For	m 990									C	OMB No. 1545-004	47
	v. January 20				f Organizat 527, or 4947(a)(1)						2019	
-	artment of th rnal Revenue			<ul> <li>Do not e</li> <li>Go to www</li> </ul>	nter social security v.irs.gov/Form990 f	numbers on this fo	rm as it may be m	ade public.		(	Open to Pub Inspection	
	For the 2	2019 calend		ax year begi	nning 7/01	,	2019, and endi	ng 6/	30	-	2020	
В	Check if ap		С								ation number	
			INC BOAF						-	08574	-	
		-		IL 60507	P.O. BOX 9 7-0935	35			E Telephon			
	Initial I	etuni		11 0000	0,000				630-	892-5	5456	
		urn/terminated							G Gross rec	ć, k	0 150	624
		led return ation pending	F Name and a	ddress of princip	al officer:			H(a) Is this	a group return		2,153, dinates? Yes	Δ24. X No
	Applica	ation penuing	CAME AC	C ABOVE	al officer: DALIL	A ALEGRIA		• •	l subordinates in " attach a list. (		103	No
T	Tax-exen		X 501(c)(3)	501(c) (	)◄ (insert	no.) 4947(a	)(1) or 527	If "No,	" attach a list. (	see instru	ictions)	
J	Websit	-	V.INCBOA		) (		/(.) 01	H(c) Group	exemption num	nber 🕨		
ĸ	Form of o		X Corporation		Association	Other ►	L Year of forma				al domicile: IL	
Pa		Summary						200	5	5		
Activities & Governance	2 Ch 3 Nu	eck this box mber of vot mber of ind	AND DE	VELOPMEN ne organizations of the gove oting member	<u>H</u> , <u>INCLUDI</u> <u>TAL</u> <u>DISABI</u> on discontinued erning body (Pari rs of the governi n calendar year	LITIES. ts operations of VI, line 1a) ng body (Part V	disposed of m	ore than 2	25% of its n			  <u>15</u> 5
iviti	6 To				f necessary)					6		57
Act					Part VIII, colum					7a		0.
	<b>b</b> Ne	t unrelated	business ta:	xable income	from Form 990-	T, line 39				7b		0.
									Prior Year		Current Ye	
Pe					e 1h)				1,861,08		1,934,	
Revenue		-		-	e 2g) (A), lines 3, 4, ar				<u>183,21</u> 19,41			<u>,372.</u> ,514.
Rev					ines 5, 6d, 8c, 9	•			19,41	.0.	17,	, 514.
					l (must equal Pa				2,063,70	)8.	2,153,	.624.
	<b>13</b> Gra	ants and sir	nilar amoun	ts paid (Part	IX, column (A),	lines 1-3)			1,472,59		1,547	
	<b>14</b> Be	nefits paid	to or for me	mbers (Part I	X, column (A), I	ine 4)						
s			•		e benefits (Part				270,43	36.	211,	,933.
nses	<b>16a</b> Pro	ofessional f	undraising fe	ees (Part IX,	column (A), line	11e)						
Expens	<b>b</b> To	tal fundraisi	ing expense	s (Part IX, co	olumn (D), line 2	5) ►						
Ш	17 Oth	ner expense	es (Part IX, o	column (A), l	ines 11a-11d, 11	f-24e)			327,66	57.	282,	,603.
	18 To	tal expense	s. Add lines	13-17 (must	equal Part IX, c	olumn (A), line	25)		2,070,70	)2.	2,042,	,399.
	<b>19</b> Re	venue less	expenses. S	Subtract line	18 from line 12.				-6,99	94.	111,	,225.
a or									ng of Current		End of Ye	
Net Assets or Fund Balances	20 To	•						-	2,886,02		2,483,	
et A Ind E	21 To		•	,					598,70		-	,106.
_	-			es. Subtract	line 21 from line	20		4	2,287,32	21.	2,398,	,546.
_		Signature		ovaminad this rai	turn including poppm		d statements, and to	the heat of r		nd haliaf	it is true correct	and
com	plete. Declar	ation of prepar	er (other than of	ficer) is based or	turn, including accomp all information of whi	ch preparer has any	knowledge.	The best of t	ny knowieuge a	nu bellel,	it is true, correct,	anu
Sig	gn	Signature	e of officer					Da	ate			
He	ere		LA ALEG					EXEC	UTIVE D	IRECI	OR	
			print name and t	itle								
			eparer's name		Preparer's signatur		Date		Check	if PT		
Pa		PAUL H			PAUL H. W	IELAND			self-employed	P	00326532	
	eparer se Only	Firm's name			MPANY INC					20.	005000	
05	e ony	Firm's addres			IA AVENUE				Firm's EIN ►			
Ma	v tha IDS	discuss thi	BATA		60510 r shown above?	(cap instruction	c)				06-4490 X Yes	No
_	-				the separate ins			EA0101L 01			Form 990	
							1					(

Form	990	(2019)	INC BOARD, NFP						23-7	08574	9	P	age <b>2</b>
Par	t III		ement of Program Serv										
	<u> </u>		k if Schedule O contains a re		note to any line in t	his Part III							📘
1		-	ibe the organization's missio		MC OF CEDUT		ΜΕΝΙΓΙΑΤ	יוד א ד חיוו	TNOT				FC
			IATE AND COORDINAT								<u> </u>		<u>ES</u>
	<u>r 0</u> 1	<u>R 1HU3</u>	SE WITH SUBSTANCE	ABUSE D	150RDER5_AND		PMENIAL	DISABI	<u> </u>	5.			
2	Did t	the organ	ization undertake any significa	nt program s	services during the ye	ear which w	ere not listed	d on the pric	or				
			990-EZ?								Yes	Х	No
			ribe these new services on Sch							_		_	
3		-	nization cease conducting, o	-	ificant changes in I	now it cond	ducts, any p	rogram ser	vices?		Yes	Х	No
			ribe these changes on Schedu			6 (I) II							
4	Sect	tion 501(	organization's program serv (c)(3) and 501(c)(4) organiza , if any, for each program se	tions are re	auired to report the	e amount o	f grants and	gram servi I allocation	ces, as i s to othe	measure ers, the f	ed by e total e	xpens	ses. es,
4 a	(Coc	de:	) (Expenses \$ <u>1</u>	,957,08	0. including grant	s of \$	1,547,	<u>863.</u> )(R	evenue	\$	20	1,37	7 <u>2.</u> )
			ATE THE PUBLIC AND										
			NT_OF_PERSONS_WITH	MENTAL	ILLNESS, IN	TELLECI	<u>'UAL/DEV</u>	ELOPMEN	ITAL D	ISABI	LITI	ES	AND_
	<u>SU</u>	<u>BSTANO</u>	CE USE DISORDERS.										
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4 b	(Coc	de:	) (Expenses \$		including grant	s of \$		) (R	evenue	\$			)
										· ·	·		
								·		· ·			
											·		
4 c	(Coc	de:	) (Expenses \$		including grant	s of \$		) (R	evenue	\$			)
											·		
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				<b></b>	- <b></b>					· ·			
4 d			m services (Describe on Sch				=						
		benses		including g			) (Re	venue \$				)	
4 e	rota	n progra	m service expenses	1,9	57,080.	1/10					Form	990	(2019)

 Form 990 (2019)
 INC BOARD, NFP

 Part IV
 Checklist of Required Schedules

23-	70	85'	74	9	
20	10	0.0	/	~	

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,'</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
Ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.... 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b 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? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Х 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*...... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If 'Yes,' complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... Х 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... 36 36 Х 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? *If 'Yes,' complete Schedule R, Part VI*..... 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 3 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c

Form 990 (2019) INC BOARD, NFP

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23-7085749

Page 4

	1 990 (2019) INC BOARD, NFP 23-708574	9	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 -	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
20	ments, filed for the calendar year ending with or within the year covered by this return 2a			
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Ł	p If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3b		
4 a	a 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)?	4a		Х
Ł	o If 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
Ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, ,		
	Form 8282?	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	<b>1</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
Ł	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
a	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	a Gross income from members or shareholders 11 a			
Ł	<b>o</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
Ł	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ł	DEnter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
Ł	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		ſ	
	excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X
		_		

a 'No' response to line 30, 80, or 10b below, describe the circumstances, processes, or changes on Schedulo C centers are aported or note to any time in this Part VI.      Section A. Governing Body and Management      a Enter the number of voting members of the governing body at the end of the tax year.     a the dynamic of the governing body or the governing body at the end of the tax year.     a the dynamic of the governing body or the governing body at the end of the tax year.     a the first the number of voting members of the governing body at the end of the tax year.     a the dynamic of the governing body, of the governing body at the end of the tax year.     b Enter the number of voting members included on line 1a. above, who are independent .     b 1 b governing body, or the governing body at the end of the tax year.     b 2 b dary officer, director, trustee, or key employers to a sample elaboration program of the regeneration were analyzed to tax at the program of the governing body at the end of the regeneration were analyzed to tax at the program of the regeneration tax at the program of the regeneration of the regeneration measures on tax of the governing body?     b Die the organization have members or stochholders?     b Die the organization have members do tax ochechalders of the governing body?     b Are any governing body?     b Are any governing body?     b Are any governing body?     b Barb any governing body	Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be	low, a	and	for
Check # Schedule 0 contains a response or note to any line in this Part VI.         X           Section A. Governing Body and Management         Imagement         Imagement         Imagement           1 = Errer the number of voling members of the governing body at the end of the tax year.         Imagement         Imagement         Imagement           2 Did ary office, director, trustee, or key employees the anong body         Imagement         Imagement         Imagement         Imagement           2 Did ary office, director, trustee, or key employees to a management company or other person?         Imagement			ges o	n	
<b>a</b> Enter the number of voting members of the governing body at the end of the tax year. <b>a</b> Enter the number of voting members of the governing body at the end of the tax year. <b>1a b</b> Enter the number of voting members included on line 1a, above, who are independent. <b>1b 2</b> Did any officer, director, trustee, or levy employee. <b>2</b> a Vanish on the tax year. <b>3</b> Did the organization delegate control over management duals customatily performed by or under the direct supervision of officers, interacts, indicases or levy employees. <b>3</b> Did the organization hower members in solubded on line 1a, above, who are independent. <b>4</b> Did the organization hower members or soluble on amangement duals customatily performed by or under the direct supervision of officers, indicase, or levy employees. <b>5</b> Did the organization hower members or solublededes? <b>6</b> Did the organization hower members or solubledes? <b>7</b> Did the organization hower members or solubledes? <b>7</b> Did the organization hower members or soluble the approval by members, soluble officers, intracker, or every one phone body? <b>b</b> Are any govername decisions of the approval body? <b>b</b> Care commembers of the organization reserved to (or subl		Check if Schedule O contains a response or note to any line in this Part VI.			. Х
1a Enter the number of volting members of the governing body at the end of the tax year	Sec	ction A. Governing Body and Management			
If there are material differences in volume robust       1b       15         If there are material differences in volume robust of volume members included on line 1a, above, who are independent.       1b       15         If the governing body, or if the governing body and the given the direct supervision       3       X         If the organization decigate control over management duits customerity performed by or under the direct supervision       3       X         If the organization become aware during the year of a significant diversion of the organization's assets?       5       X         If the organization become aware during the year of a significant diversion of the organization's assets?       5       X         If the organization become aware during the year of a significant diversion of the organization's assets?       6       X         If the organization become aware during the year of a significant diversion of the organization's assets?       7       X         If the organization have members of stockholders?       7       X       X         If the organization have members of stockholders?       7       X         If the organization have members of stockholders?       7       X         If the organization have members of stockholders?       7       X         If the organization have members of stockholders?       7 <td>1.</td> <td>Enter the number of voting members of the governing body at the end of the tax year 12</td> <td></td> <td>Yes</td> <td>No</td>	1.	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
b Enter the number of volting members included on line 1a, above, who are independent	14	If there are material differences in voting rights among members			
of officer, director, trustee, or key employees to a management duise sustamily performed by or under the direct supervision       2       X         a Did the organization delegate control over management duise sustamily performed by or under the direct supervision       3       X         4 Did the organization makes any significant diversion of the organization's assets?       5       X         5 Did the organization have members or stockholders?       4       X         7 Did the organization have members or stockholders. or other persons who had the power to elect or appoint one or more members or stockholders?       6       X         7 Did the organization have members. stockholders. or other persons who had the power to elect or appoint one or more members or stockholders. Or power more body?       7       X         b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders?       7       X         a The governing body?       8       8       X         b Each committee with authority to act on behalf of the governing body?       8       8       X         9 is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization have methor policies of the sequentiation about policies not required by the internal Revenue Code)         108 Did the organization have methor policies and poorders govering the advected s such chapter, affiliates, and banches to ensure their organization have anithe organization have methor policies and poorderi	I				
3 Dd the organization delegate control over management dudes customarily performed by or under the direct supervision     of officer's, directors, interfaces, on lever moniposes to a management company or other person?.     4 J     4 Dd the organization make any significant changes to its governing documents     since the prior Form 990 was filed?.     5 Dd the organization have members, stockholders?.     5 Dd the organization have members, stockholders?.     7 Dd the organization have members, or other persons who had the power to elect or appoint one or more     members of the governing body?     7 D X     8 Dd the organization contemporaneously document the meetings held or subject to approval by) members,     stockholders, or persons other than the governing body?     8 B X     8 Dd the organization make enders? If Ves. (novel the names and addresses on Schedule 0     9 Stock committee with authority to act on behalf of the governing body?     8 B X     9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the     organization have local chapters, branches, or affiliates?     10 AD dif the organization have local chapters, branches, or affiliates?     11 A the sengalization have local chapters, branches, or affiliates?     12 A Uth erganization have local chapters, branches, or affiliates?     13 A Uth erganization have any entitien poloses and produces or while material bit with the sole?     14 X     10 Dd the organization have a written schelelever policy?     14 Dd the organization have a written schelelever policy?     13 A Uth erganization have any entitely entitien and addresses or sole schelele 0     12 Dd the organization have a written schelelever policy?     14 Dd the organization have any proval?     15 Dd the organization have any proval the inflames of the governin	2		2		X
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since the pror Form 990 was field?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         6       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.       8       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.       8       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 on Schedule O.       8       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 maining address? If yes, 'provide the names and addresses on Schedule O.       Yes       No         10a Did the organization have local chapters, branches, or affiliates?.       Yes       No       10a       X         2       Did the organization have a written ordition of the regoverning body before filing the form?       10a       12a       X	4	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
5 Did the organization bace members or stockholders?.       5       X         6 Did the organization have members, stockholders?.       5       X         7 Did the organization have members, stockholders?.       6       X         7 Did the organization have members, stockholders?.       7a       X         8 Did the organization have members, stockholders. or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9 Is there any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       X         10a Did the organization have incal chapters, branches, or affiliates?       10a       X       X         11a His the organization have a written conflict of interest policy? If No.' go to line 13       X       X       X         12a Did the organization nave a written conflict of interest policy? If No.' go to line 13       X       X       X         12a Did the organization have a written conflict of interest policy? If No.' go to line 13       X       X       X </td <td>•</td> <td></td> <td>4</td> <td></td> <td>Х</td>	•		4		Х
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7a       X         a The governing body?       8a       X         b Each committee with authority to act on behalf of the governing body?       8a       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 'Vs; provide the manes and addresses on Schedule O.       9       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?       10a       X         b Tyse, idd the organization have written policies and procedure governing body ether filing the form?       11a       X         Describe in Schedule O the process, if any, used by the organization to review this Form 900. SEE SCHEDULE 0       12a       X         12a Did the organization have a written consistentity monitor and effore compliance with the policy? If 'Yes', describe in Schedule O how this wasone.       12a       X <td>5</td> <td></td> <td>5</td> <td></td> <td>Х</td>	5		5		Х
members of the governing body?       7a       X         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       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 on Schedule 0.       9       X         Section B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code).       9       X         Section B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code).       10a       X         9       13 the to organization provide a complet cogy of this Form 90 to all members of its governing body before filing the form?       11a       X         10a did the organization new entrem policies and procedure governing body before filing the form?       11a       X         b Describe in Schedule O the process, if any, used by the organization rotewiths Form 90.       SEE SCHEDULE 0       12a       X         12a Did the organization provide any written ochicit of interest policy? If No, 'go to line 13.       X       1       X         13 Did the organization proved as w	-		6		Х
stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       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 manes and addresses on Schedule O       9a       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?       10a       X       10a       X         b       Tys's (did the organization have wittle nopicies and procedures governing the activities of such chapters, affiliates, and branches to ensure their organization new a writtlen writtle of policy If 'No', go to line I3       10a       X         12 bot the organization have a writtlen writtle of policy If 'No', go to line I3       12a       12a       X       12b       12a       X       12a       12a       12a       12a       X       12b       12a       X       12b       12a       12a       X       12b       12a <td>7 :</td> <td></td> <td>7 a</td> <td></td> <td>Х</td>	7 :		7 a		Х
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       The governing body?       8       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 on Schedule 0.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?.       Yes       No         11a has the organization have local chapters, branches, or affiliates?       10a       X         11b bit sequalization provided a complet carp of this form 990 to all members of its powering body before filing the form?       11a       X         12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13       12a       X         12b bit the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done       SEE_SCHEDULE_0       12a       X         12b Did the organization have a written document relevation and destruction policy?       13       X       14       X         13 Did the organization have a written document relevation and destruction policy?       14       X       14 <t< td=""><td>I</td><td><b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,</td><td></td><td></td><td></td></t<>	I	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			
a The governing body?       8a X         b Each committee with authority to act on behalf of the governing body?       8a X         b Each committee with authority to act on behalf of the governing body?       8b X         9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If Yes,' provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       9       X         Section B. as consistent with the organization seempt puppose?       10a X       10a X       10a X         b Pscribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O       11a X       11a X         b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O       12a X       12a X         b Were officer, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict?       12a X       12a X         c Did the organization have a written whistleblower policy?       13a X       14       14         15 Did the organization have a written whistleblower policy?       13a X       14       X         16 Did the organization have a written whistleblower policy?       13a X       14       X         16 Did the organization have a writ			7 b		Х
b Each committee with authority to act on behalf of the governing body?       B       B       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 'Pse', 'provide the names and addresses on Schedule O.       9       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 witten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's evenpt purposes?       10a         11a has the organization provide a complet copy of this Form 190 to all members of its governing body before filing the form?       11a       X         b Describe in Schedule O the process, if any, used by the organization to review this Form 1900. SEE SCHEDULE O       12a       X         12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Nes,' describe in Schedule O how this was done. SEE SCHEDULE 0.       12a       X         13 Did the organization have a written whistleblower policy?       14       X       X         14 Did the organization have a written document retention and destruction policy?       14       X         14 Did the organization have a written document retention and destruction policy?       14       X         15 Did the organization have a written document retention and destruction pol	-	the following:			
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 on Schedule 0					
granization's mailing address? If 'Yes,' provide the names and addresses on Schedule 0			8 b	Х	
10 a Did the organization have local chapters, branches, or affiliates?       Yes       No         b If 'ves', 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?       10 a       X         11 a has the organization provided a complete copy of this Form 90 to all members of its governing body before filing the form?       11 a       X         b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O       12 a Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done       12 b Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done       12 b Did the organization neave a written whistleblower policy?         13 Did the organization have a written whistleblower policy?       13 a X       14 X         14 Did the organization have a written document retention and destruction policy?       14 X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15 A         16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16 A         17 List the states with which a copy of this Form 990 is required to be f	-	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	-		
10 a Did the organization have local chapters, branches, or affiliates?       10 a       X         b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches the ensure their operations are consistent with the organization's exempt propeess?       10 b       11 a         11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10 b       11 a       X         12 a Did the organization nave a written conflict of interest policy? If 'No,' go to line 13       12 a       X	Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	1		
b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11 a Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       10a         b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O       12a         12 a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> 12a         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a         c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> 'Yes,' describe in Schedule O how this was done. SEE. SCHEDULE, 0       12a         13 Did the organization have a written whistleblower policy?       13       X         14 Did the organization have a written document retention and destruction policy?       13       X         14 Did the organization incomponeous substantiation of the deliberation and decision?       15a       X         15 Did the organization incomponeous substantiation of the deliberation and decision?       15b       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?       16a       X         16a Dif Yes,' dub the	10	Did the organization have local chanters, branches, or affiliates?		Yes	
operations are consistent with the organization's exempt purposes?       10b         11 a Has the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form?       11a K x         b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O       12a Did the organization have a written conflict of interest policy? If 'No, go to line 13.       12b X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b X         c Did the organization nave a written whistleblower policy?       12b X         13 Did the organization have a written document retention and destruction policy?       13 X         14 Did the organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.       15a X         15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15b X         16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a X         b If 'Yes,' did the organization for Mesh ow written explored the explored the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a X         b If 'Yes,' did the organization to make its Form 900 is required to be filed > IL       11a			IVa		Λ
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O       12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       12a X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE, SCHEDULE, O       12c X         13 Did the organization have a written whistleblower policy?       13 X       14 X         14 Did the organization have a written document retention and destruction policy?       14 X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a X         a The organization inset in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a X         b If 'Yes,' did the organization to wake its porticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's cowpt status with respect to such arrangements?       16a X         Section 6.0 A requires an organization to make its Form 1023 (1024 or 1024-A, If applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate howy you made these availa		operations are consistent with the organization's exempt purposes?			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.       12a X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE O       12c X         13 Did the organization have a written whistleblower policy?       14 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 X         a The organization's CEO, Executive Director, or top management official SEE. SCHEDULE O.       15a X         b Other officers or key employees of the organization.       15b X         if 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).       16a X         b If 'Yes' did the organization follow a written policy or procedure requiring the organization to evaluate its participate in a joint venture or similar arrangement with a taxable entity during the year?.       16b         7       List the states with which a copy of this Form 990 is required to be filed <b>&gt;</b> 11         17       List the states with which a copy of this Form 990 is required to be filed <b>&gt;</b> 11         18       Section 6104 requires an organization made its governing documents, conflict of interest policy, an			11 a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done       12c       X         13 Did the organization have a written whistleblower policy?       13       X       14       X         15 Did the organization have a written document retention and destruction policy?       14       X       14       X         15 Did the organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.       15a       X       15b       X         a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       III       IIII       IIII       IIII         18       Another's website       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			10 -	v	
to conflicts?       12b X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done       12c X         13 Did the organization have a written whistleblower policy?       13 X         14 Did the organization have a written whistleblower policy?       13 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?       14 X         a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. 0.       15a X         b Other officers or key employees of the organization.       15b X         if 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).       16a 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?       16a X         b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       16b         I7 List the states with which a copy of this Form 990 is required to be fild        III.         18 Section 6104 requires an organization make its governing documents, conflict of interest policy, and			12a	X	
Schedule O how this was done       SEE. SCHEDULE. 0       12 c X         13 Did the organization have a written whistleblower policy?       13 X         14 Did the organization have a written document retention and destruction policy?       14 X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14 X         16 Dother officers or key employees of the organization.       15 b X         17 Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).       15 b X         16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a X         b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       11       11         17 List the states with which a copy of this Form 990 is required to be filed *       11         18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.         17 List the states with which a copy of this Form 990 is required to be filed *		to conflicts?	12b	Х	
14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. 0.       15a       X         b Other officers or key employees of the organization.       15b       X         If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed ▶       IL       IL         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.       Im (explain on Schedule O)       Im (explain on Schedule O)       19         19       D	0	<i>Schedule O how this was done</i> SEESCHEDULE.Q	12c		
15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. 0.       15a       X         b Other officers or key employees of the organization.       15b       X         if 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).       16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If 'Yes,' did the organization oflow 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?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed ▶       IL       11         18       Section 6.04 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.       Import (Explain on Schedule O)         19       Describe on Schedule 0 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.       SEE SCHEDULE O       20       State the name,	13		-		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       Image: Contemporaneous substantiation of the deliberation and decision?         a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.       Image: Contemporaneous substantiation of the deliberation and decision?         b Other officers or key employees of the organization.       If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).         16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       Image: Contemporaneous of 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?       Image: Contemporaneous of the organization to make its Forms 1023 (1024 or 1024-A, 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.         If Y es' to schedule 0 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.       Image: Contemporaneous of the organization is books and records > DALILA ALEGRIA 400 MERCY LANE AURORA IL 60506 630-892-5456			14	Х	
b Other officers or key employees of the organization       15b       X         If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).       16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       11       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶       III       16a         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.       Other (explain on Schedule O)         19       Describe on Schedule 0 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.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records ▶         DALILLA ALEGRIA 400       MERCY LANE       AURORA IIL 60506 630-892-5456		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).         16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         16a       X         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶       II_         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.         X       Own website       X         M       Own website       X       Upon request         Own website       X       Other (explain on Schedule O)         19       Describe on Schedule 0 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.         SEE       SCHEDULE       O         20       State the name, address, and telephone number of the person who possesses the organization's books and records ▶         DALILA ALEGRIA 400       MERCY LA				Х	
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?			15 b		X
taxable entity during the year?	10				
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?	103		16 a		Х
<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed ► IL</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.</li> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule 0 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. SEE SCHEDULE O</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ► DALILA ALEGRIA 400 MERCY LANE AURORA IL 60506 630-892-5456</li> </ul>		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16 b		
<ul> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.</li> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule 0 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. SEE SCHEDULE O</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ► DALILA ALEGRIA 400 MERCY LANE AURORA IL 60506 630-892-5456</li> </ul>					
<ul> <li>available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website</li> <li>X Another's website</li> <li>Y Upon request</li> <li>Other (explain on Schedule O)</li> <li>Describe on Schedule 0 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.</li> <li>SEE SCHEDULE O</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>DALILA ALEGRIA 400 MERCY LANE AURORA IL 60506 630-892-5456</li> </ul>	17				
<ul> <li>19 Describe on Schedule 0 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. SEE SCHEDULE O</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ► DALILA ALEGRIA 400 MERCY LANE AURORA IL 60506 630-892-5456</li> </ul>	18	available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	s on	ly)
the public during the tax year.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records ►         DALILA ALEGRIA 400 MERCY LANE       AURORA IL 60506 630-892-5456					
DALILA ALEGRIA 400 MERCY LANE AURORA IL 60506 630-892-5456	19	Describe on Schedule O whether (and if so how) the organization made its governing documents, conflict of interest policy, and financial statements availa	hle to		
		the public during the tax year. SEE SCHEDULE O	510 10		
	20	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ►	510 10		

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Form 990 (2019) INC BOARD, NFP	23-7085749	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensate	ed Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending v organization's tax year.	with or within the	
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizatio compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	ons), regardless of amount of	

• 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.

See instructions for the order in which to list the persons above.

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

			(C)								
(A) Name and title		(B) Average hours per	thar	n one b s both a dire	oox, an o ctor/	unles officer /truste	,	on	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1)	DALILA ALEGRIA	40									
	EXECUTIVE DIR.	0			Х				77,500.	0.	0.
(2)	JAMES HOPP DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(3)	CATHY HOYDA	1	Λ						0.	0.	0.
_(3)_	DIRECTOR	0	Х						0.	0.	0.
(4)	RAY WEAVER	1									
	DIRECTOR	0	Х						0.	0.	0.
(5)	EVELYN HULL	1									
	DIRECTOR	0	Х						0.	0.	0.
(6)	KATHLEEN E. HOOEY	1									
	DIRECTOR	0	Х						0.	0.	0.
_(7)	RUSS_WOLF	1									
	VICE PRESIDENT	0	Х		Х				0.	0.	0.
<u>(8)</u>	EVA_SERRANO								_		_
	DIRECTOR	0	Х						0.	0.	0.
<u>(9)</u>	JOEL_GRAMIREZ	1									
(10)	DIRECTOR	0	Х						0.	0.	0.
(10)	CHRISTINA DELEON								0	0	0
(11)	DIRECTOR	0	Х						0.	0.	0.
<u>(II)</u>	TERRY LANTHRUM	1							0	0	0
(12)	DIRECTOR	0	Х						0.	0.	0.
(12)	JOHN WHILDIN		v		v				0	0	0
(13)	TREASURER KEN ROJEK	2	Х	$\vdash$	Х		╞──┤		0.	0.	0.
(13)	PRESIDENT		х		Х				0.	0.	0.
(14)	T.J. VAUGHAN	1	Λ	$\vdash$	1		╞		0.	0.	0.
<u>`''</u> _	DIRECTOR		Х						0.	0.	0.
BAA		TEEA0		07/31/	/19	I			0.	0.	Form <b>990</b> (2019)

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Part	VII Section A. Officers, Directors, Tr	ustees, I	Key	Em	ıplo	bye	es,	and	d Highest Com	pensated Empl	oyees	(contin	iued)
	(B) (C)												
	<b>(A)</b> Name and title	Average hours per week	box offi	, unle cer ar	ess pe nd a d	erson direct	e than is bot or/trus	h an tee)	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	0	(F) Ited amo f other rsation fi	
		(list any hours for related organiza - tions	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the or and	rganization related inizations	on
		below dotted line)	ustee	trustee		ee	pensated						
	MARILYN_JACOBSEN SECRETARY	<u>1</u>	х		Х				0.	0.			0.
	MICHAEL YAGEN	1_											
] (17)	DIRECTOR	0	X						0.	0.			0.
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Subtotal								77,500.	0.			0.
d T	otal from continuation sheets to Part VII, Secti otal (add lines 1b and 1c).							•	0. 77,500.	0.			0.
	otal number of individuals (including but not limited rom the organization $\triangleright$ 0	I to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatior	ו	
	Did the organization list any <b>former</b> officer, direc											Yes	No
	n line 1a? If 'Yes,' compléte Schedule J for suc or any individual listed on line 1a, is the sum o he organization and related organizations great										. 3		X
5	such individual										. 4		Х
5 D	Did any person listed on line 1a receive or accruor services rendered to the organization? If 'Yes	ie comper s <i>,' comple</i>	isatic te So	on fro chea	om lule	any J fo	unre r suc	late ch p	ed organization or erson	individual	. 5		Х
	on B. Independent Contractors									••••••			
	Complete this table for your five highest comper ompensation from the organization. Report comper	isated indensation for	epen the c	dent alen	t cor dar <u>y</u>	ntra year	ctors endi	tha ng v	t received more the vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add	ress				-		-	<b>(B)</b> Description of	of services	(C Compe	<b>;)</b> nsatior	n
	otal number of independent contractors (including 100,000 of compensation from the organization		ited t	o thc	ose l	isteo	l abo	ve)	who received more	than			

# Form 990 (2019) INC BOARD, NFP Part VIII Statement of Revenue

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			(4)			
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
a Federated campaigns						
Ũ						
	1 e	1,934,738.				
	1 f					
g Noncash contributions included in						
			1 004 500			
1 Iotal. Add lines 1a-1t			1,934,738.			
DENTS FROM ACENCIES			201 272	201 272		
		531120	201,372.	201,372.		
·						
d						
 e						
All other program service revenu	<u></u>					
		▶	201 372			
-			20170721			
other similar amounts)		►	17,514.			17,514
Income from investment of tax-e	exemp	t bond proceeds >				
	leal	(ii) Personal				
a Gross amount from	urities	(II) Other				
other than inventory 7a						
b Less: cost or other basis						
		►				
G ( )	г					
	8	a				
b Less: direct expenses	8	b				
	aising	events ►				
	Ē					
See Part IV, line 19.	9	a				
<b>b</b> Less: direct expenses	9	b				
c Net income or (loss) from gamir	ig acti	vities ►				
<b>a</b> Gross sales of inventory, less						
returns and allowances						
<b>b</b> Less: cost of goods sold		-				
c Net income or (loss) from sales	of inv	-				
		Business Code				
a						
•						
°						
d All other revenue						
e Total. Add lines 11a-11d						
	Membership dues     Fundraising events     Related organizations     Government grants (contributions)     All other contributions, gifts, grants, and similar amounts not included above     Noncash contributions included in lines 1a-1f     Total. Add lines 1a-1f     Total. Add lines 1a-1f     Total. Add lines 2a-2f     Total. Add lines 2a-2f     Investment income (including divid other similar amounts)     Investment income (including divid other similar amounts)     Investment income (including divid other similar amounts)     Income from investment of tax-e Royalties     Goss rents     Ga Gross rents     Ga Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses cain or (loss)     Gross income from fundraising events (not including \$ 7a	Membership dues. 1b   Fundraising events. 1c   Related organizations 1d   Government grants (contributions) 1e   All other contributions, gifts, grants, and similar amounts not included above 1f   Noncash contributions included in lines 1a-1f. 1g   Total. Add lines 1a-1f 1g   Total. Add lines 2a-2f 1   All other program service revenue 1   Total. Add lines 2a-2f 1   Investment income (including dividends, i other similar amounts) 1   Income from investment of tax-exemp Royalties 6a   Less: rental expenses 6b   Rental income or (loss) 6c   Net rental income or (loss) 7a   Less: cost or other basis and sales expenses 7b   Gain or (loss) 7c   Net gain or (loss) 7c   Net gain or (loss) 7c   Net income or (loss) from fundraising events (not including \$	Dembership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e       1,934,738.         All other contributions nicluded above       1f       1g         Noncash contributions included above       1g       1g         Total. Add lines 1a-1f       1g       Business Code         All other program service revenue       531120         Constructions       531120         Constructions       66         All other program service revenue       531120         Constructions       66         Constructions       66         Constructions       66         Constructions       66         Constructions       66         Constructions       66         Constructions       60         Constructions       60         Constructions       61         Constructions       7a         Constructions       7b         Constructions       7b         Constructions       7b         Constructions       7a         Constructions       7b         Constructins       7b <td< td=""><td>a Membership dues   b Membership dues   c Fundraising events   c Related organizations   a Related organizations   a Mil other contributions, included above.   b Noncash contributions included in lines 1a-1f   ines 1a-1f   b Noncash contributions included in lines 1a-1f   c Total. Add lines 1a-1f   c Total. Add lines 2a-2f   c Total. Add lines 2a-2f&lt;</td><td>Federated campaigns       1a         Demotership dues       1b         Severation       1c         Palated organizations       1d         Geoverance trans (contributions)       1d         All other contributions offic, grants, and similar amounts on included about the severation of the sever</td><td>Pederated campaigns       1a         Membership dues       1         Pedrated campaigns       1         Belated organizations       1         1 due combines gits grants       1         2 dua combines gits grants       1         2 dua combines gits grants       1         3 fl other program service revenue       201, 372.         2 dua combines gits grants       1         2 dua combines grants       1         2 dua combines grants       1         2 due service revenue       1         3 fl other program service revenue       1         1 combines flow grants       1         1 combines flow grants       1         2 dua senont fro</td></td<>	a Membership dues   b Membership dues   c Fundraising events   c Related organizations   a Related organizations   a Mil other contributions, included above.   b Noncash contributions included in lines 1a-1f   ines 1a-1f   b Noncash contributions included in lines 1a-1f   c Total. Add lines 1a-1f   c Total. Add lines 2a-2f   c Total. Add lines 2a-2f<	Federated campaigns       1a         Demotership dues       1b         Severation       1c         Palated organizations       1d         Geoverance trans (contributions)       1d         All other contributions offic, grants, and similar amounts on included about the severation of the sever	Pederated campaigns       1a         Membership dues       1         Pedrated campaigns       1         Belated organizations       1         1 due combines gits grants       1         2 dua combines gits grants       1         2 dua combines gits grants       1         3 fl other program service revenue       201, 372.         2 dua combines gits grants       1         2 dua combines grants       1         2 dua combines grants       1         2 due service revenue       1         3 fl other program service revenue       1         1 combines flow grants       1         1 combines flow grants       1         2 dua senont fro

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
Do 1 6b,	theck if Schedule O contains a renot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22	1,547,863.	1,547,863.		expenses					
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16									
4 5	Compensation of current officers, directors, trustees, and key employees	77,500.	52,700.	24,800.	0.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	99,316.	67,535.	31,781.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,911.	4,697.	2,214.						
9	Other employee benefits	14,512.	9,862.	4,650.						
10	Payroll taxes	13,694.	9,312.	4,382.						
11	Fees for services (nonemployees):									
ä	Management									
	Legal									
	Accounting									
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
	Other. (If line 11g amount exceeds 10% of line 25, column									
-	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	18,370.	13,614.	4,756.						
13	Office expenses	9,659.	6,538.	3,121.						
14	Information technology									
15	Royalties									
16	Occupancy	27,430.	27,430.							
17	Travel	3,048.	1,954.	1,094.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	5,040.	1, 554.	1,004.						
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	115,976.	114,898.	1,078.						
23	Insurance	17,919.	12,185.	5,734.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
á	REPAIRS AND MAINTENANCE	57,179.	57,179.							
	SCHOLARSHIPS_AND_OTHER	28,000.	28,000.							
	DUES_AND_SUBSCRIPTIONS	5,022.	3,313.	1,709.						
0	PROGRAM SUPPLIES	5,022.	5,515.	1,705.						
25		2,042,399.	1,957,080.	85,319.	0.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)									
R۵۵					Earm <b>990</b> (2019)					

Form 990 (2019) INC BOARD, NFP

Part IX Statement of Functional Expenses

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## Form 990 (2019) INC BOARD, NFP

23-	-70	85	74	9
20		00	/ 1.	/

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Part X Balance Sheet

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to	o any line in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		239,239.	1	132,060.
	2	Savings and temporary cash investments		1,006,501.	2	618,727.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ier officer, director, I contributor, or 35% rsons		5	
	6	Loans and other receivables from other disqualified p	ersons (as defined under			
		section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
ts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10</b> a 6,102,753.			
		Less: accumulated depreciation		1,639,838.	10 c	1,732,415.
	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		450.	15	450.
	16	Total assets. Add lines 1 through 15 (must equal line	33)	2,886,028.	16	2,483,652.
_	17	Accounts payable and accrued expenses		1,185.	17	2,102.
	18	Grants payable		1,105.	18	2,102.
	19	Deferred revenue		597,522.	19	83,004.
	20	Tax-exempt bond liabilities		/	20	
5	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35% rsons		22	
<b></b>	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	l parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			25	
	26	Total liabilities. Add lines 17 through 25		598,707.	26	85,106.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X			
an	27	Net assets without donor restrictions		2,287,321.	27	2,398,546.
Ba	28	Net assets with donor restrictions		<i>LILOIIOLL</i> ,	28	2,000,010.
Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.			-	
5	29	Capital stock or trust principal, or current funds			29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or equipn			30	
SSe	31	Retained earnings, endowment, accumulated income			31	
1					-	
t A	32	Total net assets or fund balances		2,287,321.	32	2,398,546.

BAA

Form 990 (2019)

Form	990	(2019)	INC	BOAR	D, 1	NFP												23-7	7085	749		Pa	ge <b>12</b>
Par	t XI	Reco	ncilia	tion o	f Ne	t Asse	ts																
							sponse or		-														
1				•			ımn (A), li		-										1		2,15	53,6	524.
2	Total	expense	es (mu	st equa	l Par	t IX, colu	ımn (A), li	ine 2	25)										2		2,04	12,3	<u>899.</u>
3			•				from line												3		11	.1,2	25.
4	Net a	assets or	r fund l	balance	s at t	peginning	g of year (	(mus	st equal	Part	t X, li	ine 32	2, coli	umn (	A))				4		2,28	37,3	821.
5			•	•	,		nents											-	5				
6																			6				
7																			7				
8		•																-	8				
9		-					ances (exp												9				0.
10							Combine I												10		2,39	98,5	546.
Par	t XII	Finar	ncial S	Statem	nent	s and F	Reportin	g															
		Check	if Sche	edule O	cont	ains a re	sponse or	r not	te to any	y line	e in t	his Pa	art XI	11									. Х
																				_		Yes	No
1	Acco	unting m	nethod	used to	prep	pare the	Form 990:	:	Cash		A	ccrua	al	ΧO	ther	SEE	SCH	. 0		_			
	lf the in Sc	e organiz chedule (	ation o D.	hanged:	l its r	nethod o	f accounti	ng f	rom a p	orior	year	or ch	iecke	d 'Oth	er,' e	xplain							
2 a	Were	the org	anizati	on's fina	ancia	l statem	ents comp	biled	or revie	ewec	d by a	an ind	depen	ndent	ассог	Intant	?				2a		Х
	lf 'Ye sepa	es,' chec rate bas Separa	is, con	solidat <u>e</u>	ed bas	dicate w sis, or bo nsolidate			ancial st Both c								d or rev	/iewe	d on a	a			
b	Were	the org	anizati	on's fin	ancia	I statem	ents audite	ed b	y an ind	depe	enden	nt acco	ounta	ant?							2 b	Х	
	lf 'Ye basis X	es,' chec s, consol Separa	idated	basis, o	or bot	dicate w th: nsolidate	hether the d basis	_	ancial st Both c								on a se	epara	te				
С	lf 'Ye revie	s' to line w, or co	2a or 2 mpilati	b, does? on of it:	the o s fina	organizatio Incial sta	on have a d tements a	comi and s	mittee th selectior	nat as n of	ssum an in	es res ideper	sponsi ndent	ibility f t acco	for ove ountar	ersight nt?	of the a	audit,			2 c	Х	
	on S	chedule	Ο.	-			ersight pro							-	-								
	Audit	Act and	d OMB	Circular	r A-1:	33?	nization re	· · · ·													3a		Х
b							quired audi d describe		y steps	take	en to	under									3b		
BAA									TEEA	0112	L 01/2	21/20									Form	<b>990</b> (	(2019)

SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No. 1545-0047

-	n 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a se 4947(a)(1) nonexempt charitable trust.	ection	2019
		► Attach to Form 990 or Form 990-EZ.		Open to Public
Depart Interna	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informa	tion.	Inspection
Name	of the organization		Employer identifica	ation number
INC	BOARD, NFP		23-708574	-
Par	t I Reason fo	r Public Charity Status (All organizations must complete this part.)	) See instruc	tions.
The o	or <u>ga</u> nization is not	a private foundation because it is: (For lines 1 through 12, check only one box.)		
1	A church, conv	vention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2	A school desc	ibed in <b>section 170(b)(1)(A)(ii).</b> (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 res	earch organization operated in conjunction with a hospital described in section 17	' <b>0(b)(1)(A)(iii)</b> . E	inter the hospital's
	name, city, a	nd state:		
5		on operated for the benefit of a college or university owned or operated by a gover <b>)(1)(A)(iv).</b> (Complete Part II.)	rnmental unit de	escribed in
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	X An organizatio	n that normally receives a substantial part of its support from a governmental unit or fror D(b)(1)(A)(vi). (Complete Part II.)	n the general pul	blic described
8	A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	An agricultura	research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	a land-grant colle	ege
	or university o	r a non-land-grant college of agriculture (see instructions). Enter the name, city, and stat	te of the college of	or
	university:			
10	from activities investment in	n that normally receives: (1) more than 33-1/3% of its support from contributions, membres related to its exempt functions-subject to certain exceptions, and (2) no more the come and unrelated business taxable income (less section 511 tax) from business 5. See section 509(a)(2). (Complete Part III.)	nan 33-1/3% of i	ts support from gross
11	An organizati	on organized and operated evaluatively to test for public sofety. See costion EQQ(2)	<b>M</b> (A)	

11		An organization	organized and	operated	exclusively to	test for	public safety.	See section 509(a)(4).
----	--	-----------------	---------------	----------	----------------	----------	----------------	------------------------

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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported а 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.

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. С

**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. d

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally е integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

q	Provide the following information about the supported organization(s).

<b>5</b>						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	1,756,560.	1,775,593.	1,799,305.	1,861,080.	1,934,738.	9,127,276.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,756,560.	1,775,593.	1,799,305.	1,861,080.	1,934,738.	9,127,276.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						9,127,276.
Sec	tion B. Total Support				Γ	1 1	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	1,756,560.	1,775,593.	1,799,305.	1,861,080.	1,934,738.	9,127,276.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	185,647.	186,183.	186,240.	202,628.	218,886.	979,584.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						10,106,860.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20 Public support percentage from						90.31 %
15 16a	<b>33-1/3% support test-2019.</b> If t	he organization di	id not check the b	ox on line 13, an	d line 14 is 33-1/3	3% or more, check	90.40 %
	and stop here. The organization		5 11	0			
b	33-1/3% support test-2018. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	re. Explain in Part ed organization.	VI how the
18	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2019

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.)

23-7085749

- I. I.

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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
2	any 'unusual grants.') Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
-	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	<b>Total.</b> Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support	1	1	1			
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
b	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include				1	<u> </u>	
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12.) First five years. If the Form 990	is for the organiz	l ation's first_seco	I nd. third. fourth a	L or fifth tax vear as	a section 501(c)(3)	)
	organization, check this box and	stop here		· · · · · · · · · · · · · · · · · · ·			∕▶
Sec	tion C. Computation of Pu	blic Support F	ercentage				
	Public support percentage for 20						010
	Public support percentage from					16	olo
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	e			
17	Investment income percentage f			-			010
18	Investment income percentage f						olo
19a	33-1/3% support tests-2019. If	the organization of	lid not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, and	line 17 ⊾□
h	is not more than 33-1/3%, check <b>33-1/3% support tests-2018.</b> If		• •			-	
U U	line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization qu	alifies as a public	ly supported organ	ization ►
20	Private foundation. If the organi		-				

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

**Part IV** Supporting Organizations (continued)

	Yes	No
11 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?	1	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.		
Section B. Type I Supporting Organizations		

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*

## Section C. Type II Supporting Organizations

	_	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		

## Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Page 5

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· □ in	heck here if the organization satisfied the Integral Part Test as a qua structions. All other Type III non-functionally integrated supporting of	organizations mu	st complete Sections A	through E.
Section A	A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add li	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
incom	n of operating expenses paid or incurred for production or collection of gro ne or for management, conservation, or maintenance of property held ction of income (see instructions)			
7 Other	expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre tax ye	gate fair market value of all non-exempt-use assets (see instructions ear or assets held for part of year):	s for short		
a Avera	ge monthly value of securities	1a		

á	Average monthly value of securities	1a	
ł	Average monthly cash balances	1b	
Ċ	Fair market value of other non-exempt-use assets	1c	
C	<b>1 Total</b> (add lines 1a, 1b, and 1c)	1d	
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C – Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990 or 990-EZ) 2019

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 paquice exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total amount distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions and anount for 2019 from Section C, line 6         10       Line 8 amount for 2019 from Section C, line 6         11       Distributions, if any, for years prior to 2019 (ceasonable cause required - explain in Part VI). See instructions.         1       Distributions, if any, for years prior to 2019 (ceasonable cause required - explain in Part VI). See instructions.         1       Distributions of approver, if any, to 2019         8       Excess distributions of prior years         1       Prom 2015.         6       From 2014.         1       Prom 2014.         1       Prom 2016. <t< th=""><th>Part V Type III Non-Functionally Integrated 509(a)(</th><th>3) Supporting Organiza</th><th>tions (continued)</th><th>· · · · · ·</th></t<>	Part V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organiza	tions (continued)	· · · · · ·
2       Anounts paid to perform activity but 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 V). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributions of tor 2019 from Section C, line 6         10       Line 8 amount for 2019 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part V). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2016       Erom 2016         6       From 2016         7       Form 2014         10       Reminindie, Subtat lines 3g, 3h,	Section D – Distributions			Current Year
in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Outlet distributions (accomplish exempt use assets)  Total annual distributions, Add lines 1 through 6.  Bistributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.  Distributions (accomplish en Part V). See instructions)  Distributions  Excess distributions, (accomplish exempt use assets)  Underdistributions  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.  Distributions  Di	1 Amounts paid to supported organizations to accomplish exem	npt purposes		
4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions, (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributos to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributos to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributos to attentive supported organizations (see instructions)         9       Distributos of any for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.         10       Lines 3 attrough e         11       Total of lines 3 attrough e         12       Underdistributions, (arry over, if any, to 2019 (reasonable cause required - explain in Part VI). See instructions.         13       Excess distributions attrough e         14       From 2015         15       Errom 2014         16       From 2015         17       Errom 2016         16       From 2018         17       Errom 2018         16       From 2016         17       Errom 2014         16       From 2015     <		poses of supported organization	S,	
5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions due to 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         2       Conderdistributions         1       Distributable amount for 2019 from Section C, line 6         2       Underdistributions         1       Distributable amount for 2019 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2014.       Errom 2015.         b From 2015.       Errom 2016.         c From 2016.       Errom 2018.         f Total of lines 3a through e       Errom 2014.         a Applied to underdistributions of prior years       Applied to underdistributions of prior years         h Applied to underdistributions of prior years       Errom 2014.         i Carryover from 2014 Anot applied (see instructions)       Errom 2015.         g Raphied to un	3 Administrative expenses paid to accomplish exempt purposes	s of supported organizations		
6       Other distributions (describe in Part VD). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attertive supported organizations to which the organization is responsive (provide details in Part VD). See instructions.         9       Distributable amount for 2019 from Section C., line 6         10       Line 8 amount divided by line 9 amount         9       Distributable amount for 2019 from Section C., line 6         1       Distributable amount for 2019 from Section C., line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VD). See instructions.         3       Excess distributions carryover, if any, to 2019         a       From 2014.         b       From 2015.         c       C from 2017.         e       From 2016.         1       C from 2017.         e       From 2014.         1       C from 2017.         e       From 2014.         1       C from 2017.         e       From 2014.         1       C from 2017.         e       From 2018.         1       C from 2014 ont applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3 i from 3f. <td< td=""><td>4 Amounts paid to acquire exempt-use assets</td><td></td><td></td><td></td></td<>	4 Amounts paid to acquire exempt-use assets			
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         9       Distributable amount for 2019 from Section C, line 6         11       Distributable amount for 2019 from Section C, line 6         12       Underdistributions         13       Distributable amount for 2019 from Section C, line 6         14       Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2016	5 Qualified set-aside amounts (prior IRS approval required)			
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.       In Part V). See instructions.         9       Distributable amount for 2019 from Section C, line 6       Intervention of the part of	6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
in Part W). See instructions.       (ii)         9 Distributable amount divided by line 9 amount       (ii)         10 Line 8 amount divided by line 9 amount       (ii)         9 Distributable amount for 2019 from Section C, line 6       (ii)         1 Distributable amount for 2019 from Section C, line 6       (iii)         2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part V). See instructions.       (iii)         3 Excess distributions carryover, if any, to 2019       (iii)       (iii)         a From 2014.       (iii)       (iii)         b From 2015.       (iii)       (iii)         c From 2016.       (iii)       (iii)         d From 2017.       (iii)       (iii)         e From 2018.       (iiii)       (iiii)         i C arryover from 2014 on depicitivitons of prior years       (iiii)       (iiiii)         h Applied to 2019 distributions of prior years       (iiiii)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	7 Total annual distributions. Add lines 1 through 6.			
10       Line & amount divided by line 9 amount         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2019         1       Distributable amount for 2019 from Section C, line 6       Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.       Image: Section C = Seccon C = Section C = Secti		anization is responsive (provide	details	
Section E - Distribution Allocations (see instructions)       (i) Distributable       (ii) Distributable         1       Distributable amount for 2019 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.         3       Excess distributions, arrower, if any, to 2019         a From 2014	9 Distributable amount for 2019 from Section C, line 6			
Section E       – Distribution Allocations (see instructions)       Excess Distributions       Underdistributions       Distributable Amount for 2019         1       Distributable amount for 2019 from Section C, line 6       Image: Section E and Section C, line 6       Image: Section E and Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.       Image: Section E and Section C, line 6         3       Excess distributions carryover, if any, to 2019       Image: Section E and Section C, line 6         4       From 2014.       Image: Section E and Section C, line 6         5       From 2015.       Image: Section E and Section C, line 6         6       From 2015.       Image: Section E and Section C, line 6         6       From 2018.       Image: Section E and Section C, line 6         6       From 2018.       Image: Section E and Section C, line 6         7       Applied to underdistributions of prior years       Image: Section E and Section C, line 7:         9       Applied to underdistributions of prior years       Image: Section E and Section D, line 7:         9       Applied to underdistributions for prior years       Image: Section E and Section D, line 7:         9       Applied to underdistributions for prior years       Image: Section E and Section D, line 7:         9       Ap	10 Line 8 amount divided by line 9 amount			
2       Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         4       From 2014	· · ·	S) Excess	Underdistributions	
cause required – explain in Part VI). See instructions.         3 Excess distributions carryover, if any, to 2019         a From 2014	· · · · · · · · · · · · · · · · · · ·			
a From 2014	cause required – explain in Part VI). See instructions.			
b From 2015       image: state instructions in Part VI. See instructions.         c From 2018       image: state instructions.         d From 2017       image: state instructions.         e From 2018       image: state instructions.         f Total of lines 3 a through e       image: state instructions in part VI. See instructions.         g Applied to underdistributions of prior years       image: state instructions in part VI. See instructions.         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       image: state instructions of prior years         d Distributions for 2019 from Section D, line 7:       image: state instructions in part VI. See instructions of prior years         a Applied to underdistributions of prior years       image: state instructions.         f Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         f Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         f Excess distributions carryover to 2020. Add lines 3j and 4c.       image: state instructions.         g Excess form 2015       image: state instructions.       image: state instructions.         g Excess form 2015       image: state instructions.       image: state instructions.         g Excess from 2015       image: state instructions.       image: state instructins. <td>3 Excess distributions carryover, if any, to 2019</td> <td></td> <td></td> <td></td>	3 Excess distributions carryover, if any, to 2019			
c From 2016	a From 2014			
d From 2017				
e From 2018       Image: Strate				
f Total of lines 3a through e	<b>d</b> From 2017			
g Applied to underdistributions of prior years       in Applied to 2019 distributable amount       in Carryover from 2014 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3 if from 3f.       interview of the section D, the section D, the section D, the section D is the second D is the section D is the section D is t	e From 2018			
h Applied to 2019 distributable amount       i Carryover from 2014 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       iiii and iiii and iiiii and iiiii and iiii and iiii and iiiii and iiiii and iiiii and iiiii and iiiiii and iiiiiii and iiiiii and iiiiii and iiiiii and iiiiiiiii and iiiiiiiii and iiiiiiiiii	f Total of lines 3a through e			
i Carryover from 2014 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2019 from Section D, line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2019 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       i         6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       i         7 Excess distributions carryover to 2020. Add lines 3j and 4c.       i         8 Breakdown of line 7:       i         a Excess from 2015       i         b Excess from 2016       i	<b>g</b> Applied to underdistributions of prior years			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       image: state sta	h Applied to 2019 distributable amount			
4 Distributions for 2019 from Section D, line 7:       \$         a Applied to underdistributions of prior years       a         b Applied to 2019 distributable amount       a         c Remainder. Subtract lines 4a and 4b from 4.       a         5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       a         6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       a         7 Excess distributions carryover to 2020. Add lines 3j and 4c.       a         8 Breakdown of line 7:       a         a Excess from 2015       b         b Excess from 2016       b	i Carryover from 2014 not applied (see instructions)			
line 7:\$a Applied to underdistributions of prior yearsb Applied to 2019 distributable amountc Remainder. Subtract lines 4a and 4b from 4.5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.7 Excess distributions carryover to 2020. Add lines 3j and 4c.8 Breakdown of line 7:a Excess from 2015b Excess from 2016	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
b Applied to 2019 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4.	a Applied to underdistributions of prior years			
5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       Image: Comparison of the system         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Image: Comparison of the system         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       Image: Comparison of the system         8       Breakdown of line 7:       Image: Comparison of the system         Image: Image: Comparison of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Description of the system       Image: Comparison of the system         Image: Descrese from 2016       Image: Comparison				
Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       Image: Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Image: Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       Image: Subtract lines 3h and 4b from line 7:         8       Breakdown of line 7:       Image: Subtract lines 3h and 4b from line 7h and subtract lines 3h and 4c.         9       Excess from 2015       Image: Subtract lines 3h and 4c.         9       Excess from 2015       Image: Subtract lines 3h and 4c.	c Remainder. Subtract lines 4a and 4b from 4.			
from line 1. For result greater than zero, explain in Part VI. See          instructions.       7 <b>Fxcess distributions carryover to 2020.</b> Add lines 3j and 4c. <b>8</b> Breakdown of line 7: <b>a</b> Excess from 2015 <b>b</b> Excess from 2016	Subtract lines 3g and 4a from line 2. For result greater than			
8         Breakdown of line 7: <td>from line 1. For result greater than zero, explain in Part VI. S</td> <td></td> <td></td> <td></td>	from line 1. For result greater than zero, explain in Part VI. S			
8         Breakdown of line 7: <td>7 Excess distributions carryover to 2020. Add lines 3j and 4c.</td> <td></td> <td></td> <td></td>	7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
<b>b</b> Excess from 2016	8 Breakdown of line 7:			
<b>b</b> Excess from 2016	a Excess from 2015			
C Excess from 2017				
	c Excess from 2017			
d Excess from 2018	d Excess from 2018			
e Excess from 2019	e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

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(Form	990.	990-	·E7

		550,	550	
or	990	-PF)		

Department	of	the	Treasury
Internal Dev	on		Convico

## **Schedule of Contributors**

OMB No. 1545-0047

2019

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

	· · · · · · · · · · · · · · · · · · ·		
Name of the organization		Employer identification number	
INC BOARD, NFP		23-7085749	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundati	on	
Form 990-PF	527 political organization		
	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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page <b>2</b>
Name of organization	Employer identification number	er	
INC BOARD, NFP	23-7085749		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1_</u> _	AURORA TOWNSHIP 80 N. BROADWAY AURORA, IL 60505	\$1,310,092.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BATAVIA TOWNSHIP 131 FLINN STREET SUITE B BATAVIA, IL 60510	\$ <u>395,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>	BLACKBERRY_TOWNSHIP 43W390_MAIN_STREET ELBURN, IL_60119	\$ <u>55,230.</u>	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No. 	(b) Name, address, and ZIP + 4 SUGAR_GROVE_TOWNSHIP P.OBOX_465 SUGAR_GROVE, IL_60554	(c) Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4         SUGAR_GROVE_TOWNSHIP         P.O. BOX 465         SUGAR_GROVE_TA_COFFA	contributions	Person X Payroll Noncash (Complete Part II for
	Name, address, and ZIP + 4         SUGAR_GROVE_TOWNSHIP         P.O. BOX_465         SUGAR_GROVE, IL 60554         (b)	contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4         SUGAR_GROVE_TOWNSHIP         P.O. BOX_465         SUGAR_GROVE, IL 60554         (b)	contributions	Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	1	1	Page <b>3</b>
Name of organization	Employer identification number		
INC BOARD, NFP	23-70857	749	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	<b>TII</b> Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
1	N/A			
_		<sup>\$</sup>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_		<sup>9</sup>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		  \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		Schedule B (Form 990, 990-E		

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4	
Name of organ	nization ARD,NFP		Employer identification number 23-7085749	
	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations of	he year from any one contribu ompleting Part III, enter the total of (Enter this information once. See	izations described in section 501(c)(7), (8), Itor. Complete columns (a) through (e) and	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	(e) Transferee's name, address, and ZIP + 4 Re		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

#### OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D ► 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. (Form 990) Q Attach to Form 990. **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number INC BOARD, NFP 23-7085749 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . 2 Aggregate value of grants from (during year) ..... 3 Aggregate value at end of year ..... 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 No impermissible private benefit?..... Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds?..... No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 9 conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

SAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 8/22/19	Schedule D (Form 990) 2019
k	<b>b</b> Assets included in Form 990, Part X	… ►\$
ā	a Revenue included on Form 990, Part VIII, line 1	… ►\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid amounts required to be reported under FASB ASC 958 relating to these items:	de the following
	(ii) Assets included in Form 990, Part X	
	(i) Revenue included on Form 990, Part VIII, line 1	… ►\$
	ionowing amounts relating to these items.	

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 INC I Part III Organizations Mainta		one of Art Histo	rical Treasures or	23-708 Other Similar Ass		Page 2				
3 Using the organization's acquisition	· ·	· · ·	·			ieu)				
items (check all that apply):		_			CONECTION					
a Public exhibition			or exchange program							
<b>b</b> Scholarly research <b>c</b> Preservation for future gener	ations	e Other								
<ul> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul>										
<ul><li>5 During the year, did the organiza to be sold to raise funds rather the solution of t</li></ul>	tion solicit or rec	eive donations of ar	t, historical treasures, o	r other similar assets	<u>г</u> ., г	<b>۔</b> ۔				
Part IV Escrow and Custodia					Yes	No				
line 9, or reported an	amount on Fc	orm 990, Part X,	line 21.	sweled les offio	iiii 990, Fai	ιν,				
<b>1 a</b> Is the organization an agent, trus	stee custodian o	r other intermediary	for contributions or othe	er assets not included						
on Form 990, Part X?					Yes	No				
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	complete the followi	ng table:		Amount					
c Beginning balance					Amount					
<b>d</b> Additions during the year										
e Distributions during the year										
f Ending balance				1f						
<b>2 a</b> Did the organization include an a				-		No				
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explar	nation has been provide	d on Part XIII	· · · · · · · · · · · · L					
Part V Endowment Funds. C	omploto if the	organization an	sword 'Vos' on Fo	rm 990 Part IV/ lir	20.10					
rait v Endowment Funds. C	(a) Current year				(e) Four year	rs back				
<b>1 a</b> Beginning of year balance	(4) Carrone Joan	(2) 1101 yea		(u) in co jouro saon						
<b>b</b> Contributions										
<b>c</b> Net investment earnings, gains, and losses										
<b>d</b> Grants or scholarships										
e Other expenditures for facilities										
and programs <b>f</b> Administrative expenses										
<b>q</b> End of year balance										
2 Provide the estimated percentage	e of the current y	ear end balance (lir	ne 1g, column (a)) held a	as:						
<b>a</b> Board designated or quasi-endowm	ent 🕨	00								
<b>b</b> Permanent endowment	%									
c Term endowment ►										
The percentages on lines 2a, 2b, a	nd 2c should equa	100%.								
<b>3a</b> Are there endowment funds not in t organization by:	he possession of	the organization that a	are held and administered	for the	Yes	No				
(i) Unrelated organizations					. 3a(i)					
(ii) Related organizations						<u> </u>				
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b	<u> </u>				
4 Describe in Part XIII the intended	d uses of the org	anization's endowme	ent funds.			·				
Part VI Land, Buildings, and										
Complete if the organi	zation answe	red 'Yes' on Forr	m 990, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.				
Description of property	(a)	Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book va	alue				
<b>1 a</b> Land			225,321.			,321.				
<b>b</b> Buildings			5,576,510.	4,131,522.	1,444					
c Leasehold improvements			189,527.	144,205.		<u>,322.</u>				
<b>d</b> Equipment			111,395.	94,611.	16	,784.				
Total. Add lines 1a through 1e. (Colum		Form 990 Part X	column (B) line 10c )	►	1,732	115				
BAA					ule D (Form 99					

Part VII	Investments – Other Securities.			
	Complete if the organization answered			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
	al derivatives			
• • •	held equity interests.			
(3) Other				
(A) (B)				
<u>(B)</u>				
(C)				
(D) (E)				
<u>(E)</u> (F)				
(G)				
(H)				
(l)				
	n (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
	Investments – Program Related.	·	N/A	
	Complete if the organization answered			
	(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) (10)				
	n (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answered	N/A		
			), Part IV, line 11d. See Form 9	
(1)	(a) De	scription		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
	umn (b) must equal Form 990, Part X, column (	R) line 15 )		
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' on F		le or 11f. See Form 990, Part X, line 25.	
1.		iption of liability		(b) Book value
	ral income taxes			<u> </u>
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Tatal (Oslam				
LOTAL (COUUM	n (b) must equal Form 990. Part X. column (B) line 25.)		•	

Total. (Countin (b) must equal Form 590, Part A, countin (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 INC BOARD, NFP	23-708574	9 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	<sup>r</sup> Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,685,740.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
<b>b</b> Donated services and use of facilities	6.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	532,116.
3 Subtract line 2e from line 1	3	2,153,624.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,153,624.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return.	· · ·
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,574,515.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities	6	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	532,116.
3 Subtract line 2e from line 1	3	2,042,399.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,012,000.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,042,399.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS TAX EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501 (C) (3), IS CLASSIFIED AS A PUBLIC CHARITY AND HAS NO UNRELATED BUSINESS INCOME.

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT, BASED ON TECHNICAL MERITS, THAT THE

POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2020, THE ORGANIZATION

HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE BAA Schedule D (Form 990) 2019 
 Schedule D (Form 990) 2019
 INC BOARD, NFP

 Part XIII
 Supplemental Information (continued)

## PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

FINANCIAL STATEMENTS.

SCHEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047				
(Form 990)		Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service <ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>										
Name of the organization Employer identification num										
INC BOARD, NFP 23-7085749										
Part I General In	formation on G	rants and Assista	nce							
				assistance, the grantees				X Yes No		
2 Describe in Part IV	the organization's pr	rocedures for monitoring	the use of grant fu	nds in the United States.		SEE F	PART IV			
Part II Grants and Form 990,				and Domestic Govennment of the second structure and the second structur						
<b>1 (a)</b> Name and address or gover	ess of organization rnment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) THE ASSOC. FOR	INDIVIDUAL DEV									
309 W. NEW INDI	AN TRAIL CT.									
AURORA, IL 6050	6	36-2472748		416,968.	0.			MH, DD COMMU		
(2) BREAKING FREE,	INC.									
120 GALE STREET										
AURORA, IL 6050		36-2957395		155,300.	0.			SUBSTANCE ABUSE		
(3) COMMUNITIES IN	SCHOOLS									
P.OBOX_4183										
AURORA, IL 6050		36-3909467		85,000.	0.			MH COUNSELOR		
(4) CONLEY OUTREACH	COMM_SVCS									
<u>P.O. BOX 931</u>								COMMUNITY		
ELBURN, IL 6011		36-4059790		74,417.	0.			MENTAL HEALTH		
(5) ELDERDAY CENTER										
<u>8 S. LINCOLN ST</u> BATAVIA, IL 605		36-3731502		6,000.	0.			ADULT DAY SVCS		
(6) FAMILY COUNSELIN		30-3731302		0,000.	0.			ADULI DAI SVCS		
70 S. RIVER STR										
AURORA, IL 6050		36-2195470		263,242.	0.			COUNSELING		
(7) FOX VALLEY HAND		00 2200110		20072121				0001102221110		
200 WHITFIELD D										
GENEVA, IL 6013		36-3111451		32,594.	0.			HOSPICE		
(8) GATEWAY FOUNDAT				,						
400 MERCY LANE										
AURORA, IL 6050		36-2670036		48,000.	0.			MH COUNSELING		
2 Enter total numbe	er of section 501(c)(	(3) and government or	ganizations listed	in the line 1 table				► <u> </u>		
3 Enter total numbe	er of other organizat	tions listed in the line	1 table					• 1		
			< = 000				<b>.</b>			

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

Schedule I (Form 990) (2019)

23-7085749

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

## PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

EACH RECIPIENT AGENCY SIGNS AN AGREEMENT WITH INC BOARD, NFP, WHICH DESCRIBES THE

SERVICES RENDERED BY EACH. INC BOARD, NFP REQUIRES EACH AGENCY TO MEET NUMEROUS

REQUIREMENTS, LISTED AS PART OF THE SIGNED AGREEMENT, IN ORDER TO RECEIVED FUNDING.

THE ORGANIZATION ALSO PERFORMS ONSITE MONITORING VISITS.

## Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

					Employer identific	ation number
					23-708574	19
d Other Assistan	ce to Domestic	COrganizations an	d Domestic Gover	nments. (Schedu		
<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
36-2921680		112,482.				DOMESTIC VIOLENCE
36-3868548		10,486.				MENTAL ILLNESS
36-2775102		18,396.				SENIOR ASSISTANCE
36-4211306		45,318.				SUICIDE PREVENTION
23-7310008		113,810.				COUNSELING
36-2182095		80,000.				NURSING
		58,350.				COMMUNITY LIASON
36-6086742		25,000.				
	(b) EIN 36-2921680 36-3868548 36-2775102 36-2775102 36-4211306 23-7310008 36-2182095 36-2884042	(b) EIN (c) IRC section (if applicable) 36-2921680 36-3868548 36-2775102 36-2775102 36-2775102 36-2182095 36-2182095 36-2884042	(b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant         36-2921680       112,482.         36-3868548       10,486.         36-2775102       18,396.         36-4211306       45,318.         23-7310008       113,810.         36-2182095       80,000.         36-2884042       58,350.	(b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of non- cash assistance         36-2921680       112,482.         36-3868548       10,486.         36-2775102       18,396.         36-4211306       45,318.         23-7310008       113,810.         36-2182095       80,000.         36-2884042       58,350.	(b) EIN         (c) IRC section (if applicable)         (d) Amount of cash grant         (e) Amount of non- cash assistance         (f) Method of valuation (book, FMV, appraisal, other)           36-2921680         112, 482.	(if applicable)       grant       Cash assistance       valuation (book, FMV, appraisal, other)       noncash assistance         36-2921680       112,482.             36-3868548       10,486.             36-3868548       10,486.             36-2775102       18,396.             36-4211306       45,318.             36-2884042       80,000.             36-2884042       58,350.

TEEA4001L 07/10/19

2019

ganization	

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

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

### INC BOARD, NFP

23-7085749

## FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COPY IS PROVIDED TO BOARD MEMBERS AND REVIEWED PRIOR TO BEING ISSUED AS FINAL.

## FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

DISCUSSION AT MEETINGS AND CONFLICT OF INTEREST STATEMENTS ARE REVIEWED ANNUALLY.

PROCEDURES ARE DESCRIBED IN BY-LAWS.

## FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR EMPLOYMENT DECISIONS RELATING TO THE

EXECUTIVE DIRECTOR POSITION AS WELL AS DETERMINING COMPENSATION.

## FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ANNUAL REPORT AND ORGANIZATIONAL INFORMATION AVAILABLE UPON REQUEST

## FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD

MODIFIED CASH

Form <b>8868</b>	
(Rev. January 2020)	

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

01

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

**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/e-file-providers/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.

	······································	
Type or print		00 000000
	INC BOARD, NFP	23-7085749
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for filing your	400 MERCY LANE, P.O. BOX 935	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	AURORA, IL 60507-0935	

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

Application Is For		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 (section 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 
 <u>DALILA ALEGRIA</u>

Telephone No. ► 630-892-5456

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.... ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20
 or

	► X tax year beginning	, 20	<u>19</u> , and ending	_ <u>6/30</u> , 20	<u>20</u> _·		
2	If the tax year entered in lin	e 1 is for less than 1	2 months, check reas	on: 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	\$
but this application is far Farme 200 DE 200 T 4720, or 6060, optar any refundable gradite and estimated		

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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