Form **990-EZ**

TENDED TO NOVEMBER 15, 201 Short Form

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Information about Form 990-F7 and its instructions is at www.im.gov/formended.

A For the 2016 calendar year, or tax year beginning Conseq. direct continued	Inte	rnal Rev	enue Service					110111	natio	II ab	outi	Olli	990-1	-Z aii	u its ii	isu uci	lions is	at ww	w.ir	s.gov/for	m990.	9		-	inspe	CHOIL
Contributions, gifts, grants, and similar amounts received 1 32,541.	B Check if																									
Section Contributions, order or granization used Schedule 0 to respond to any question in this Part 1	В	applicat	t ble:	CN	Name	of org	aniza	tion								0	100				D Er	mploy	er ide	entifica	tion num	ber
Number and street (or P.O. Dox, if mail is not delivered to street address) Röm/suite Effetphone number R47-396-9144		Addr	ress change															MI	100	7	1					
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Part										_				Associ	iation		Other									
Peweruse Expenses, and Changes in Net Assets or Fund Balances See the instructions for Part	L	Add lin	nes 5b, 6c, a	and 7	7b to	line 9	to de	termi	ne gr	oss re	eceipts	s. If g	ross re	ceipts	are \$20	00,000	or more	or if tot	tal as	sets (Part	11,					
Check if the organization used Schedule O to respond to any question in this Part I		colum	n (B) below) are	e \$50	0,000	or mo	ore, fi	le For	m 99	0 inst	ead of	f Form	990-E	Z								\$		71	,755.
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20	Other cha	nges	s in ne	et ass	ets or	fund	balan	ces (explai	n in S	chedu	le 0)								20				
	_	21	Net asset	s or f	fund	baland	es at	end (of yea	r. Cor	nbine	lines	18 thr	ough 2	20						. •	21				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

Pa	art II	the state of the s	and to any avectic	an in this Dort II			
_		Check if the organization used Schedule O to resp	bond to any questic	(A) Beginning of year	Τ	/D) [End of year
22	Cach	equipme, and investments		10,292.	22	(6)	6,033.
22		savings, and investments and buildings		10,292.			0,033.
24		VII. C.			23		
-		assets (describe in Schedule 0)		10,292.			6,033.
25		assets		0.			0,033.
26		liabilities (describe in Schedule 0)		10,292.	26		6,033.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishmen	ots (see the instruc		27		
1 6	21 (111	Check if the organization used Schedule O to resp	*		Х		xpenses I for section
IA/los	t in the			on in this Part III	Δ		and 501(c)(4)
		organization's primary exempt purpose? SEE ATTACHED S			_	organizati others.)	ons; optional for
		rganization's program service accomplishments for each of its three largest program so be the services provided, the number of persons benefited, and other relevant informat		es. In a clear and concise		others.)	
		SCHEDULE O			_		
28	255	SCHEDOLE O			-		
	10 1	26 900			-,		36,800.
	(Grants	36,800.) If this amount includes foreign g	grants, check here	·····	_	28a	30,000.
29					-		
					-		
	(Grants) If this amount includes foreign g	rants, check here	P (_	29a	
30							
					_,	219	
	(Grants		rants, check here) [30a	
31	Other p					525.03	
	(Grants) If this amount includes foreign g	rants, check here	> \		31a	26 222
32	Total p	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Er				32	36,800.
Pa	art IV				e the ir	nstructions fo	
		Check if the organization used Schedule O to resp	ond to any questic	on in this Part IV			X
			(b) Average hours	(c) Hopertubic		alth benefits, ibutions to	(e) Estimated
		(a) Name and title	per week devoted to	VV-2/ (U88-IVIISC)	emplo	yee benefit	amount of other
			position	(if not paid, enter -0-)		pensation	compensation
HE	RBEF	RT KANTER					
PR	ESIL	DENT & DIRECTOR	0.00	0.		0.	0.
WI	LLIA	AM WOLOSHIN					
SE	CRET	TARY & DIRECTOR	0.00	0.		0.	0.
		ESSES					
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	D SC						
		PRESIDENT & DIRECTOR	0.00	0.		0.	0.
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DI	RECT	FOR	0.00	0.		0.	
6321	72 12-08-	-16				Form	990-EZ (2016

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33	<u> </u>	instructions for Part V) Check if the organization used Sch. O to respond to any question in this		1	X
38 Dict he operated to expend any significant activity not previously expended to the IRSP Y Yes, provide a detailed description of each activity in Scholadia C 44 Were any significant damps in the to the organization proversing documents? If Yes, 1 artists a conformed copy of the amended cocuments if they (effect a change to the organization in the unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on the 2, 69, and 79, among others)? 50 If the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on the 2, 69, and 79, among others)? 61 If Yes is the programation or the control of the year? If Yes, 1 from business activities (such as those reported on the 2, 69, and 79, among others)? 62 Was the organization step of the 3 from 990-T for the year? If Yes, 1 from 5 from 5 from 990 year organization activities of the organization act					
activity in Schedule 0 A Were an synchrotical changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents? If they reflect a change, to the organization is name, Cherwose, explain the change on Schedule C (see instructions) 34 X 35 36 bit the organization have a related business gons intermed on the 1000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 36 8 If Yes's froit in Sab, bas the organization deta a Form 990-1 for the year? If they provide an explanation in Schedule O. 36 8 If Yes's froit in Sab, bas the organization deta a Form 990-1 for the year? If they provide an explanation in Schedule O. 36 8 If Yes's children Sab, bas the organization deta a Form 990-1 for the year? If they provide an explanation in Schedule O. 37 38 39 30 30 30 30 30 31 32 32 33 34 35 35 36 37 36 37 38 38 38 38 38 39 30 30 30 30 30 30 30 30 30	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			<u> </u>
documents if they critical a change; to the organizations canne. Otherwise, explain the denange on Schedule (0 (see instructions) and 15 to 16 the organization have unrelated business gross income at \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If Yor's to line 35a, has the organization flee a form 990-T for the year? If Yio,* provide an explanation in Schedule (0 and 15 to 16 to 16 year). Was the irrapination assettine 50°(c)(4), 50°10(5), or 50°(c)(6) organization in Schedule (0 part II). By the complete applicace period of Schedule (0, Fart III). See 10 bit the organization in effect of Indirect, as described in the instructions. The final amount of political expenditures, direct or indirect, as described in the instructions. The final amount of political expenditures, direct or indirect, as described in the instructions. The final amount of political expenditures, direct or indirect, as described in the instructions. The final amount on the political expenditures, direct or indirect, as described in the instructions. The final amount on the political expenditures, direct or indirect, as described in the instructions. The final amount of political expenditures, direct or indirect, as described in the instructions. The final amount of schedules of the tax year covered by their return? The final amount of the final amount of the tax year covered by the return? The final amount of the final amount of the tax year covered by the return? The final amount of the final amount of the tax year covered by the return? The final amount of the final amount of the tax year covered by the return? The final amount of the final amount of the tax year covered by the return? The final amount of the final amount of tax when the organization engage in any section 4559 excess benefit transaction of the final amount of tax on line 400 or remained in the part of the part under transaction of the part of the part of the part of the part of th			33		X
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b If Yes't to line 35s, has the organization rated a form 990-1 for the year? If Yes, 'provide an explanation in Schedule 0. Was the organization a section 5 oft()(4), 501(5)(5), or 91(c)(5) organization as beet to section 6033(s) note, reporting, and proxy tax requirements during the year? If Yes, 'complete Schedule C, Part III 50 bill the organization undergro a liquidation, ossolution, termination, or significant disposition of ret assets during the year? If Yes, 'organization deposition of section of the section of the complete planation of political expenditures, direct or indirect, as described in the instructions 71 c first amount of political expenditures, direct or indirect, as described in the instructions 82 bill the organization life form 1159-010, for this year? 83 bill the organization life form 1159-010, for this year? 83 bill the organization life form 1159-010, for this year? 84 bill the organization life form 1159-010, for this year? 85 Section 501(c)(7) organizations them are year covered by this return? 86 Section 501(c)(3) organizations for the area of the tax year covered by the return? 87 Section 501(c)(7) organizations triclated on line 9. 88 Section 501(c)(3) organizations for the area of the organization during the year under: 88 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. But the organization during the year under: 88 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. But the organization during the year under: 88 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. But the organization appear in an year section 4912 4, 495. and 4958 90 organization managers or disqualities persons during the year under sections 4912 4, 495. and 4958 90 organization managers or disqualities persons during the year under sections 4912 4, 495. and 4958 90 organization managers or disqualities persons during the year organization appear in an expense the formation organization appear in a proxy section 4912 4, 495. and 4912 4, 495. and 4912 4, 495. and 49	35 a				
e Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notes, reporting, and praxy tax requirements during the year? If Yes, complete Schedule (C. Part II) 356					
requirements during the year? If Yes, complete Schedule C, Part II Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete appricable parts on Schedule N 36			35b	N/	Α
36 Did the organization undergo a liquidation, restrination, or significant disposition of net assets during the year? If Yes, outpilets applicable parts to Steducilu N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions	Ç				₹.
as a principle applicable parts of Schedule N To Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? To Did the organization file Form 1120-POL for this year? To Did the organization file Form 1120-POL for this year? To Did the organization file Form 1120-POL for this year? To Did the organization file Form 1120-POL for this year? To Did the organization managers and still outstanding at the end of the tax year covered by this return? To Did Yes, complete Schedule L, Part I and enter the total amount involved Section 501(197,3) organizations. Enter: Indication fees and capital contributions included on line 9, for public use of club facilities Indication fees and capital contributions. Enter amount of tax imposed on the organization during the year under: Indication 4911	0.0		35c		
37 a Enter amount of political expanditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year? \$8 a Did the organization file Form 1120-POL for this year? \$8 b Did the organization berrow from, or make any tens to, any officer, director, trustee, or key employee or were any such icans made in a prior year and still outstanding at the end of the tax year covered by this return? \$8 b Political profits of the profits of the tax year covered by this return? \$8 b Political Politi	36		20		v
b lot the organization in Form 1120-PDL for this year? 38 b lot the organization berow from, or make any leans to, any officer, diversor, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b l'YA 38 b l'YA 38 b Section 501(c)? Organizations. Enter: a initiation fees and capital contributions included on line 9 38 b Crisos Steeples, micholded on the 9 for public use of club bacitities 39 b Crisos steeples, micholded on the 9 for public use of club bacitities 39 b N/A 39 b N/A 39 b N/A 39 b Crisos steeples, micholded on the 9 for public use of club bacitities 39 b N/A 39 b N/A 39 b N/A 39 b N/A 39 b Crisos steeples, micholded on the 9 for public use of club bacitities 39 b N/A 40 b Crisos steeples, micholded on the 9 for public use of club bacitities 39 b N/A 40 b Crisos steeples, micholded on the 9 for public use of club bacitities 39 b N/A 40 b Crisos steeples, micholded on the 9 for public use of club bacitities 40 b Crisos steeples, micholded on the 9 for public use of club bacitities 40 b Crisos steeples, micholded on the 9 for public use of club bacitities 40 b Crisos steeples, micholded on the 9 for public use of club bacitities 40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year and 15 tax misposed on organization managers or disqualified persons during the year and 458 port organization managers or disqualified persons during the year and 50 for part of developed by the organization and year of disqualities. Schedule 1, Part 1 40 b Call organization managers or disqualified persons during the year and 458 port of the organization and year of disqualities. A michold organization and year of disqualities and 458 port of the organization and year of disqualities. A michold organization and year of the certain year of the certain year of the certain year of the certain year of the cert	97.			and ju	Α.
38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstancing at the end of the tax year covered by this roturin? 38 Different and still outstancing at the end of the tax year covered by this roturin? 38 Different and still outstancing at the end of the tax year covered by this roturin? 38 Different and still outstancing at the end of the tax year covered by this roturin? 38 Different and still outstancing at the end of the tax year covered by this roturin? 39 Different and still outstancing at the end of the tax year covered by the organization still and the organization and and the organization organization and the or					x
in a prior year and selfi outstanding at the end of the tax year covered by this return? If Yes, complete Schedule L, Part 11 and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Boross receipts, included on line 9 Boross receipts and section 4911 P Boross receipts, included on line 9 Boross receipts and section 4915 P			310		
b if Yes,* complete Schedule L, Part II and enter the total amount involved 98 Section 501(c)(7) organizations. Enter: 198 Indiation fees and capital contributions included on line 9 9 Cross receipts, included on line 9, for public use of club facilities 99 Indiation fees and capital contributions included on line 9 9 Cross receipts, included on line 9, for public use of club facilities 90 Indiation fees and capital contributions included on line 9 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in any section 4956 excess benefit transaction during the year, or clid it engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ? If Yes,* complete Schedule I, Part 1 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disquallied persons funding the year amount of tax on line 40c reimbursed by the organization. 9 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 10 All organizations boxes are in care of ► ARTHUR FARBER 10 Telephone no. ► 8473969144 10 Telepho	004		38a		Х
Section 501(c)(?) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club lacilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4912 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dot the organization engage in any section 4968 excess benefit transaction during the year, or did the lengage in an excess benefit transaction of uring the year, or did it lengage in an excess benefit transaction in a prior year that has not been reported an any of 18 prior forms 990 or 990-EZ? If 'Yes, 'complete Schedule, I Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 4. List the states with which a copy of this return is filed ▶ II. 4. The organization's blooks are in care of ▶ ARTHUR FARBER Telephone no. ▶ 8473365144 Located at ▶ 950 AUGUSTA WAY #313, HIGHLAND PARK, IL ZIP+4 ▶ 60035 b 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. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). A lary time during the calendar year, did the organization reachain an office outside the United States? If 'Yes,' enter the name of the foreign country. ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received	b	,	1.00		
a Initiation fees and capital contributions included on line 9 b Cross receipts, included on line 9, for public use of club lacifities 40 Section 91(r(s)) organizations. Enter amount of tax imposed on the organization during the year under: section 911			7	-	
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dut the organization angage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes,' complete free amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4956, and 4958			7	n die Nation	4 42
section 4911			7		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E72 if 'Yes', complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax emposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax emposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization with a copy of this return is filled ► II. It organizations that any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled ► II. The organization's books are in care of ► ARTHUR FARBER Telephone no. ▶ 8473969144 Located at ► 950 AUGUSTA WAY #313, HIGHLAND PARK, II. ZIP+4 ► 60035 b At any time during the calendar year, did the organization have an interest tro or a signature or other authority over a financial account in a foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 1941- Check here and enter the name of the foreign country: If 'Yes,' enter the name of the foreign country: Death of the organization preserved than the			- 1 e = 4		
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Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Enter filer's identifying number

Employer identification number (EIN) or

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

Name of exempt organization or other filer, see instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	GREAT VEST SIDE CLUB OF CHIC	CAGO			30-02	266773
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see 2222 CHESTNUT AVENUE	e instruct	ions.	Social se	curity num	
instructions	City, town or post office, state, and ZIP code. For a fore GLENVIEW, IL 60026	eign addr	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file a	a separat	e application for each return)			0 1
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	organization does not have an office or place of business ir is for a Group Return, enter the organization's four digit Gr	oup Exer	mption Number (GEN) I	f this is fo	r the whole	group, check this
for	equest an automatic 6-month extension of time until	ganizatio		the exem	npt organiza	ation return
2 If t	he tax year entered in line 1 is for less than 12 months, che Change in accounting period	ck reaso	n: Initial return f	Final retur	n	
		2000				
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		r 6069, e	nter the tentative tax, less any	3a	\$	0.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

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46		rganization engage, directly or indirectly, in	political campaign activities	s on behalf of or it	n oppositio	on to candidates for p	ublic office?			v
Da		omplete Schedule C, Part I Section 501(c)(3) organization	ne only					46		X
1 0		All section 501(c)(3) organizations mus		9h and 52 and	complete	e the tables for line	50 and 51			
		Check if the organization used Schedu								
		oriodit ii ii organization acca contaca	no o to respond to dry t	quodion in this	ruit vi				Yes	No
47	Did the or	rganization engage in lobbying activities or h	nave a section 501(h) electi	on in effect during	g the tax v	ear? If "Yes." complete	Sch. C. Part II	47		X
48		anization a school as described in section 1						48		Х
		ganization make any transfers to an exempt	THE STATE AND ADDRESS OF THE STATE OF THE ST					49a		X
		vas the related organization a section 527 or						49b		
50	Complete	this table for the organization's five highest	compensated employees (other than officer	s, director	s, trustees, and key er	nployees) who ea	ch rec	eived n	nore
	than \$100	0,000 of compensation from the organization	n. If there is none, enter "No	one."				,		
		(a) Name and title of each employe	ee	(b) Average		(C) Reportable compensation (Forms	(d) Health benefits contributions to	1 1) Estima	
		NO.		per week dev position		W-2/1099-MISC)	employee benefit plans, and deferred	the same	ount of mpensa	
		NC NC	NE	positioi			compensation	- 00	Препас	111011
								+		
								+		
								+-		
								+		
		ion. If there is none, enter "None." NC	dent contractor		(b) Type of service	(c) (Compe	ensation	
d 52		nber of other independent contractors each r ganization complete Schedule A? Note : All		tions must attach	a	>				
		d Schedule A						Υe		No
		of perjury, I declare that I have examined the						ge and	belief,	IT IS
true,	correct, ar	nd complete. Declaration of preparer (other	than officer) is based on all	information of w	nich prepa	rer nas any knowledg	e. 1			
Sig	ր 🌗	Signature of officer					Date			
Hei		HERBERT KANTER, PR	ESIDENT							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Pai	d					self- emplo	A CONTRACTOR OF THE PARTY OF TH			
	parer	JACK J. ESSES					P004			
	e Only	Firm's name ► JESSER RAVI				LLP Firm's EIN	▶ 46-235			
	y	Firm's address ► 150 N. WAC			0 0	Phone no	312-782	2-4	710	
			L 60606-1659)						
May	the IRS dis	scuss this return with the preparer shown at	ove? See instructions					X Ye		No
								nrm Q	90-FZ	ZIIID

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 16

Open to Public Inspection

Name of the organization

Employer identification number

		GREA	T VEST SID	E CLUB OF CH	ICAGO			3	0-0266773
Pé	rt I	Reason for Public (Charity Status	(All organizations must	complete th	is part.) Se	e instructions		-
The	organ	ization is not a private found A church, convention of ch		•	-	·-	(VAVI)		
2	Ħ						·/\~/\!\		
_		A school described in sect A hospital or a cooperative		· · · · · · · · · · · · · · · · · · ·			:: \		
3		A medical research organiz					•	(iii) Enter	the hospital's name
4	LJ		ation operated in co	Anjunction with a mospite	ii ucsciibed	III SECUO	и тоцы, ца,	(in). Eliter	trie nospital s name,
-		city, and state: An organization operated for	ar the benefit of a co	ollogo or university own	d or operat	ad bu a aa		it doorin	ad in
5		- ·		niege or university owne	d or operati	ed by a go	verninental ul	iit describe	eu in
_		section 170(b)(1)(A)(iv). (0	•						
6		A federal, state, or local go	-						
7		An organization that norma	•	antial part of its support	from a gove	ernmental	unit or from th	e general į	oublic described in
		section 170(b)(1)(A)(vi). (C	,						
8	\square	A community trust describe							
9	L	An agricultural research org	ganization described	I in section 170(b)(1)(A	(ix) operate	ed in conju	inction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the i	name, city	, and state of t	the college	or
		university:							
10	X	An organization that norma	illy receives: (1) more	e than 33 1/3% of its sup	port from c	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions	and (2) no	more than	33 1/3% of its	s support i	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fi	om busines	ses acqui	red by the orgi	anization a	fter June 30, 1975.
		See section 509(a)(2), (Cor	mplete Part III.)						
11		An organization organized	and operated exclus	sively to test for public s	afety See :	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, t	o perform ti	he function	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	or section :	509(a)(2).	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that	_						
a		Type I. A supporting orga	• •					-	giving
-	-	the supported organization	•	•	•	_			• •
		organization. You must o							,, ,
b		Type II. A supporting org	•		tion with its	s supporte	nd organization	n(s) by hav	rina
	L	control or management o	,				-		=
		organization(s). You mus			arno porac.	110 11101 001	indi di manag	o tho dop	, or to 0
_		Type III functionally inte	- :		l in connect	tion with a	and functionall	v integrate	d with
C		its supported organization						y intograto	G With,
		Type III non-functionally	, , ,	•			•	ed organi:	ration(e)
d	· L								
		that is not functionally int	•		-			an autonin	1011020
		requirement (see instructi						L Tuno III	
е		Check this box if the orga					турел, турел	i, Type iii	
_		functionally integrated, or	•	many integrated suppor	ing organiz	auon.			
Ť		r the number of supported o	•						
g		ride the following information Name of supported	ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the orga	inization Tisled	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	Yes	ng document?	support (see in:	·-	support (see instructions)
				above (see instructions))	163	140			
					+	1			
					+				
					 	 	<u> </u>		
			:		}	[
				 	1				
Tot:					 				

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.)

Se	ction A. Public Support			•			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	197-31	157		<u> </u>
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions					o faza filorituda di unido H	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					\$1.114	
	amount shown on line 11,					1	
	column (f)						
6	Public support. Subtract line 5 from line 4.				No. (migration in Superiormida communication)		
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		,				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	1					
	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		garanta en la comunicación de la c				
12	Gross receipts from related activities,		ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	p here				,,	>
Se	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2016 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>
15	Public support percentage from 2015	Schedule A, Part	II, line 14		.,,.,,	15	<u>%</u>
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the	organization did no	nt check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2016 . If the org	anization did not o	check a box on line	13, 16a, or 16b, a	ınd line 14 is 10% or	more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organiz	zation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a ¡	publicly supported	organization		▶□
k	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	ly supported organ	nization	
18	Private foundation, If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	>
					Sche	dule A (Form 990 d	or 990-EZ) 2016

632022 09-21-16

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

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

qualify under the tests listed b	elow, please comp	lete Part II.)		· · · · · · · · · · · · · · · · · · ·		
Section A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
 Gifts, grants, contributions, and 						
membership fees received. (Do not						
include any "unusual grants.")	48,233.	38,987.	50,333.	75,847.	32,541.	245,941.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,024.	35,055.	42,772.	39,539.	39,214.	189,604.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513			:			
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge	04 055	E4 040	02 105	115 206	01 055	425 545
6 Total. Add lines 1 through 5	81,257.	74,042.	93,105.	115,386.	71,755.	435,545.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
8 Public support. (Subtract line 7¢ from line 6.) Section B. Total Support			ase to coeste bilistra.			435,545.
Calendar year (or fiscal year beginning in)	(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	81,257.	74,042.	93,105.	115,386.	71,755.	435,545.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						<u></u>
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						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	81,257.	74,042.		115,386.	71,755.	
14 First five years. If the Form 990 is for	r the organization's	first, second, third	, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Publi					1	400 00
15 Public support percentage for 2016 (I			olumn (f))			100.00 %
16 Public support percentage from 2015					16	<u>100.00 %</u>
Section D. Computation of Inves						00
17 Investment income percentage for 20				I	17	.00 %
18 Investment income percentage from					18	% 7 is not
19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2015. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	►\X
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20 Private foundation. If the organization	n did not check a t	oox on line 14, 19a	, or 19b, check th			0 or 990-EZ) 2016

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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Schedule A (Form 990 or 990-EZ) 2016

Pa	rt IV	Supporting Organizations (continued)			.900
				Yes	No
11	Has ti	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)		S 14. 21	
		, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described in (a) above?	11b		
C	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
			•	Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to	e (v.j.)		
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the		N 104	
	_	par? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,		, in a real	
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	e e ute		Esta e
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	_	e organization operate for the benefit of any supported organization other than the supported	11.		
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			rio I
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			Lingii e
		vised, or controlled the supporting organization.	2		
Sec		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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		E C	y is
		nagement of the supporting organization was vested in the same persons that controlled or managed	1.	1.4	r - W
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			N. N.A
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 110		
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		2.2.2.	
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the on	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			AAN .
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			AVE I
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions).		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of	115		pi si
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,	. ,	٠, .	l
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			N
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these		ri kurti.	e see
	activit	ies but for the organization's involvement.	<u>2b</u>		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
þ		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	:		ļ
	of its:	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

632025 09-21-16

	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses baid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	44-11		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	10, 214 3		
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	O OZOOTIJ Page /	
Sect	ion D - Distributions	Current Year			
_1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
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				
	(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				
Secti	extion E - Distribution Allocations (see instructions)		(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6		Paragraph Arabin		
2	Underdistributions, if any, for years prior to 2016 (reason-				
	able cause required- explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2016:				
а					
b_		And the second s			
С	From 2013	1	Parties at 1		
d	From 2014				
е	From 2015	A CONTRACTOR OF THE CONTRACTOR			
f	Total of lines 3a through e		A CONTRACTOR OF THE CONTRACTOR		
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
ì	Carryover from 2011 not applied (see instructions)				
<u>. i.</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D,				
	line 7: \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a	Applied to underdistributions of prior years			The control of the co	
b	Applied to 2016 distributable amount	The state of the s			
С	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c				
8	Breakdown of line 7:				
a					
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
е	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE FOLLOWING 501[C][3] GRANTEE NAME: ARMDI (AMERICAN FRIEDS OF MAGEN DAVID ADOM) GRANTEE ADDRESS: 3175 COMMERCIAL AVENUE SUITE 101 NORTHBROOK, IL 60062 DATE OF GIFT: VARIOUS AMOUNT GIVEN: 35,000. ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTIONS OR GIFTS HAVE BEEN MADE TO THE FOLLOWING 501[C][3] GRANTEE NAME: ILLINOIS HOLOCAUST MUSEUM AND EDUCATION CENTER GRANTEE ADDRESS: 9603 WOODS DRIVE SKOKIE, IL 60077 DATE OF GIFT: 09/19/16 AMOUNT GIVEN: 1,800. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 36,800. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: CHARITABLE CONTRIEUTION OR GIFTS HAVE BEEN MADE TO THE FOLLOWING 501[C][3] ORGANIZATION: ARMDI(AMERICAN FRIENDS OF MAGEN DAVID ADOM) 35,000 3175 COMMERCIAL AVE, SUITE 101 NORTHBROOK, ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER 1,800 9603 WOODS DRIVE SKOKIE, IL 60077 TOTAL INCLUDED ON FORM 990-EZ, LINE 28 36,800

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

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 6 Open to Public Inspection

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 30-0266773

3.1
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE
MEMBERSHIP IN THE GREAT VEST SIDE CLUB OF CHICAGO ("GSV") IS OPEN TO
THE PUBLIC OF THE PEOPLE WHO WERE BORN BETWEEN APPROXIMATELY 1922 AND
1942 AND GREW UP ON THE WEST SIDE OF CHICAGO, PARTICULARLY, LAWNDALE.
GSV DERIVES ITS REVENUES FROM BANQUETS SPONSORED TWICE A YEAR THAT IS
ATTENDED BY ITS MEMBERS AND ON OCCASION OTHER INVITEES FOR THE PURPOSE
OF RAISING MONEY FOR THE VARIOUS APPROVED 501[C][3] CHARITIES. THE
BOARD OF DIRECTORS CONSIDER AND APPROVE ALL GIFTS TO CHARITIES.
HOWEVER, THE PRINCIPAL BENEFICIARY OF THESE GIFTS HAS BEEN AND WILL
CONTINUE TO BE THE "AMERICAN FRIENDS OF MOGEN DAVID ADOM" OR "ARMDI".
ARMDI IS AN APPROVED 501[C][3] NON-PROFIT ORGANIZATION WHICH SERVES AS
THE STATE OF ISRAEL'S EMERGENCY MEDICAL, DISASTER, AMBULANCE, BLOOD AND
HEALTHCARE NETWORK. GIFTS TO ARMDI BY THE GVS HAS BEEN USED PRIMARILY
TO FUND THE PURCHASES OF AMBULANCES FOR USE IN ISRAEL.
OTHER APPROVED 501[C][3] ORGANIZATIONS THAT HAVE RECEIVED GIFTS FROM
THE GVS INCLUDE [1] ISRAEL CANCER RESEARCH FUND, [2] ISRAEL TENNIS
FOUNDATION, [3] WETA PUBLIC TELEVISION, [4] LEUKEMIA RESEARCH, [5]
FELICIA KAPLAN MEMORIAL FOUNDATION, AND [6] AMERICAN COMMITTEE FOR
SHAARE ZEDEK MEDICAL CENTER IN JERUSALEM PRIMARILY TO PURCHASE DIALYSIS
MACHINES FOR USE IN ITS PEDIATRIC DIALYSIS DEPARTMENT.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Employer identification number 30-0266773

ALL GVS ACTIVITIES ARE CONDUCTED IN THE CHICAGO METROPOLITAN AREA AND
ITS SUBURBS. ALL OF THE TIME OF THE GVS IS ALLOCATED OR DEVOTED TO ITS
CHARITABLE PURPOSES AND ITS SOLE SOURCE OF FUNDING ARE THE SEMI-ANNUAL
BANQUETS. ALL DIRECTORS AND OFFICERS ARE VOLUNTEERS AND SERVE WITHOUT
ANY REMUNERATION OR COMPENSATION.
FORM 990-EZ, PART IV, OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
ALL DIRECTORS AND OFFICERS ARE VOLUNTEERS AND SERVE WITHOUT ANY
REMUNERATION OR COMPENSATION AND DEVOTE ALL TIME NECESSARY OR REQUIRED
TO THE ORGANIZATIONS CHARITABLE PURPOSES.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
•

Name of the organization

GREAT VEST SIDE CLUB OF CHICAGO

Employer identification number 30-0266773

GREAT VEST SIDE CLUB (OF CHICAGO		30-02667	73		
GREAT VEST SIDE CLUB OF CHICAGO 30-0266773 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)						
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits,	(e) Estimated amount of other compensation		
PHILLIP WITT						
DIRECTOR	0.00	0.	0.	0.		
JOSH CARL						
DIRECTOR	0.00	0.	0.	0.		
DAN ZAKON						
DIRECTOR	0.00	0.	0.	0.		
DICK MILLSTONE	0.00					
DIRECTOR	0.00	0.	0.	0.		
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