

IMPACTING VETERANS LIVES, INC.
501c3 #47-2126427
DBA Midwest Veterans Closet
2323 Green Bay Road
North Chicago, IL 60064
847-354-2108

August 2, 2016

Mr. Raymond J. Rose, Chairman
Lake County Housing and Community Development Commission
500 West Winchester Road, Suite 101
Libertyville, IL 60048

RE: CDBG Block Grant Project Funding

Dear Chairman Rose:

Thank you for the opportunity to present this funding request to the Commission. This project directly meets the classification for a facility acquisition and/or capital improvements that increase capacity of agencies in Lake County to meet Behavioral Health needs.

To provide some background on our organization, we give hope, comradery, dignity, and aid to Veterans who once were proud soldiers ... as well as active duty military men and women. Our mission is to serve the heroes who served America. Our founding organization is Impacting Veterans Lives, Inc., a 501(c)(3) humanitarian aid organization (#47-2126427).



Midwest Veterans Closet identified a need to help Veterans ... a population that sometimes may not ask for nor know where to get help. Our initial venture, of many planned, is Midwest Veterans Closet where EVERYDAY is Veterans Day, because Veterans shop free! The Midwest Veterans Closet provides many needful services, all free of charge.

Starting in a loaned trailer in Wadsworth, Illinois and now, at our North Chicago location, we have "A," "B," and "C" rooms ... plus a small warehouse. The "A" room is the Career Closet/Food Bank/small hydroponic growing system. The "B" room is our Veterans Store which was the very first venture of the Midwest Veterans Closet.

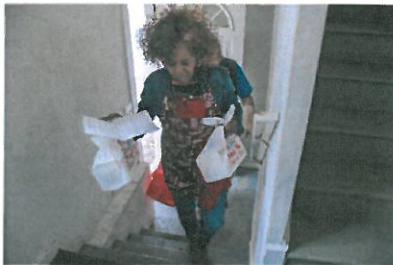


The “C” room is our Drop-In Center which has computers and volunteer staff to aid veterans in finding jobs. We help Veterans to regain their self-worth with an on-site Drop-in Center that offers Free computer use and Internet access for job searches, personal use and educational purposes.



We also rent a small warehouse where we store donated furniture.

Finally (and most recently), our facility also is a hub for dispatching volunteers to deliver meals to home-bound or disabled Veterans. Our Delivered Meals effort is multifaceted: Delivered Meals -- Along with Illinois Joining Forces, Chicago, IL, we provide delivered meals to disabled and homebound Veterans who otherwise would have to ration their food or go without.



Well-being checks -- Independent of food security, the delivered meals program also allows us to do well-being checks. These are crucial and afford us the ability to assess a Veteran's other needs.

In our Veterans Store, we provide:

Caring, personal service – Every Veteran is treated with respect, concern, and compassion.

With donations of clothing, personal care items, small household goods, kitchenware, furniture, etc., we help Veterans furnish their new apartments/homes.

Garden availability -- With a collaborative effort with *Growing Healthy Vets* we supply garden access to Veterans at The Midwest Veterans Closet North Chicago location as well as Prairie Crossing, Grayslake, IL. This venture provides fresh produce for healthy eating and more. Gardening together alleviates isolation which can lead to depression and other ailments. This illustrates our commitment to provide not only for the physical needs but also for social and emotional ones.

Our Career Closet/Food Bank serves the following needs:

Food Bank – of canned and packaged staples, baby food, and necessary ingredients such as flour and sugar.

Career Closet serves those Veterans and current military who are preparing to enter or re-enter civilian life and need professional wear. Because these men and women cannot otherwise afford nor have access to such attire, they might present themselves at a job interview in jeans and a t-shirt. So, through generous donations, we provide quality clothing that helps them look and feel their best.



A Car for a Vet:

We have found donors who have given an automobile to each of two Veterans, so far. This expands their earning potential by enabling them to transport themselves to work. We're working on a third automobile.

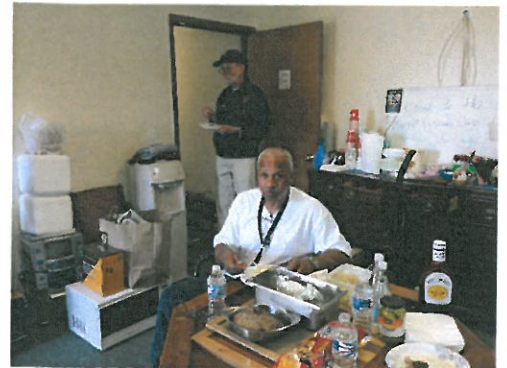


In addition to accommodating physical needs, our Drop-In Center provides:

Comradery – The Drop-In Center is a place where Veterans can warm up in the winter and cool off in the summer. During our open hours, there's always someone there talking, watching TV, using the computers we provide, and keeping each other company. These guests also volunteer to help other Veterans by assembling or other activities.

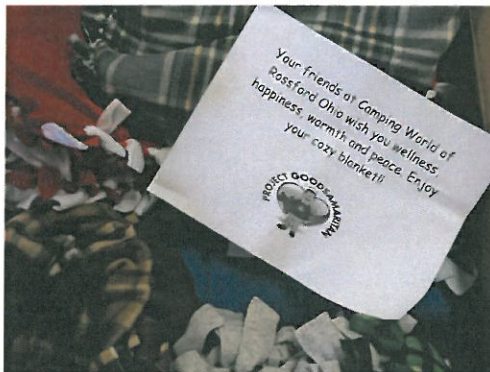


Social Activities – We sponsor and coordinate many activities, from trips (Cubs v. Brewers game, Kenosha Kingfish game, Ravinia), to dances ("Boogie, Bowties, and Burgers," "Boot-Scootin' Country Boogie"), social events especially for Veterans (ice cream social, pig roast, Thursday cookouts, and more). Many of these are accomplished through close collaboration with sister organizations who also are helping Veterans. For example, we go once a month to the Lovell Federal Health Care Center, to a Green



House® home to put on a creative, engaging activity that's much more than their usual fare. Instead of bringing in a craft, we bring in food for them to prepare. Recently, we taught them how to make pies and a patriotic cake. It was a sweet success!

Galvanize Givers – Through creative awareness and promotional programs, we give people from all walks of life a chance to do even a little something to help out Veterans. For example, we initiated a coat drive, Valentines for Veterans, Christmas Cards for Veterans, a “long-johns” drive, and more.



Veterans know we will never forget them! They're always welcome to visit us and to receive whatever we have that they need. If it is just one Veteran to whom we give a second chance at a new beginning, it's all worth it. But, we have accomplished so much more than that. Check out our Facebook page and Twitter feed to read and see the real-world personal impact we are having one Veteran at a time.

The Food Bank is especially necessary because the immediate surrounding area is a “food desert.” Veterans who don't have transportation have to go to a deep discount retailer (Dollar General). That selection is limited and the quality and freshness (if they have fresh food at all) is poor, often out of date.

Our garden availability provides healing activities such as farming, hydroponics, growing microgreens, and more. Doing these things can alleviate isolation which can lead to depression, etc. This illustrates our commitment to provide not only for the physical needs but also for the social and emotional ones.

The personal and positive impact of the comradery at The Closet is immeasurable. We make a difference to the individuals who made a difference for our country. We know of at least two guests who have been taken off of suicide watch, because they now feel part of a group that wants them. This is more than feeding and clothing. Their lives have been enriched and expanded.

Our services help Veterans provide for themselves and their families. Not only do we serve an immediate need – for food, clothing, and household items – we also help them get back on their feet. By providing professional clothing and, in two cases, a car, our Veterans are better able to provide for themselves. We believe we might also be helping to reduce crime in the area. For example, Veterans won't have to resort to shoplifting to feed their families and themselves. Yes, for many of our Veterans, it can get that bad.

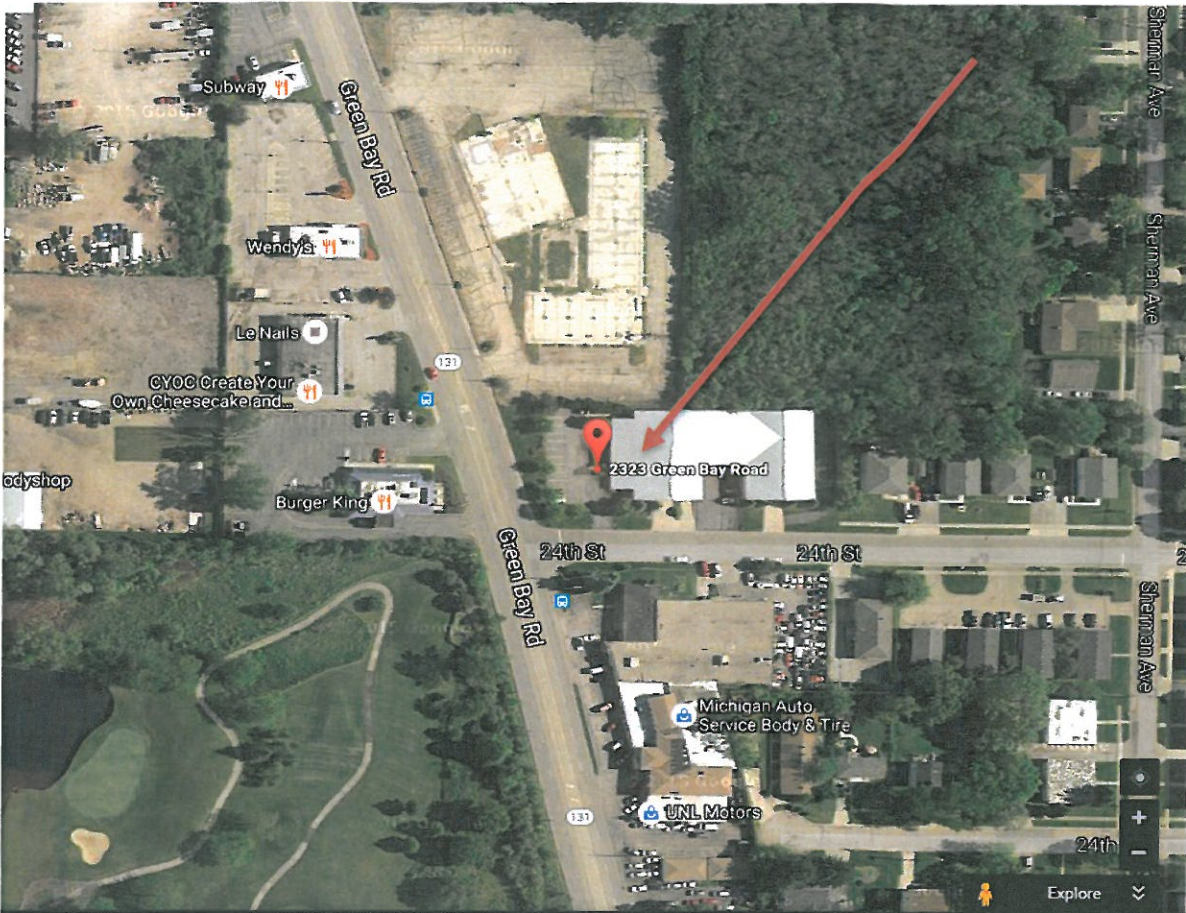
Now that we have introduced ourselves, the following are our responses to the CDBG Project Funding application:

1. Describe in detail the activity for which you are requesting funds.

We are currently operating at 2323 Green Bay Road in North Chicago, Illinois. This location was chosen because it is close to the James A. Lovell Federal Health Care Center, Veterans living on campus, and on a public transportation route. I use the term *living on campus* because these men and women are not ill enough to be in the hospital, but they have nowhere else to go. They are homeless. We chose this location for the ease of access to those Veterans that don't have other transportation – two bus routes stop in front of our location. We currently rent this building and also rent a unit across the street to store and sort donations. If we were awarded the entire amount, we could expand our services by expanding our space. Expanding services by expanding space would afford us the ability to lease sections of the building for a *Neighborhood Business Incubator*. We could lease space to small businesses and light manufacturing providing jobs which hopefully would turn into careers and sustain this program. This indoor space is perfect for hydroponics (growing fresh produce all year) and rent space out to entrepreneurs in order to increase our viability.

Please include detailed location information, where available, and photos and maps where applicable.

Midwest Veterans Closet, 2323 Green Bay Road, North Chicago, Illinois.



2. Why is this project needed today?

We already serve approximately 34 Veterans per day and the need is great. Our clients are referred from throughout Lake County and no other agency in Lake County provides the multi-faceted transitional service (from homeless to employed and a contributing member of society) that Midwest Veterans Closet does. Expanding services by expanding space, we could concentrate on serving more Veterans, current military, and their families.

3. Who will be served by this project?

All Veterans, current military, and their children.

4. Why are CDBG funds needed for this project?

Our mission to assist Veterans reintegrate into society, obtain employment, and no longer be deprived of proper shelter and nourishment fit seamlessly into category 4 of this CDBG Grant. We have had the great fortune of having many small donors over the last two years but steady support is needed to serve more Veterans and plan for growth and the future.

What other funding sources have been solicited?

Community and corporate funding.

5. Any construction contract over \$2,000 will be subject to federal Davis Bacon prevailing wage and Section 3 requirements.

How do you plan to meet these requirements?

We will continue to solicit donations of time and free labor, but when necessary, we will adhere to the Davis Bacon Act and appropriate Prevailing Wage Standards and Reporting Procedures.

6. Please indicate how this project will be completed by April 30, 2018, including a proposed schedule for this project.

Month	Task
August 2016	Submit request for CDBG Funding
August – September 2016	HCDC Review of Applications
October 2016	Negotiate contract to expand space in order to expand services providing jobs.
October 2016	Request funds from Commission

7. Please attach proposed budget (sources and uses) for this project. Leverage is helpful but not required.


The owner is eager to lease or sell and willing to negotiate the cost of both. We currently pay \$2,000 per month to rent our offices at 2323 Green Bay Road and \$500 per month for the storage unit across the street, plus utilities.

8. If you are a developer or a non-profit agency, please attach:

- Agency Audit (most recently completed). SEE ATTACHED
- Certification of non-profit status (copy of IRS letter) – if applicable. SEE ATTACHED
- Articles of Incorporation or LLC documentation. SEE ATTACHED
- Copy/summary of non-discrimination policy covering recruitment/placement of staff, volunteers and clients. If the organization does practice discrimination in any of the above, please explain. MWVC CURRENTLY DOES NOT HAVE ANY EMPLOYEES
- Organization Chart, limited to program impacted by this project.
- Proof of registration at www.sams.gov N/A

9. Please explain the extent to which your proposed activity will serve residents at or below the following CDBG-Eligible income level (based on household size):

Veterans we serve are extremely low income, homeless, disabled, or active military which fall into Extremely Low Income Limits and below.



FY 2016 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#)
[HUD User Home](#)
[Data Sets](#)
[Fair Market Rents](#)
[Section 8 Income Limits](#)
[MTSP Income Limits](#)
[HUD LIHTC Database](#)

FY 2016 Income Limits Summary

FY 2016 Income Limit Area	Median Income Explanation	FY 2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lake County	\$76,900	Very Low (50%) Income Limits (\$) Explanation	26,950	30,800	34,650	38,450	41,550	44,650	47,700	50,800
		Extremely Low Income Limits (\$)* Explanation	16,150	18,450	20,750	24,300	28,440	32,580	36,730	40,890
		Low (80%) Income Limits (\$) Explanation	43,050	49,200	55,350	61,500	66,450	71,350	76,300	81,200

FORM **NFP 102.10**

ARTICLES OF INCORPORATION

General Not For Profit Corporation Act

File # **69874223**

Filing Fee: \$50

Approved By: MAJ

FILED

OCT 17 2014

Jesse White

Secretary of State

Article 1.

Corporate Name: IMPACTING VETERANS LIVES, INC.

Article 2.

Registered Agent: MARY CARMODY

Registered Office: 2323 GREEN BAY RD STE B

NORTH CHICAGO

IL 60064-3062

LAKE COUNTY

Article 3.

The first Board of Directors shall be 3 in number, their Names and Addresses being as follows

MARY CARMODY, 13405 GREENVIEW DR., WADSWORTH, IL 60083

MARTY MCGIHON, 3332 BUCKEYE LN, FAIRFAX, VA 22033

PATRICIA VUKOVICH, 929 ASH STREET, WAUKGAN, IL 60085

Article 4. Purpose(s) for which the Corporation is organized:

Charitable.

Benevolent.

Educational.

Civic.

Patriotic.

See page 2 for more purposes

Is this Corporation a Condominium Association as established under the Condominium Property Act? ☐ Yes ☒ No

Is this a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☒ No

Is this Corporation a Homeowner's Association, which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☒ No

Article 5. Name & Address of Incorporator

The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

MARY CARMODY

Name

13405 GREENVIEW DRIVE

Street

Dated OCTOBER 17, 2014
Month & Day Year

WADSWORTH, IL 60083
City, State, ZIP

FORM **NFP 102.10 - Page 2**
ARTICLES OF INCORPORATION
General Not For Profit Corporation Act
File # **69874223**

Filing Fee: \$50

Approved By: MAJ

FILED

OCT 17 2014

Jesse White

Secretary of State

Article 4. (Continued from Page 1) Purpose(s) for which the Corporation is organized:

Any purpose permitted to be exempt from taxation under Section 501(c) or 501(d) of the United States Internal Revenue Code, as now in or hereafter amended.

Any purpose that would qualify for tax-deductible gifts under the Section 170(c) of the United States Internal Revenue Code, as now or hereafter amended.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 05 2014**

IMPACTING VETERANS LIVES INC
2323 GREEN BAY ROAD
NORTH CHICAGO, IL 60064-0000

Employer Identification Number:
47-2126427
DLN:
26053700003814
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
October 17, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

IMPACTING VETERANS LIVES INC

Sincerely,

A handwritten signature in black ink, reading "Tamara Rippanda". The script is cursive and fluid, with the first name "Tamara" and last name "Rippanda" clearly distinguishable.

Director, Exempt Organizations

PMT #

AMT

INIT

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORTAttorney General **LISA MADIGAN** State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

Form AG990-IL

Revised 3/05

CO # Applied For

Report for the Fiscal Period:

Beginning 01/01/2015

& Ending 12/31/2015

MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund**Check all items attached:**

- ☒ Copy of IRS Return
☐ Audited Financial Statements
☐ Copy of Form IFC
☐ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee

Federal ID # 47-2126427

Are contributions to the organization tax deductible? ☐ Yes ☐ No

Date Organization was created: 10/17/2014

MO DAY YR

LEGAL NAME Impacting Veterans Lives Inc
 MAIL
 ADDRESS 2323 Green Bay Road
 CITY, STATE North Chicago, IL 60064
 ZIP CODE

Year-end amounts

A) ASSETS	A) \$	3,521
B) LIABILITIES	B) \$	0
C) NET ASSETS	C) \$	3,521

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)

E) GOVERNMENT GRANTS & MEMBERSHIP DUES

F) OTHER REVENUES

G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)

PERCENTAGE	AMOUNT
100.00 %	D) \$ 46,061
0.00 %	E) \$
0.00 %	F) \$
100%	G) \$ 46,061.00

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE

I) EDUCATION PROGRAM SERVICE EXPENSE

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)

J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)

M) MANAGEMENT AND GENERAL EXPENSE

N) FUNDRAISING EXPENSE

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

85.73 %	H) \$ 30,367
0.00 %	I) \$
85.73 %	J) \$ 30,367.00
0.00 %	K) \$
85.73 %	L) \$ 30,367.00
3.31 %	M) \$ 1,171
10.97 %	N) \$ 3,885
100 %	O) \$ 35,423.00

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

100 %	P) \$ 0.00
0.00 %	Q) \$
100.00 %	R) \$ 0.00

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: N/A

U) NAME, TITLE:

V) NAME, TITLE:

T) \$	0
U) \$	
V) \$	

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: drop in center provide free clothing, training, food,

X) DESCRIPTION: Veterans free events

Y) DESCRIPTION:

List on back side of instructions
CODE

W) #	127
X) #	127
Y) #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.		x
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2.		x
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWN AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAVE A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		x
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4.		x
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		x
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		x
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		x
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? 8.		x
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.		x
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.		x
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Consumers Coop 3737 N Lewis Ave Waukegan IL 60087		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Mary Carmody 847-354-2108		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

X Mary Carmody		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
X		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
Jacqueline Black	<i>Jacqueline Black</i>	8-8-16
PREPARER (PRINT NAME)	SIGNATURE	DATE

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning , 2015, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization IMPACTING VETERANS LIVES INC		D Employer identification number 47-2126427
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2323 GREEN BAY ROAD		E Telephone number (847) 354-2108
	City or town, state or province, country, and ZIP or foreign postal code NORTH CHICAGO IL 60064		F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 46,062.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	32,348.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,714.
6c	c Less: direct expenses from gaming and fundraising events	6c	3,885.	
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,829.	
7a	7a Gross sales of inventory, less returns and allowances	7a		
7b	b Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	8 Other revenue (describe in Schedule O)	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	42,177.	
EXPENSES	10	10 Grants and similar amounts paid (list in Schedule O)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	
	13	13 Professional fees and other payments to independent contractors	13	
	14	14 Occupancy, rent, utilities, and maintenance	14	24,259.
	15	15 Printing, publications, postage, and shipping	15	1,330.
	16	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	5,949.
	17	17 Total expenses. Add lines 10 through 16 ▶	17	31,538.
ASSETS	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,639.
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,521.
	20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	14,160.

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

Form 990-EZ (2015)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>Illinois</u>		

42a The organization's books are in care of ▶ Mary Carmody Telephone no. ▶ (847) 354-2108
 Located at ▶ 2323 Green Bay Rd North Chicago IL ZIP + 4 ▶ 60064

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If 'Yes,' enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
If 'Yes,' enter the name of the foreign country: ▶		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49 a		X
49 b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

- b If 'Yes,' was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer		08/10/16	
			Date	
Paid Preparer Use Only	Type or print name and title		PRESIDENT	
	Print/Type preparer's name		Preparer's signature	Date
	Firm's name		Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address		Firm's EIN	Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No