHOLD IMPROVEMENTS - SOUTH	3/31/15	31,926		0	0	15,963	15,963
31	LEASEHOLD IMPROVEMENTS - SOUTH	3/31/15	22,000		0	0	11,000	11,000
1	TABLES & CHAIRS (DINING ROOM)	7/01/12	4,000		0	0	2,000	2,000
2	WORK TABLES	7/01/12	1,000		0	0	500	500
3	SHELVING	4/01/12	600		0	0	300	300
4	RACHILLO ESPRESSO MACHINE	4/01/12	19,000		0	0	9,500	9,500
5	LAPTOP COMPUTERS	6/01/12	3,200		0	0	1,600	1,600
6	MARK GREENBAUM	2/17/12	1,150		0	0	575	575
7	DIVINO	2/15/12	1,713		0	0	857	856
8	EQUIPMENT	3/15/12	4,054		0	0	2,027	2,027
9	SANDWICH STATION	3/16/12	1,100		0	0	550	550
10	WALK-IN FREEZER	3/22/12	1,500		0	0	750	750
11	HOOD GEORGE	3/24/12	1,500		0	0	750	750
12	OVEN	4/30/12	300		0	0	150	150
13	SMALLWARES (2012)	4/15/12	3,603		0	0	1,802	1,801
14	EQUIPMENT	4/01/12	1,768		0	0	884	884
15	DOUBLE STACK OVEN	1/01/13	4,500		0	0	2,250	2,250
16	IPAD	1/02/13	725		0	0	363	362
17	HOBART MIXER	11/13/13	1,000		0	0	500	500
18	REACH-IN COOLER	12/31/13	1,903		0	0	952	951
19	NORPOLE SANDWICH STATION	12/31/13	1,720		0	0	860	860
20	NORPOLE REFRIGERATOR	12/31/13	1,867		0	0	934	933
21	SMALLWARES (2013)	12/31/13	3,540		0	0	1,770	1,770
22	LEASEHOLD IMP	7/31/13	35,118		0	0	7,463	27,655
26	POS TERMINAL	3/02/15	1,400		0	0	700	700
27	AWNING	3/06/15	1,542		0	0	771	771
28	SANDWICH STATION	3/09/15	1,249		0	0	625	624
29	FREEZER	3/25/15	4,375		0	0	2,188	2,187
	Form 990, Page 1		<u>159,153</u>		<u>0</u>	<u>0</u>	<u>69,484</u>	<u>89,669</u>
	Grand Total		<u>159,153</u>		<u>0</u>	<u>0</u>	<u>69,484</u>	<u>89,669</u>

45-3934105

Depreciation Adjustment Report

FYE: 12/31/2016

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	1	TABLES & CHAIRS (DINING ROOM)	459	459	0
Page 1	1	2	WORK TABLES	115	115	0
Page 1	1	3	SHELVING	93	93	0
Page 1	1	4	RACHILLO ESPRESSO MACHINE	2,964	2,964	0
Page 1	1	5	LAPTOP COMPUTERS	525	525	0
Page 1	1	6	MARK GREENBAUM	175	175	0
Page 1	1	7	DIVINO	253	253	0
Page 1	1	8	EQUIPMENT	616	616	0
Page 1	1	9	SANDWICH STATION	171	171	0
Page 1	1	10	WALK-IN FREEZER	234	234	0
Page 1	1	11	HOOD GEORGE	234	234	0
Page 1	1	12	OVEN	48	48	0
Page 1	1	13	SMALLWARES (2012)	562	562	0
Page 1	1	14	EQUIPMENT	276	276	0
Page 1	1	15	DOUBLE STACK OVEN	518	518	0
Page 1	1	16	IPAD	84	84	0
Page 1	1	17	HOBART MIXER	139	139	0
Page 1	1	18	REACH-IN COOLER	274	274	0
Page 1	1	19	NORPOLE SANDWICH STATION	247	247	0
Page 1	1	20	NORPOLE REFRIGERATOR	269	269	0
Page 1	1	21	SMALLWARES (2013)	509	509	0
Page 1	1	22	LEASEHOLD IMP	2,765	2,765	0
Page 1	1	23	AWNING	60	60	0
Page 1	1	24	KITCHEN EQUIPMENT	5,472	4,851	621
Page 1	1	26	POS TERMINAL	224	224	0
Page 1	1	27	AWNING	189	189	0
Page 1	1	28	SANDWICH STATION	200	200	0
Page 1	1	29	FREEZER	700	700	0
Page 1	1	30	LEASEHOLD IMPROVEMENTS - SOUTH	1,065	1,065	0
Page 1	1	31	LEASEHOLD IMPROVEMENTS - SOUTH	733	733	0
				<u>20,173</u>	<u>19,552</u>	<u>621</u>

45-3934105

Future Depreciation Report**FYE: 12/31/17**

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	TABLES & CHAIRS (DINING ROOM)	7/01/12	4,000	458	458
2	WORK TABLES	7/01/12	1,000	114	114
3	SHELVING	4/01/12	600	47	47
4	RACHILLO ESPRESSO MACHINE	4/01/12	19,000	1,482	1,482
5	LAPTOP COMPUTERS	6/01/12	3,200	262	262
6	MARK GREENBAUM	2/17/12	1,150	87	87
7	DIVINO	2/15/12	1,713	127	127
8	EQUIPMENT	3/15/12	4,054	308	308
9	SANDWICH STATION	3/16/12	1,100	86	86
10	WALK-IN FREEZER	3/22/12	1,500	117	117
11	HOOD GEORGE	3/24/12	1,500	117	117
12	OVEN	4/30/12	300	24	24
13	SMALLWARES (2012)	4/15/12	3,603	281	281
14	EQUIPMENT	4/01/12	1,768	138	138
15	DOUBLE STACK OVEN	1/01/13	4,500	519	519
16	IPAD	1/02/13	725	83	83
17	HOBART MIXER	11/13/13	1,000	139	139
18	REACH-IN COOLER	12/31/13	1,903	274	274
19	NORPOLE SANDWICH STATION	12/31/13	1,720	248	248
20	NORPOLE REFRIGERATOR	12/31/13	1,867	269	269
21	SMALLWARES (2013)	12/31/13	3,540	510	510
22	LEASEHOLD IMP	7/31/13	35,118	2,489	2,489
23	AWNING	12/09/14	1,800	60	60
24	KITCHEN EQUIPMENT	10/27/14	24,000	3,283	3,937
26	POS TERMINAL	3/02/15	1,400	134	134
27	AWNING	3/06/15	1,542	135	135
28	SANDWICH STATION	3/09/15	1,249	120	120
29	FREEZER	3/25/15	4,375	420	420
30	LEASEHOLD IMPROVEMENTS - SOUTH	3/31/15	31,926	1,064	1,064
31	LEASEHOLD IMPROVEMENTS - SOUTH	3/31/15	22,000	733	733
			<u>183,153</u>	<u>14,128</u>	<u>14,782</u>
Amortization:					
25	GOODWILL	10/27/14	6,000	400	0
			<u>6,000</u>	<u>400</u>	<u>0</u>
	Grand Totals		<u>189,153</u>	<u>14,528</u>	<u>14,782</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IL</u>
<u>Prior MACRS:</u>				
1	TABLES & CHAIRS (DINING ROOM)	7/01/12	4,000	458
2	WORK TABLES	7/01/12	1,000	114
3	SHELVING	4/01/12	600	47
4	RACHILLO ESPRESSO MACHINE	4/01/12	19,000	1,482
5	LAPTOP COMPUTERS	6/01/12	3,200	262
6	MARK GREENBAUM	2/17/12	1,150	87
7	DIVINO	2/15/12	1,713	127
8	EQUIPMENT	3/15/12	4,054	308
9	SANDWICH STATION	3/16/12	1,100	86
10	WALK-IN FREEZER	3/22/12	1,500	117
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12	OVEN	4/30/12	300	24
13	SMALLWARES (2012)	4/15/12	3,603	281
14	EQUIPMENT	4/01/12	1,768	138
15	DOUBLE STACK OVEN	1/01/13	4,500	519
16	IPAD	1/02/13	725	83
17	HOBART MIXER	11/13/13	1,000	139
18	REACH-IN COOLER	12/31/13	1,903	274
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20	NORPOLE REFRIGERATOR	12/31/13	1,867	269
21	SMALLWARES (2013)	12/31/13	3,540	510
22	LEASEHOLD IMP	7/31/13	35,118	2,489
23	AWNING	12/09/14	1,800	60
24	KITCHEN EQUIPMENT	10/27/14	24,000	3,283
26	POS TERMINAL	3/02/15	1,400	134
27	AWNING	3/06/15	1,542	135
28	SANDWICH STATION	3/09/15	1,249	120
29	FREEZER	3/25/15	4,375	420
30	LEASEHOLD IMPROVEMENTS - SOUTH	3/31/15	31,926	409
31	LEASEHOLD IMPROVEMENTS - SOUTH	3/31/15	22,000	282
			<u>183,153</u>	<u>13,022</u>
<u>Amortization:</u>				
25	GOODWILL	10/27/14	6,000	400
			<u>6,000</u>	<u>400</u>
	Grand Totals		<u>189,153</u>	<u>13,422</u>

Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

P.S. IT'S SOCIAL**45-3934105**

		2015	2016	Differences	
R e v e n u e	1. Contributions, gifts, grants	1. 490,958	521,952	30,994	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4. 149,794	210,368	60,574	
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		2,000	2,000
	12. Total revenue. Add lines 1 through 11	12.	640,752	734,320	93,568
E x p e n s e s	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 332,508	429,900	97,392	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 10,141	32,587	22,446	
	19. Occupancy, rent, utilities, and maintenance	19. 116,418	112,219	-4,199	
	20. Depreciation and Depletion	20. 55,967	20,573	-35,394	
	21. Other expenses	21. 95,851	138,299	42,448	
	22. Total expenses. Add lines 13 through 21	22.	610,885	733,578	122,693
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	29,867	742	-29,125
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 640,752	734,320	93,568	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 149,794	212,368	62,574	
	27. Total assets	27. 236,331	245,453	9,122	
	28. Total liabilities	28. 152,042	160,422	8,380	
	29. Retained earnings	29. 84,289	85,031	742	
	30. Number of voting members of governing body	30. 9	10		
	31. Number of independent voting members of governing body	31. 9	10		
	32. Number of employees	32. 23	28		
33. Number of volunteers	33. 30	30			

Form 990	Tax Return History	2016
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Name P.S. IT'S SOCIAL	Employer Identification Number 45-3934105
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants			255,808	490,958	521,952	
Membership dues						
Program service revenue			154,919	149,794	210,368	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					2,000	
Total revenue			410,727	640,752	734,320	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			185,835	332,508	429,900	
Professional fees			12,902	10,141	32,587	
Occupancy costs			76,587	116,418	112,219	
Depreciation and depletion			22,692	55,967	20,573	
Other expenses			47,597	95,851	138,299	
Total expenses			345,613	610,885	733,578	
Excess or (Deficit)			65,114	29,867	742	
Total exempt revenue			410,727	640,752	734,320	
Total unrelated revenue						
Total excludable revenue			154,919	149,794	212,368	
Total Assets			175,906	236,331	245,453	
Total Liabilities			121,484	152,042	160,422	
Net Fund Balances			54,422	84,289	85,031	

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES-OTHER	\$ 31,762	\$	\$ 31,762	\$
Total	<u>\$ 31,762</u>	<u>\$ 0</u>	<u>\$ 31,762</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
DONATIONS	\$ 392,563
GRANTS	38,030
DONATIONS - FUNDRAISER	91,359
Total	<u>\$ 521,952</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
JOB TRAINING	\$ 399,016
LESS: FOOD COSTS	-188,648
RENTAL INCOME	2,000
Total	<u>\$ 212,368</u>