

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning, 2016, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending.
C Name of organization STREETWISE, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code.
D Employer identification no. 36-3892424
E Telephone number (773) 334-6600
G Gross receipts \$ 803,591
F Name and address of principal officer: JULIE YOUNGQUIST, Same as C above
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527
J Website: WWW.STREETWISE.ORG
K Form of organization: Corporation Trust Association Other
L Year of formation: 1992
M State of legal domicile: IL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Briefly describe the organization's mission or most significant activities: PROVIDE ECONOMIC OPPORTUNITY FOR HOMELESS INDIVIDUALS. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7. Number of voting members, independent voting members, total individuals employed, total volunteers. 7a. Total unrelated business revenue. 7b. Net unrelated business taxable income. 8-12. Revenue (Contributions, program service, investment, other). 13-19. Expenses (Grants, benefits, salaries, fundraising, other). 20-22. Net assets or fund balances (Total assets, total liabilities, net assets).

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: JULIE YOUNGQUIST, Signature of officer, Date. JULIE YOUNGQUIST, EXECUTIVE DIRECTOR, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name George J Bilek, Preparer's signature, Date 11-08-2017, Check self-employed, PTIN P01214046, Firm's name George J Bilek CPA LLC, Firm's EIN, Firm's address Galena IL 61036, Phone no. 847-494-6663.

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

**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:  
**PROVIDE ECONOMIC OPPORTUNITY FOR HOMELESS INDIVIDUALS**

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 \$ 529,122 including grants of \$ ) (Revenue \$ )  
**PROVIDE ECONOMIC OPPORTUNITIES FOR THE HOMELESS THROUGH THE PUBLICATION OF A COMMUNITY NEWSPAPER AND OTHER EDUCATIONAL PROGRAMS**

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

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

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ **529,122**

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

**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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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, Part 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>		X
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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

Main form area containing questions 1a through 14b with corresponding input fields and Yes/No columns.

**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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	
7b	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:		
8a	The governing body?	X	
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **Illinois**
- 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: **JULIE YOUNGQUIST (773) 334-6600, 4554 N BROADWAY, Chicago, IL 60640-7962**

**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) KAREN PITTENGER VICE CHAIRMAN - INTERNAL	10.00	X						0	0	0
(2) PETE KADENS CHAIRMAN	10.00	X						0	0	0
(3) JONATHAN REINSORF VICE CHAIRMAN EXTERNAL	10.00	X						0	0	0
(4) COLLIN WILLIAMS SECRETARY	10.00	X		X				0	0	0
(5) AARON FRIEDMAN TREASURER	10.00	X		X				0	0	0
(6) BRADLEY AKERS BOARD MEMBER	2.00	X						0	0	0
(7) RICHARD BOYKIN BOARD MEMBER	2.00	X						0	0	0
(8) BRUCE CRANE BOARD MEMBER	2.00	X						0	0	0
(9) KATIE COLELLI BOARD MEMBER	2.00	X						0	0	0
(10) RAY GILLETTE BOARD MEMBER	2.00	X						0	0	0
(11) ADAM MEEK BOARD MEMBER	2.00	X						0	0	0
(12) SARAH NEUKOM BOARD MEMBER	2.00	X						0	0	0
(13) SCOTT STEWARD BOARD MEMBER	2.00	X						0	0	0
(14) ANDREW FEICHTER BOARD MEMBER	2.00	X						0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(15) MARK JOHNSON BOARD MEMBER	2.00	X						0	0	0
(16) MICA MATSOFF BOARD MEMBER	2.00	X						0	0	0
(17) LAURA REFF BOARD MEMBER	2.00	X						0	0	0
(18) NEEMA VARGHESE BOARD MEMBER	2.00	X						0	0	0
(19) BEN SWARTZ BOARD MEMBER	2.00	X						0	0	0
(20) TED PERLSTEIN BOARD MEMBER	2.00	X						0	0	0
(21) AJAY PATTANI BOARD MEMBER	2.00	X						0	0	0
(22) JULIE YOUNGQUIST EXECUTIVE DIRECTOR	40.00			X				115,000	0	0
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								115,000	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**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 . . . . .					
	b	Membership dues . . . . .					
	c	Fundraising events . . . . .					
	d	Related organizations . . . . .					
	e	Government grants (contributions) . . . . .					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	374,424			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		374,424			
Program Service Revenue	2a	NEWSPAPER OPERATION	Business Code	511110	236,350	236,350	
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		236,350			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		33	33		
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . . ▶					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . a		192,546				
b	Less: direct expenses . . . . . b		65,747				
c	Net income or (loss) from fundraising events . . . . . ▶		126,799		126,799		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a						
b	Less: direct expenses . . . . . b						
c	Net income or (loss) from gaming activities . . . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . . a						
b	Less: cost of goods sold . . . . . b						
c	Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	238	238			
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		238				
12	<b>Total revenue.</b> See instructions . . . . . ▶		737,844	236,621	0	126,799	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	115,000	76,713	20,179	18,108
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 . . . . .	318,578	212,512	55,901	50,165
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	28,280	17,534	5,090	5,656
10	Payroll taxes . . . . .	38,940	24,143	7,009	7,788
11	Fees for services (non-employees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .				
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.) . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	1,385		1,385	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	63,002	50,402	6,300	6,300
17	Travel . . . . .	1,720	1,376		344
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	12,195	9,146	3,049	
23	Insurance . . . . .	8,871	7,097	887	887
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	<u>MAGAZINE PRODUCTION</u>	87,900	87,900		
b	<u>TRANSITIONAL JOBS PROGRAM</u>	6,119	6,119		
c	<u>MAINTENANCE</u>	3,292	2,634	329	329
d	<u>DUES &amp; SUBSCRIPTIONS</u>	1,450	1,160		290
e	All other expenses	53,227	32,386	11,755	9,086
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	739,959	529,122	111,884	98,953
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input 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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	253,379	1	196,032
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	80,025
	4	Accounts receivable, net	29,660	4	28,860
	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		8	
	9	Prepaid expenses and deferred charges	10,430	9	8,266
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 102,321		
	b	Less: accumulated depreciation	10b 84,247	10c 30,269	18,074
	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		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	323,738	16	331,257	
Liabilities	17	Accounts payable and accrued expenses	20,856	17	30,728
	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		22	
	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	238	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	21,094	26	30,728
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets	42,126	28	80,025
	29	Permanently restricted net assets	260,518	29	220,504
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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		32	
	33	<b>Total net assets or fund balances</b>	302,644	33	300,529
	34	<b>Total liabilities and net assets/fund balances</b>	323,738	34	331,257

**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	737,844
2	Total expenses (must equal Part IX, column (A), line 25)	2	739,959
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,115)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	302,644
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	300,529

**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
b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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.	X	
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?		
b	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)**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Employer identification number

**STREETWISE**

36-3892424

**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)						
<b>Total</b>						

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2016; 16 Public support percentage from 2015 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2016; 18 Investment income percentage from 2015 Schedule A, Part III, line 17

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 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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-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 <b>Total annual distributions.</b> 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 <b>Total</b> 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 <b>Excess distributions carryover to 2017.</b> 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 of Contributors**

**2016**

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

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

<b>Name of the organization</b> STREETWISE	<b>Employer identification number</b> 36-3892424
---	---

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 33 1/3% 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 <b>STREETWISE</b>	Employer identification number 36-3892424
---	--

**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	ANONYMOUS PERSON  4554 N BROADWAY SUITE 350  Chicago, IL 60640	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BRUCE CRANE  4449 DAVIS ST  Skokie, IL 60076-1644	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JAMES MABIE FOUNDATION  285 OLD FARM RD  Winnetka, IL 60093	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JANICE FEINBERG  415 E. NORTH WATER ST  Chicago, IL 60611	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN E & JEANNE HUGHES CHARITABLE  1057 W MONROE  Chicago, IL 60607	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LAUREN G ROBISHAW FAMILY FOUNDATION  1300 N LASKESHORE DR UNIT 24A  Chicago, IL 60610	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

STREETWISE

Employer identification number

36-3892424

**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	TRISH & GENE ODELL  56 LAKEFIELD PLACE COURT  Grover, MO 63040	\$ 10,047	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.)
—	— — —	\$ —	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization STREETWISE

Employer identification number 36-3892424

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and modified easements, and two yes/no questions about monitoring and reporting.

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 2 columns: Description, Amount. Rows include reporting requirements for collections of art and historical treasures, and amounts for revenue and 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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in 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:

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other. Total: 102,321, 84,247, 18,074.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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





**Part I Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL GALA</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . . .	192,546		192,546
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	192,546		192,546
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	65,747		65,747
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			65,747
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			126,799	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2016**

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  
Inspection**

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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**STREETWISE**

**36-3892424**

**01. Member election for additional members (Part VI, line 7a)**

POTENTIAL BOARD MEMBERS ARE IDENTIFIED AND THEN INTERVIEWED BY SELECT MEMBERS OF THE  
BOARD.

**02. Form 990 governing body review (Part VI, line 11)**

FORM 990 IS AVAILABLE TO ANY BOARD MEMBER WHO REQUESTS A COPY. THE FORM IS REVIEWED BY  
THE FINANCE COMMITTEE AND PRESENTED TO THE BOARD BEFORE FILING.

**03. CEO, executive director, top management comp (Part VI, line 15a)**

THE SALARY AND PERFORMANCE OF THE EXECUTIVE DIRECTOR IS REVIEWED BY THE EXECUTIVE  
COMMITTEE

**04. Governing documents, etc, available to public (Part VI, line 19)**

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN  
REQUEST.

**05. General explanation attachment**

PART I LINE 6 - VOLUNTEERS

VOLUNTEERS HELP WITH VARIOUS ACTIVITIES THAT HELP THE ORGANIZATION REMAIN A VIABLE  
ENTITY

Depreciation and Amortization (Including Information on Listed Property)

2016

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Attachment Sequence No. 179

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

STREETWISE

FORM 990 - 1

36-3892424

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.

Table with 13 rows for Section 179 election. Includes fields for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and carryover amounts.

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.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation. Includes fields for special allowance, property subject to election, and other depreciation (totaling 12,195).

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

Section A

Table with 2 rows for MACRS Depreciation Section A. Includes fields for MACRS deductions and election to group assets.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, residential rental, and nonresidential real property.

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

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Includes fields for listed property amount, total depreciation (12,195), and section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**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](http://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).

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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>STREETWISE</b>	Employer identification number (EIN) or <b>36-3892424</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4554 N BROADWAY</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Chicago, IL 60640-7962</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **JULIE YOUNGQUIST, 4554 N BROADWAY, Chicago, IL 60640-7962**

Telephone No. ▶ **773-334-6600** FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 16 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

**2016**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**STREETWISE**

Employer identification number

**36-3892424**

Name and title of officer

**JULIE YOUNGQUIST, EXECUTIVE DIRECTOR**

## 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.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>737,844</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

## 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

I authorize George J Bilek CPA LLC to enter my PIN 57096 as my signature  
ERO firm name 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 ▶ \_\_\_\_\_

## 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.

367864 64999  
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 ▶ 11-08-2017

**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 instructions.

Form 8879-EO (2016)

EEA

FOR YOUR RECORDS ONLY  
Federal Supporting Statements

2016 PG01

Name(s) as shown on return

STREETWISE

FEIN

36-3892424

Form 990 - Schedule D - Part VI - Line 1e

Statement #D1e

Investments - Other

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
EQUIPMENT	60,000	0	42,000	18,000
OFFICE & TELEPHONE EQUIPMENT	13,340	0	13,266	74
COMPUTERS & TELEPHONE EQUIP	28,981	0	28,981	0
<b>Total</b>	<u>102,321</u>	<u>0</u>	<u>84,247</u>	<u>18,074</u>

PG01

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: STREETWISE

Address: 4554 N BROADWAY, Chicago, IL 60640-7962

EIN: 36-3892424

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

Name(s) as shown on return

FEIN

STREETWISE

36-3892424

Part IX Line 24e All Other Expenses-Program

Description	Amount
TELECOMMUNICATIONS	\$ 3,522
MEMBERSHIPS	1,602
PAYROLL PROCESSING FEES	1,784
CONTRACT LABOR	13,436
EQUIPMENT RENTAL	6,652
MONEY TRANSPORT	2,330
VENDOR IN REACH	2,593
POSTAGE & DELIVERY	467
<b>Total:</b>	<b>\$ 32,386</b>

Part IX Line 24e - All Other Expenses-Mgmnt & General

Description	Amount
TELECOMMUNICATIONS	\$ 440
BAD DEBT EXPENSE	2,650
FOOD & BEVERAGE	471
PROFESSIONAL FEES	4,385
EQUIPMENT RENTAL	832
STAFF BOARD DEVELOPMENT	2,479
PAYROLL PROCESSING FEES	453
MARKETING	45
<b>Total:</b>	<b>\$ 11,755</b>

Part IX Line 24e-Other Expenses Fundraising

Description	Amount
PAYROLL PROCESSING FEES	\$ 426
POSTAGE & DELIVERY	1,869
EQUIPMENT RENTAL	832
RESEARCH & DEVELOPMENT	1,122
SERVICE CHARGES	4,397
TELECOMMUNICATIONS	440
<b>Total:</b>	<b>\$ 9,086</b>

Form 990  
Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

2016

Tax ID Number  
36-3892424

(Keep for your records)

Name(s) as shown on return  
STREETWISE

48,453

2% of the amount on Schedule A, Part II, line 11, column (f) . . . . .

Name	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
ROBERT CARONE		13,500	15,000	5,000	5,000	38,500	
ANONYMOUS PERSON		75,000	5,000	65,000	65,000	210,000	161,547
BRUCE CRANE	10,227	14,981	10,384	10,000	10,000	55,592	7,139
JAMES MABIE FOUNDATION	25,019	11,500	5,000	10,000	10,000	61,519	13,066
JANICE FEINBERG	8,000	25,000	25,000	25,000	35,000	118,000	69,547
RAY & SUSAN GILLETTE FAMILY FOUND		8,900	5,000	5,000	7,050	25,950	
JOHN E & JEANNE HUGHES CHARITABLE			5,000	7,500	10,000	22,500	
CLUNE CONSTRUCTION COMPANY		5,100	5,000	5,000	5,000	20,100	
WINNETKA CONGREGATIONAL CHURCH		6,000	6,000	7,500	7,000	26,500	
KIRKLAND & ELLIS					5,000	5,000	
LAUREN G ROBISHAW FAMILY FOUNDATION					24,000	24,000	
LUMINOUS FOUNDATION					6,000	6,000	
TRISH & GENE ODELL					10,047	10,047	
RUTH ROSIN					5,000	5,000	

Total

251,299

**Streetwise, Inc.**  
**Financial Statements**  
**December 31, 2016 and 2015**



## Streetwise, Inc.

### Table of Contents

---

	Page
Independent Auditor's Report	1-2
Statements of Financial Position	3-4
Statements of Activities	5
Statements of Cash Flows	6
Notes to the Financial Statements	7-10
Independent Auditor's Report on Supplementary Information	11
Schedules of Functional Expenses	12-13



## Independent Auditor's Report

To the Board of Directors  
Streetwise, Inc.  
Chicago, Illinois

### Report on Financial Statements

We have audited the accompanying financial statements of Streetwise, Inc. ("Organization"), an Illinois Not-For-Profit corporation, which comprise the statement of financial position as of December 31, 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Streetwise, Inc. as of December 31, 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Prior Period Financial Statements

The financial statements at December 31, 2015 and for the year then ended were audited by Kessler, Orlean, Silver and Company, P.C. whose report thereon dated October 27, 2016 expressed an unmodified opinion on those statements.

Respectively submitted,

A handwritten signature in black ink that reads "FSB&W LLC". The letters are cursive and somewhat stylized.

**FSB&W, LLC**  
Certified Public Accountants

Lincolnshire, Illinois  
November 7, 2017



**Streetwise, Inc.**  
**Statements of Financial Position**  
**December 31, 2016 and 2015**

<b>Assets</b>	<b>2016</b>	<b>2015</b>
<b>Current Assets</b>		
Cash	\$ 196,032	\$ 253,379
Accounts Receivable	28,860	29,660
Pledges Receivable	5,000	-
Grants Receivable	75,025	-
Prepaid Expenses	8,266	10,430
<b>Total Current Assets</b>	<b>313,183</b>	<b>293,469</b>
<b>Equipment</b>		
Computer Equipment	28,981	28,981
Office Equipment	13,340	13,340
Program Equipment	60,000	60,000
	<u>102,321</u>	<u>102,321</u>
Less Accumulated Depreciation	<u>(84,247)</u>	<u>(72,052)</u>
<b>Net Equipment</b>	<b>18,074</b>	<b>30,269</b>
<b>Total Assets</b>	<b>\$ 331,257</b>	<b>\$ 323,738</b>

See auditor's report and accompanying notes to financial statements

**Streetwise, Inc.**  
**Statements of Financial Position**  
**December 31, 2016 and 2015**

---

**Liabilities and Net Assets**

	<u>2016</u>	<u>2015</u>
<b>Current Liabilities</b>		
Accounts Payable	\$ 3,436	\$ 4,360
Accrued Expenses	27,292	16,496
Due to Other	<u>-</u>	<u>238</u>
 Total Current Liabilities	 <u>30,728</u>	 <u>21,094</u>
 <b>Net Assets</b>		
Unrestricted	220,504	260,518
Temporarily Restricted	<u>80,025</u>	<u>42,126</u>
 Total Net Assets	 <u>300,529</u>	 <u>302,644</u>
 <b>Total Liabilities and Net Assets</b>	 <u><u>\$ 331,257</u></u>	 <u><u>\$ 323,738</u></u>

See auditor's report and accompanying notes to financial statements

Streetwise, Inc.  
**Statements of Activities**  
For the Years Ended December 31, 2016 and 2015

	2016			2015		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Revenues</b>						
Magazine Sales	\$ 236,350		\$ 236,350	\$ 236,039		\$ 236,039
Transitional Jobs Program	102,661		102,661	97,337		97,337
Donations and Grants	185,273	\$ 80,025	265,298	145,504	\$ 42,126	187,630
Special Events:						
Gross Proceeds	192,546		192,546	159,626		159,626
Direct Expenses	(65,747)		(65,747)	(53,948)		(53,948)
Interest income	33		33	24		24
Miscellaneous Income	6,703		6,703	21,972		21,972
Net Assets Released						
From Restrictions	42,126	(42,126)	-	6,322	(6,322)	-
 Total Revenue and Net Assets						
Assets Released From Restrictions	699,945	37,899	737,844	612,876	35,804	648,680
 <b>Expenses</b>						
Program Expenses	528,989		528,989	512,358		512,358
Management and General	111,910		111,910	127,823		127,823
Fundraising	99,060		99,060	118,087		118,087
 Total Expenses	739,959	-	739,959	758,268	-	758,268
 Change in Net Assets	(40,014)	37,899	(2,115)	(145,392)	35,804	(109,588)
 Net Assets, Beginning of Year	260,518	42,126	302,644	405,910	6,322	412,232
 Net Assets, End of Year	<u>\$ 220,504</u>	<u>\$ 80,025</u>	<u>\$ 300,529</u>	<u>\$ 260,518</u>	<u>\$ 42,126</u>	<u>\$ 302,644</u>

See auditor's report and accompanying notes to the financial statements.

**Streetwise, Inc.**  
**Statements of Cash Flows**  
**For the Years Ended December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>Cash Flows from Operating Activities</b>		
Change in Net Assets	\$ (2,115)	\$ (109,588)
<u>Adjustments to Reconcile Change in Net Assets</u> <u>to Net Cash Provided (Used) by Operating Activities:</u>		
Depreciation expense	12,195	12,569
(Increase) Decrease in Assets:		
Accounts Receivable	800	57,435
Pledges Receivable	(5,000)	-
Grants Receivable	(75,025)	-
Prepaid Expenses	2,164	1,949
Increase (Decrease) in Liabilities:		
Accounts Payable	(924)	4,498
Accrued Expenses	10,796	6,142
Due to Education, Agriculture and Technology, Inc.	(238)	100
Net Cash Used for Operating Activities	(57,347)	(26,895)
<b>Net Increase (Decrease) in Cash</b>	(57,347)	(26,895)
<b>Cash, Beginning of Year</b>	<u>253,379</u>	<u>280,274</u>
<b>Cash, End of Year</b>	<u>\$ 196,032</u>	<u>\$ 253,379</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Cash Paid for Income Taxes	<u>\$ -</u>	<u>\$ -</u>
Cash Paid for Interest	<u>\$ -</u>	<u>\$ -</u>

See auditor's report and accompanying notes to financial statements.

# Streetwise, Inc.

## Notes to Financial Statements

For the Years Ended December 31, 2016 and 2015

---

### Note 1 – Summary of Significant Accounting Policies

#### Organization

Streetwise, Inc. (“the Organization”) is an Illinois Not-For-Profit corporation formed on May 1, 1992. The Organization’s mission is to empower those facing homelessness or at risk of homelessness by providing access to resources and employment opportunities so individuals can work toward self-sufficiency with dignity.

#### Basis of Accounting

The Organization prepares its financial statements using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

#### Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Fair Value Disclosures

The fair value of financial instruments including cash and cash equivalents, accounts receivable, accounts payable, and accrued expenses approximates the carry values, principally because of the short maturity of those items.

#### Accounts Receivable

Accounts receivable primarily consist of revenues generated from advertising placed in the Organization’s magazine or services performed. Receivables are written off when deemed uncollectible. The Organization believes that the accounts receivable are fully collectible at December 31, 2016 and 2015 and therefore has made no provision for uncollectible accounts.

#### Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes would be reported as temporarily restricted or permanently restricted support that would increase those net asset classes. Contributions that are restricted by donors are reported as increases in unrestricted net assets if the restrictions are met (either stipulated time period ends or a purpose restriction is accomplished) in the reporting period in which the contributions are made.

# Streetwise, Inc.

## Notes to Financial Statements

For the Years Ended December 31, 2016 and 2015

---

### Note 1 – Summary of Significant Accounting Policies (Continued)

#### Equipment

The Organization capitalizes all expenditures for equipment in excess of \$500. Equipment is carried at cost. Donated equipment is recorded at its fair market value at the time of the donation. Depreciation on equipment is calculated on the straight-line method over the estimated useful lives of the assets, which range from five to fifteen years. Gains and losses from the sale of property and equipment are included in income. Maintenance and repairs are charged to operations.

Depreciation expense for the years ended December 31, 2016 and 2015 was \$12,195 and \$12,569, respectively.

#### Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization has been determined by the Internal Revenue Service not to be a “private foundation” within the meaning of Section 509(a) of the Internal Revenue Code. Therefore, the Organization has made no provision for income taxes in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability or asset if the Organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Organization’s officers have analyzed the tax position taken by the Organization, and have concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements.

The Organization files U.S. federal and Illinois state informational tax returns. The federal and state informational tax returns of the Organization for the tax years 2013, 2014 and 2015 can be subject to examinations by tax authorities, generally for three years after they were filed. Currently, there are no audits for any tax periods in progress. The Organization recognizes interest accrued related to unrecognized tax benefits in interest expense and penalties in general and administrative expenses. At December 31, 2016 and 2015, there are no interest or penalties relating to income taxes recognized in the statements of activities and change in net assets.

#### Financial Statement Presentation

Financial statement presentation follows the recommendation of FASB Accounting Standards Codification (ASC) 958-210-45. Under ASC 958-210-45, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. For the year ended December 31, 2016, the Organization has \$220,504 of unrestricted net assets and \$80,025 of temporarily restricted assets. For the year ended December 31, 2015, the Organization has \$260,518 of unrestricted net assets and \$42,126 of temporarily restricted assets.

There were no permanently restricted net assets as of December 31, 2016 and 2015.

# Streetwise, Inc.

## Notes to Financial Statements

For the Years Ended December 31, 2016 and 2015

---

### Note 1 – Summary of Significant Accounting Policies (Continued)

#### Revenue Recognition

The Organization prints a weekly magazine which is sold by vendors. The sales of these magazines and the advertising sales therein represent major sources of revenue for the Organization and are recorded when they are sold to the vendors or advertisers. Grants and donations, including unconditional promises to give, are recognized as revenue in the period in which the grants or donations are pledged.

#### Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### Subsequent Events

Management has evaluated subsequent events through [Report Date], the date the financial statements were available to be issued. There were no material subsequent events that require recognition or additional disclosures in the statements.

### Note 2 – Temporarily Restricted Net Assets

Temporarily restricted net assets of \$80,025 at December 31, 2016 were comprised of donations or pledges in support of operations awarded in December, 2016 but not received until January, 2017. Temporarily restricted net assets of \$42,126 at December 31, 2015 were comprised of donations received in December, 2015 in support of programs for fiscal year 2016.

### Note 3 - Donated Services

The Organization receives services donated by individuals interested in its programs during the years ended December 31, 2016 and 2015. The Organization has neither recorded any donated service revenue in the statement of activities nor has it recorded any related expenses because of the uncertainty of the amounts provided and the effort required to obtain these amounts.

### Note 4 – Operating Lease

On July 19, 2011, the Organization entered into a lease at 4554 N. Broadway, Chicago, Illinois 60640, with an initial term of September 1, 2011 through August 31, 2013. The lease calls for monthly rental payments of \$3,800 and requires the lessee to pay for the maintenance, utilities, liability and property damage insurance on the premises.

The lease provides the three successive renewal options of one year each with monthly rentals of \$4,000, \$4,100 and \$4,200, beginning on September 1, 2013, September 1, 2014 and September 1, 2015, respectively.

# Streetwise, Inc.

## Notes to Financial Statements

For the Years Ended December 31, 2016 and 2015

---

### Note 4 – Operating Lease (Continued)

Effective April 1, 2014, the Organization entered into a second lease for a magazine classroom attached to its current space. This lease is for 17 months beginning April 1, 2014 and ending August 31, 2016 and calls for monthly rental payments of \$600 for the first 5 months and \$625 for the next 12 months. The Organization is also responsible for the maintenance, utilities, liability and property damage insurance on the premises.

Effective September 1, 2016, the Organization entered into a new lease. The term of the lease is for the period September 1, 2016 through August 31, 2018. The lease calls for monthly rental payments of \$4,350 and requires the lessee to pay for the maintenance, utilities, liability and property damage insurance on the premises.

The lease provides the two successive renewal options of one year each with monthly rentals of \$4,450, and \$4,550, beginning on September 1, 2018, and September 1, 2019, respectively.

Annual fixed rentals under all operating leases are as follows:

Year Ending December 31,	Amount
2017	\$ 52,200
2018	52,600
2019	53,800
2020	<u>36,400</u>
Total	<u>\$ 195,000</u>

Rental expense for the years ended December 31, 2016 and 2015 was \$55,600 and \$56,400, respectively.

### Note 5 – Compensated Absences

Employees of the Organization are entitled to paid vacation depending on job classification, length of service, and other factors. It is impracticable to estimate the amount of compensation for future absences, and accordingly, no liability has been recorded in the accompanying financial statements. The Organization's policy is to recognize the costs of compensated absences when actually paid to employees.

### Note 6 – Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.





## Independent Auditor's Report on Supplementary Information

To the Board of Directors of  
Streetwise, Inc.  
Chicago, Illinois

We have audited the financial statements of Streetwise, Inc. as of and for the year ended December 31, 2016, and our report, thereon dated [Report Date], which expressed an unmodified opinion on those financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole.

The schedules of functional expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Respectfully submitted,

*FSB&W llc.*

**FSB&W, LLC**  
Certified Public Accountants

Lincolnshire, Illinois  
November 7, 2017

**Streetwise, Inc.**  
**Schedule of Functional Expenses**  
**For the Year Ended December 31, 2016**

	Program Services			Supporting Services			Total
	Magazine	Work Force	Total Program Services	Management and General	Fundraising	Total Supporting Services	
Salaries	\$ 189,939	\$ 98,482	\$ 288,421	\$ 76,080	\$ 68,273	\$ 144,353	432,774
Payroll Taxes	15,187	8,956	24,143	7,009	7,788	14,797	38,940
Bad Debt	-	-	-	2,650	-	2,650	2,650
Commissions	804	-	804	-	-	-	804
Contract Labor	13,436	-	13,436	-	-	-	13,436
Depreciation	-	9,146	9,146	3,049	-	3,049	12,195
Dues and Subscriptions	1,160	-	1,160	-	290	290	1,450
Employee Benefits	11,029	6,504	17,534	5,090	5,656	10,746	28,280
Equipment Rental	6,237	415	6,652	832	832	1,664	8,316
Food and Beverage	-	-	-	471	-	471	471
Insurance	6,653	444	7,097	887	887	1,774	8,871
Magazine Production	87,900	-	87,900	-	-	-	87,900
Marketing	-	-	-	45	-	45	45
Memberships	1,602	-	1,602	-	-	-	1,602
Money Transport	2,330	-	2,330	-	-	-	2,330
Office Expense	-	-	-	1,383	-	1,383	1,383
Payroll Processing	1,038	612	1,650	479	532	1,012	2,662
Postage and Delivery	467	-	467	-	1,869	1,869	2,336
Professional Fees	-	-	-	4,385	-	4,385	4,385
Rent	41,700	2,780	44,480	5,560	5,560	11,120	55,600
Repairs and Maintenance	2,470	165	2,634	329	329	659	3,293
Research and Development	-	-	-	-	1,122	1,122	1,122
Service Charges	-	-	-	-	4,397	4,397	4,397
Staff and Board Development	-	-	-	2,479	-	2,479	2,479
Telecommunications	3,302	220	3,522	440	440	881	4,403
Transitional Jobs Program	-	6,119	6,119	-	-	-	6,119
Travel and Entertainment	1,376	-	1,376	-	344	344	1,720
Utilities	5,552	370	5,922	740	740	1,481	7,403
Vendor In Reach	2,593	-	2,593	-	-	-	2,593
	<b>\$ 394,776</b>	<b>\$ 134,214</b>	<b>\$ 528,989</b>	<b>\$ 111,910</b>	<b>\$ 99,060</b>	<b>\$ 210,970</b>	<b>\$ 739,959</b>

See auditor's report and accompanying notes to financial statements

**Streetwise, Inc.**  
**Schedule of Functional Expenses**  
**For the Year Ended December 31, 2015**

	Program Services			Supporting Services			Total
	Magazine	Work Force	Total Program Services	Management and General	Fundraising	Total Supporting Services	
Salaries	\$ 169,631	\$ 98,478	\$ 268,109	\$ 76,080	\$ 88,581	\$ 164,661	432,770
Payroll Taxes	13,141	7,750	20,891	6,065	6,739	12,804	33,695
Bad Debt	-	-	-	2,677	-	2,677	2,677
Commissions	1,931	-	1,931	-	-	-	1,931
Contract Labor	9,484	-	9,484	-	-	-	9,484
Depreciation	-	9,427	9,427	3,142	-	3,142	12,569
Dues and Subscriptions	485	-	485	-	121	121	606
Employee Benefits	8,552	5,044	13,596	3,947	4,386	8,333	21,929
Equipment Rental	8,226	548	8,774	1,097	1,097	2,194	10,968
Food and Beverage	-	-	-	938	-	938	938
Insurance	5,162	344	5,506	688	688	1,376	6,882
Magazine Production	96,012	-	96,012	-	-	-	96,012
Marketing	-	-	-	232	-	232	232
Memberships	350	-	350	-	-	-	350
Money Transport	1,792	-	1,792	-	-	-	1,792
Office Expense	-	-	-	2,251	-	2,251	2,251
Payroll Processing	1,431	844	2,275	661	734	1,395	3,670
Postage and Delivery	314	-	314	-	1,254	1,254	1,568
Professional Fees	-	-	-	20,790	-	20,790	20,790
Rent	42,300	2,820	45,120	5,640	5,640	11,280	56,400
Repairs and Maintenance	6,674	445	7,119	890	890	1,780	8,899
Research and Development	-	-	-	-	1,956	1,956	1,956
Service Charges	-	-	-	-	4,350	4,350	4,350
Staff and Board Development	-	-	-	1,662	-	1,662	1,662
Telecommunications	2,518	168	2,686	336	336	671	3,357
Transitional Jobs Program	-	8,994	8,994	-	-	-	8,994
Travel and Entertainment	2,355	-	2,355	-	589	589	2,944
Utilities	5,450	363	5,813	727	727	1,453	7,266
Vendor In Reach	1,326	-	1,326	-	-	-	1,326
	<b>\$ 377,133</b>	<b>\$ 135,225</b>	<b>\$ 512,358</b>	<b>\$ 127,823</b>	<b>\$ 118,087</b>	<b>\$ 245,910</b>	<b>\$ 758,268</b>

See auditor's report and accompanying notes to the financial statements.