

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

B Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C INC MENTAL HEALTH ALLIANCE
 400 MERCY LANE, P.O. BOX 935
 AURORA, IL 60507-0935

D Employer identification number

23-7085749

E Telephone number

630-892-5456

G Gross receipts \$ 3,340,036.

F Name and address of principal officer: DALILA ALEGRIA
 SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.INCBOARD.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1969 M State of legal domicile: IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO INITIATE AND COORDINATE PROGRAMS OF SERVICE FOR MENTAL HEALTH, INCLUDING SERVICES FOR THOSE WITH SUBSTANCE ABUSE DISORDERS AND DEVELOPMENTAL DISABILITIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	57
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,002,178.	2,018,140.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	216,808.	180,673.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	790.	-351,255.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,219,776.	1,847,558.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,500,161.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,133.	230,869.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	297,733.	324,600.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,991,027.	2,174,206.
19		Revenue less expenses. Subtract line 18 from line 12	228,749.	-326,648.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,762,221.	2,426,443.
	22	Net assets or fund balances. Subtract line 21 from line 20	134,926.	125,796.
			2,627,295.	2,300,647.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DALILA ALEGRIA		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	PAUL H. WIELAND, CPA	PAUL H. WIELAND, CPA		P00326532
	Firm's name	Firm's EIN		
	WIELAND & COMPANY INC	36-4025026		
	Firm's address	Phone no.		
	232 S. BATAVIA AVENUE	6304064490		
	BATAVIA, IL 60510			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

TEEA0101L 09/22/21

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:TO INITIATE AND COORDINATE PROGRAMS OF SERVICE FOR MENTAL HEALTH, INCLUDING SERVICES
FOR THOSE WITH SUBSTANCE ABUSE DISORDERS AND DEVELOPMENTAL DISABILITIES.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,087,386. including grants of \$ 1,618,737.) (Revenue \$ 180,673.)TO EDUCATE THE PUBLIC AND ASSIST IN FUNDING LOCAL AGENCIES FOR THE PREVENTION AND
TREATMENT OF PERSONS WITH MENTAL ILLNESS, INTELLECTUAL/DEVELOPMENTAL DISABILITIES AND
SUBSTANCE USE DISORDERS.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,087,386.**

Part IV Checklist of Required Schedules

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

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b 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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
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? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d 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? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
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		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b 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 Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b 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 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.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b 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 excess parachute payment(s) during the year? 15		X
If 'Yes,' see the 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? 16		X
If 'Yes,' complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.		

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

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a 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? 7 a		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? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each 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'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.)

	Yes	No
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 to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O 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?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15 a	X	
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
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? 16 a		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? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Forms 1023 (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.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALILA ALEGRIA EXECUTIVE DIR.	40 0			X				92,500.	0.	0.
(2) RUSS WOLF VICE PRESIDENT	1 0	X		X				0.	0.	0.
(3) MARILYN JACOBSEN SECRETARY	1 0	X		X				0.	0.	0.
(4) JOHN WHILDIN TREASURER	2 0	X		X				0.	0.	0.
(5) TJ VAUGHAN DIRECTOR	1 0	X						0.	0.	0.
(6) TERRY LANTHRUM DIRECTOR	1 0	X						0.	0.	0.
(7) DENISE ELSBREE DIRECTOR	1 0	X						0.	0.	0.
(8) KATHLEEN HOOEY DIRECTOR	1 0	X						0.	0.	0.
(9) DENISE CLAESSENS DIRECTOR	1 0	X						0.	0.	0.
(10) TINA WILLSON DIRECTOR	1 0	X						0.	0.	0.
(11) EVELYN HULL DIRECTOR	1 0	X						0.	0.	0.
(12) ALICIA SCHATTEMAN DIRECTOR	1 0	X						0.	0.	0.
(13) EVA SERRANO DIRECTOR	1 0	X						0.	0.	0.
(14) JOANNE TOSCH DIRECTOR	1 0	X						0.	0.	0.

BAA

TEEA0107L 09/22/21

Form 990 (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL YAGEN DIRECTOR	1 0	X						0.	0.	0.
(16) JAMES HOPP DIRECTOR	1 0	X						0.	0.	0.
(17) KEN ROJEK PRESIDENT	2 0	X		X				0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal								92,500.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								92,500.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 2,018,140.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1 f				
	g Noncash contributions included in lines 1a-1f.	1 g				
	h Total. Add lines 1a-1f		2,018,140.			
	2 a <u>RENTS FROM AGENCIES</u>	Business Code 531120	180,673.	180,673.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		180,673.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		337.			337.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7 b	1,140,886.			
	c Gain or (loss)	7 c	1,492,478.			
	d Net gain or (loss)		-351,592.			-351,592.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a				
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10 a					
b Less: cost of goods sold.	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,847,558.	180,673.	0.	-351,255.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,618,737.	1,618,737.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	92,500.	67,525.	24,975.	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.	98,709.	72,058.	26,651.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	8,026.	5,458.	2,568.	
9 Other employee benefits.	17,053.	11,595.	5,458.	
10 Payroll taxes.	14,581.	10,206.	4,375.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	44,947.	33,710.	11,237.	
12 Advertising and promotion.				
13 Office expenses.	15,590.	10,913.	4,677.	
14 Information technology.				
15 Royalties.				
16 Occupancy.	31,287.	31,287.		
17 Travel.	3,152.	2,049.	1,103.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	103,145.	102,114.	1,031.	
23 Insurance.	9,823.	6,680.	3,143.	
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.)				
a REPAIRS AND MAINTENANCE	83,943.	83,943.		
b SCHOLARSHIPS AND OTHER	28,000.	28,000.		
c DUES AND SUBSCRIPTIONS	4,713.	3,111.	1,602.	
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	2,174,206.	2,087,386.	86,820.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	206,065.	1	269,896.
	2 Savings and temporary cash investments	919,276.	2	2,109,333.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 164,827.		
	b Less: accumulated depreciation	10b 118,063.	1,636,430.	10c 46,764.
	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)	2,762,221.	16	2,426,443.	
Liabilities	17 Accounts payable and accrued expenses	21,131.	17	760.
	18 Grants payable		18	
	19 Deferred revenue	113,795.	19	125,036.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	134,926.	26	125,796.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,627,295.	27	2,300,647.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,627,295.	32	2,300,647.	
33 Total liabilities and net assets/fund balances	2,762,221.	33	2,426,443.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,847,558.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,174,206.
3	Revenue less expenses. Subtract line 2 from line 1	3	-326,648.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,627,295.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,300,647.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

INC MENTAL HEALTH ALLIANCE

Employer identification number

23-7085749

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,799,305.	1,861,080.	1,934,738.	2,002,178.	2,018,140.	9,615,441.
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.	1,799,305.	1,861,080.	1,934,738.	2,002,178.	2,018,140.	9,615,441.
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.						9,615,441.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	1,799,305.	1,861,080.	1,934,738.	2,002,178.	2,018,140.	9,615,441.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	186,240.	202,628.	218,886.	216,808.	180,673.	1,005,235.
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.						10,620,676.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	90.54 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	90.27 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
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 on 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 on 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 line 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
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.	2	

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)? 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).	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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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	
3 By reason of the relationship described on line 2, above, 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 in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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.	2a		
b Did the activities described on line 2a, above, 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.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If 'Yes' or 'No,' provide details in Part VI .	3a		
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.	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

Part VI

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.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

INC MENTAL HEALTH ALLIANCE

Employer identification number

23-7085749

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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), 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).

Name of organization	Employer identification number
INC MENTAL HEALTH ALLIANCE	23-7085749

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AURORA TOWNSHIP 80 N. BROADWAY AURORA, IL 60505	\$ 1,366,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BATAVIA TOWNSHIP 131 FLINN STREET SUITE B BATAVIA, IL 60510	\$ 408,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BLACKBERRY TOWNSHIP 43W390 MAIN STREET ELBURN, IL 60119	\$ 58,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SUGAR GROVE TOWNSHIP P.O. BOX 465 SUGAR GROVE, IL 60554	\$ 126,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INC MENTAL HEALTH ALLIANCE

23-7085749

Part II **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
	N/A		
		\$	
(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
		\$	
(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
		\$	

Name of organization

INC MENTAL HEALTH ALLIANCE

Employer identification number

23-7085749

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► 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.
► Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

INC MENTAL HEALTH ALLIANCE

Employer identification number

23-7085749

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 conservation easements.

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

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

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 following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations.....

(ii) Related organizations.....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....		45,355.	20,776.	24,579.
d Equipment.....		119,472.	97,287.	22,185.
e Other.....				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				46,764.

BAA

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ..		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (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. **SEE PART XIII.** ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	2,264,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	417,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	417,000.
3	Subtract line 2e from line 1	3	1,847,558.
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.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,847,558.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	2,591,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	417,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	417,000.
3	Subtract line 2e from line 1	3	2,174,206.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
b	Other (Describe in Part XIII.)	4b	
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	2,174,206.

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 THE END OF THE YEAR, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

INC MENTAL HEALTH ALLIANCE

Employer identification number

23-7085749

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 INDIAN TRAIL CT. AURORA, IL 60506	36-2472748		417,203.	0.			MH, DD COMMU
(2) CITIES IN SCHOOLS P.O. BOX 4183 AURORA, IL 60507	36-3909467		86,275.	0.			MH COUNSELOR
(3) CONLEY OUTREACH COMM SVCS P.O. BOX 931 ELBURN, IL 60119	36-4059790		76,500.	0.			COMMUNITY MENTAL HEALTH
(4) FAMILY COUNSELING SERVICES 70 S. RIVER STREET AURORA, IL 60506	36-2195470		284,794.	0.			COUNSELING
(5) FOX VALLEY HANDS OF HOPE 200 WHITFIELD DR. GENEVA, IL 60134	36-3111451		28,063.	0.			HOSPICE
(6) GATEWAY FOUNDATION 400 MERCY LANE AURORA, IL 60506	36-2670036		47,520.	0.			MH COUNSELING
(7) MUTUAL GROUND P.O. BOX 843 AURORA, IL 60507	36-2921680		261,649.	0.			DOMESTIC VIOLENCE
(8) NAMI 400 MERCY LANE AURORA, IL 60506	36-3868548		21,930.	0.			MENTAL ILLNESS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14
- 3 Enter total number of other organizations listed in the line 1 table 1

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

TEEA3901L 07/12/21

Schedule I (Form 990) 2021

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)

2021

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

Continuation Page 1 of 1

Name of the organization

INC MENTAL HEALTH ALLIANCE

Employer identification number

23-7085749

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SENIOR SERVICES ASSOCIATES 900 N LAKE STREET AURORA, IL 60506	36-2775102		18,672.				SENIOR ASSISTANCE
SUICIDE PREVENTION SERVICES 528 S. BATAVIA AVENUE BATAVIA, IL 60510	36-4211306		45,989.				SUICIDE PREVENTION
TRICITY FAMILY SERVICES 1120 RANDALL CT. GENEVA, IL 60134	23-7310008		115,517.				COUNSELING
VISITING NURSES ASSOCIATION 900 N. LAKE STREET AURORA, IL 60506	36-2182095		80,000.				NURSING
FAMILY FOCUS, INC. 310 S. PEORIA STREET, STE 301 CHICAGO, IL 60607	36-2884042		59,225.				COMMUNITY LIASON
AMITA MERCY MEDICAL CTR 1325 N HIGHLAND AVE AURORA, IL 60506	36-4195126		25,000.				COUNSELING
FAMILY SERV ASSN GREAT ELGIN 1140 N. MCLEAN BLVD., STE 1 ELGIN, IL 60123	36-2169149		50,400.				COUNSELING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

INC MENTAL HEALTH ALLIANCE

Employer identification number

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

2021**FEDERAL EXEMPT ORGANIZATION TAX SUMMARY****PAGE 1****CLIENT INCBOARD****INC MENTAL HEALTH ALLIANCE****23-7085749**

8/30/22

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	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	2,018,140	2,002,178	15,962
PROGRAM SERVICE REVENUE.....	180,673	216,808	-36,135
INVESTMENT INCOME.....	-351,255	790	-352,045
 TOTAL REVENUE.....	 1,847,558	 2,219,776	 -372,218
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	1,618,737	1,500,161	118,576
SALARIES, OTHER COMPEN., EMP. BENEFITS...	230,869	193,133	37,736
OTHER EXPENSES.....	324,600	297,733	26,867
 TOTAL EXPENSES.....	 2,174,206	 1,991,027	 183,179
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-326,648	228,749	-555,397
TOTAL ASSETS AT END OF YEAR.....	2,426,443	2,762,221	-335,778
TOTAL LIABILITIES AT END OF YEAR.....	125,796	134,926	-9,130
NET ASSETS/FUND BALANCES AT END OF YEAR.	2,300,647	2,627,295	-326,648

2021

ILLINOIS AG990-IL TAX SUMMARY

PAGE 1

CLIENT INCBOARD

INC MENTAL HEALTH ALLIANCE

23-7085749

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	2021	2020	DIFF
YEAR-END AMOUNTS			
ASSETS.....	2,426,443	2,762,221	-335,778
LIABILITIES.....	125,796	134,926	-9,130
NET ASSETS.....	2,300,647	2,627,295	-326,648
REVENUE ITEMS			
PUB SUPPORT, CONTRIB, & PROG SERVICE REV	180,673	216,808	-36,135
GOV'T GRANTS AND MEM. DUES.....	2,018,140	2,002,178	15,962
OTHER REVENUES.....	-351,255	790	-352,045
TOTAL REVENUE, INCOME, AND CONTRIBS.....	1,847,558	2,219,776	-372,218
EXPENDITURES			
OPERATING CHAR. PROGRAM EXP.....	468,649	407,788	60,861
TOTAL CHAR. PROGRAM SERVICE EXP.....	468,649	407,788	60,861
GRANTS TO OTHER CHAR ORGANIZATIONS.....	1,618,737	1,500,161	118,576
TOTAL CHAR. PROGRAM EXPENDITURE.....	2,087,386	1,907,949	179,437
MANAGEMENT AND GENERAL EXPENSE.....	86,820	83,078	3,742
TOTAL EXPENDITURES THIS PERIOD.....	2,174,206	1,991,027	183,179
PAID FUNDRAISER AND CONSULTANT ACTIVITIES			
NET RECEIVED BY THE CHARITY.....	0	0	0
TOTAL AMT PAID TO PF CONSULTANTS.....	0	0	0

6/30/22

2021 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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CLIENT INCBOARD

INC MENTAL HEALTH ALLIANCE

23-7085749

8/30/22

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
BUILDINGS										
4	VARIOUS ASSETS	1/01/00	5/02/22	11,864			11,864	S/L HY	10	0
5	CONSTRUCTION COSTS	1/01/73	5/02/22	780,627			756,562	S/L MM	50	13,661
6	CONSTRUCTION COSTS	1/01/74	5/02/22	126,168			119,751	S/L MM	50	2,208
7	CONSTRUCTION COSTS	1/01/74	5/02/22	57,029			54,134	S/L MM	50	998
8	CONSTRUCTION COSTS	1/01/74	5/02/22	26,240			24,908	S/L MM	50	459
9	VARIOUS COSTS	1/01/75	5/02/22	10,321			10,321	S/L HY	10	0
10	CONSTRUCTION COSTS	1/01/75	5/02/22	885,201			822,499	S/L MM	50	15,491
11	CONSTRUCTION COSTS	1/01/75	5/02/22	403,288			374,724	S/L MM	50	7,058
12	CONSTRUCTION COSTS	1/01/76	5/02/22	228,680			207,912	S/L MM	50	4,002
13	EXHAUST FAN	4/01/80	5/02/22	1,076			1,076	S/L HY	20	0
14	IMPROVEMENTS	6/01/87	5/02/22	35,902			35,902	S/L HY	20	0
15	NEW ROOF & DOORS	4/01/88	5/02/22	74,674			74,674	S/L HY	20	0
16	VAR. CONSTRUCTION COSTS	1/01/89	5/02/22	9,706			9,706	S/L HY	10	0
17	HVAC	1/01/89	5/02/22	2,536			2,536	S/L HY	20	0
18	KRC 6 DOORS	9/01/89	5/02/22	2,100			2,100	S/L HY	20	0
19	COMPRESSOR	10/01/89	5/02/22	4,040			4,040	S/L HY	10	0
20	KRC TRANSFORMER	6/01/90	5/02/22	7,773			7,773	S/L HY	10	0
21	ALTERATIONS	6/01/90	5/02/22	56,287			56,287	S/L HY	20	0
27	ROOF	12/03/90	5/02/22	65,140			65,140	S/L HY	20	0
29	PAINTING & GATES	2/01/91	5/02/22	58,075			58,075	S/L HY	10	0
30	COMPRESSOR & IMPROVEMENTS	1/01/92	5/02/22	23,441			23,441	S/L HY	20	0
31	THOMPSON ADDITION	3/15/93	5/02/22	875,276			495,265	S/L MM	50	15,318
32	AC & WATER HEATER	11/01/93	5/02/22	11,089			11,089	S/L HY	20	0
34	ARCHITECTURAL FEES	6/30/94	5/02/22	11,346			6,137	S/L MM	50	199
35	AC & POOL LIGHTS - KEELER	7/01/94	5/02/22	21,115			21,115	S/L HY	7	0
36	MOTION DETECTORS-CCC	8/01/94	5/02/22	1,560			1,560	S/L HY	5	0
37	THOMPSON ADDITION	11/30/94	5/02/22	4,125			2,745	S/L	40	86
38	ROOF REPLACED	4/17/95	5/02/22	2,686			2,686	S/L HY	7	0
39	EMERGENCY LIGHTS	10/16/95	5/02/22	1,700			1,700	S/L HY	7	0
40	ROOF REPLACEMENT-TRC	12/15/95	5/02/22	226,669			144,740	S/L	40	4,722
42	ALARM SYSTEMS	6/28/96	5/02/22	5,235			5,235	S/L HY	7	0
43	AID DOORS	7/31/96	5/02/22	871			871	S/L HY	7	0
44	IMPROVEMENTS	1/18/97	5/02/22	4,764			4,764	S/L HY	7	0
45	BAL OF ORIGINAL SITE COST	4/10/97	5/02/22	15,981			9,676	S/L	40	333
47	PLUMBING	9/01/97	5/02/22	3,286			3,286	S/L HY	10	0

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2021 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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CLIENT INCBOARD

INC MENTAL HEALTH ALLIANCE

23-7085749

8/30/22

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
48	PLUMBING & INTERIORS	3/01/98	5/02/22	9,970			9,970	S/L HY	10	0
49	IMPROVEMENTS	7/01/98	5/02/22	67,093			67,093	S/L	20	0
53	POOL HEATER & SIGN	1/01/99	5/02/22	6,607			6,607	S/L HY	10	0
54	AID DOORS	1/15/99	5/02/22	2,600			2,600	S/L HY	5	0
55	NEW CONSTRUCTION	2/01/99	5/02/22	20,952			21,522	S/L	20	0
56	POOL PUMP	6/01/99	5/02/22	1,002			1,002	S/L HY	10	0
58	ROOF REPLACED	1/01/00	5/02/22	66,395			66,395	S/L HY	7	0
59	ROOF REPLACE, AC & HEAT	1/01/00	5/02/22	42,983			42,983	S/L HY	7	0
60	ROOF REPLACE, AC & HEAT	1/01/00	5/02/22	17,259			17,259	S/L HY	7	0
61	COMPRESSOR - KEELER	9/01/00	5/02/22	13,624			13,594	S/L	20	0
63	NEW SIGNAGE	1/16/01	5/02/22	2,197			2,197	S/L HY	10	0
64	FAUCETS - 400 MERCY LANE	1/31/01	5/02/22	2,800			2,800	S/L HY	10	0
65	DOOR - THOMPSON	5/31/01	5/02/22	1,701			1,701	S/L	20	0
66	FLUE REPLACEMENT	6/15/01	5/02/22	1,341			1,341	S/L	20	0
67	A/C OVERHAUL - THOMPSON	6/15/01	5/02/22	2,373			2,373	S/L HY	10	0
69	REPLACE A/C @ THOMPSON	10/15/01	5/02/22	21,567			21,567	S/L HY	10	0
70	KEELER POOL HEATER	4/01/02	5/02/22	2,902			2,902	S/L HY	7	0
71	HVAC ROOFTOP UNIT-KEELER	10/15/02	5/02/22	60,982			57,043	S/L	20	2,541
72	SMOKE DETECTOR - KEELER	11/15/02	5/02/22	720			720	S/L HY	7	0
73	3-PHASE STARTER FOR POOL	12/30/02	5/02/22	1,069			1,069	S/L HY	7	0
75	THERMOSTAT - CCC BLDG	1/31/03	5/02/22	1,988			1,988	S/L HY	7	0
76	BUILDOUT FOR CCC BLDG	3/14/03	5/02/22	23,825			10,898	S/L	40	496
77	BATHROOM PARTITIONS-THOMP	5/30/03	5/02/22	4,941			4,477	S/L	20	206
78	MIXING VALVES POOL SINKS	7/15/03	5/02/22	1,247			1,247	S/L HY	10	0
79	7 LIGHT POLES	7/30/03	5/02/22	8,447			8,447	S/L	10	0
80	HANDRAIL & DOOR-THOMPSON	10/31/03	5/02/22	1,517			1,517	S/L	10	0
81	PUMP & RETURN LINE-KEELER	12/29/03	5/02/22	3,807			3,807	S/L	10	0
82	CAMERA SYSTEM	1/20/04	5/02/22	2,990			2,990	S/L	10	0
83	HEAT EXCHANGER - KEELER	2/26/04	5/02/22	7,526			6,520	S/L	20	314
84	REMODELING - CCC	3/30/04	5/02/22	7,267			6,265	S/L	20	303
85	BUILDING IMPROVEMENTS	7/15/04	5/02/22	9,492			8,072	S/L	20	396
86	BUILDING IMPROVEMENTS	8/16/04	5/02/22	2,839			2,390	S/L	20	118
87	BUILDING IMPROVEMENTS	8/16/04	5/02/22	175			150	S/L	20	7
88	BUILDING IMPROVEMENTS	11/15/04	5/02/22	3,360			3,360	S/L	10	0
89	CARPETING	12/15/04	5/02/22	11,467			11,467	S/L HY	7	0
90	PLUMBING IMPROVEMENTS	12/15/04	5/02/22	1,462			1,211	S/L	20	61
91	HVAC REPLACEMENT	8/31/05	5/02/22	63,988			50,787	S/L	20	2,666
92	NEW SINK/COUNTERTOPS	9/30/05	5/02/22	1,538			1,215	S/L	20	64
93	DOOR CLOSURES/KICK PLATES	10/17/05	5/02/22	2,946			2,946	S/L	10	0

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CLIENT INCBOARD

INC MENTAL HEALTH ALLIANCE

23-7085749

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
94	WATER LINE	10/31/05	5/02/22	748			584	S/L	20	31
95	DOORS INSTALLED	10/31/05	5/02/22	4,690			4,690	S/L	10	0
96	DOOR LATCHES	10/31/05	5/02/22	764			764	S/L	10	0
97	DOOR HOLDERS & PHOTOBEAM	12/15/05	5/02/22	1,110			1,110	S/L	10	0
98	HM FRAMES, DOOR, & HARDWA	12/15/05	5/02/22	3,875			3,860	S/L	10	0
99	HVAC IMPROVEMENTS	4/17/06	5/02/22	3,737			3,737	S/L	10	0
100	HVAC IMPROVEMENTS	5/30/06	5/02/22	2,737			2,737	S/L	10	0
101	HVAC IMPROVEMENTS	5/30/06	5/02/22	2,084			2,084	S/L	10	0
102	PT OF USE WAT. HEATER REP	6/15/06	5/02/22	638			638	S/L HY	7	0
104	NEW WATER LINES	8/30/06	5/02/22	3,941			2,931	S/L	20	164
105	KITCHEN BUILD-OUT	9/26/06	5/02/22	15,068			11,140	S/L	20	628
106	FLOOR RESURFACE	2/12/07	5/02/22	9,950			9,908	S/L	10	0
107	NEW DOORS	4/12/07	5/02/22	8,219			8,185	S/L	10	0
108	POOL IMPROVEMENTS	4/12/07	5/02/22	9,917			9,877	S/L	10	0
109	HVAC-EDWARDS ENGINEERING	6/28/07	5/02/22	77,402			54,342	S/L	20	3,225
113	ASSET REPLACEMENT	6/30/08	5/02/22	16,611			10,801	S/L	20	692
114	MULTIZONE RTU - INC	7/31/08	5/02/22	75,813			76,447	S/L	10	0
115	BACKFLOW RETROFIT-THOMPSO	10/24/08	5/02/22	7,848			4,967	S/L	20	327
116	BACKFLOW DEVICES - KEELER	1/21/09	5/02/22	7,980			4,869	S/L	20	333
117	RPZ DEVICE - THOMPSON	3/25/09	5/02/22	6,280			3,847	S/L	20	262
118	CARPET - INC	3/31/09	5/02/22	7,278			7,278	S/L	7	0
122	EDWARDS ENGINEERING	4/15/10	5/02/22	2,445			705	S/L	39	52
125	TENANT REIMBURSEMENT	7/01/10	5/02/22	26,312			7,396	S/L	39	562
126	BUILDING IMPROVEMENTS	7/01/10	5/02/22	68,590			19,275	S/L	39	1,466
127	KITCHEN FLOOR	7/20/11	5/02/22	1,475			378	S/L	39	32
128	COMPRESSOR	9/15/11	5/02/22	26,982			6,776	S/L	39	577
129	BOILER	10/28/11	5/02/22	3,008			2,910	S/L	5	0
131	CARPETING	12/15/11	5/02/22	4,119			1,011	S/L	39	88
132	TOILET	2/15/12	5/02/22	494			122	S/L	39	11
133	AID LEASE IMP	4/30/12	5/02/22	7,699			1,814	S/L	39	165
134	TRC CONTACTOR REPLACEMENT	5/31/12	5/02/22	3,295			767	S/L	39	70
135	INTERCOM ET AL	5/31/12	5/02/22	8,248			1,925	S/L	39	176
136	BATHROOM	6/29/12	5/02/22	1,550			362	S/L	39	33
137	DRIESSEN CONSTRUCTION CO	10/31/12	5/02/22	16,622			3,710	S/L	39	355
138	HVAC REPLACEMENT	1/31/13	5/02/22	2,452			533	S/L	39	52
139	BREEZEWAY HEATER	2/15/13	5/02/22	1,400			301	S/L	39	30
140	WATER FOUNTAIN PIPE REPLA	6/27/13	5/02/22	16,526			3,410	S/L	39	353
141	DOOR & WINDOW REPLACEMENT	6/30/13	5/02/22	2,717			563	S/L	39	58
142	FROST ELECTRIC	9/16/13	5/02/22	1,675			333	S/L	39	36

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143	AID IMPROVEMENT	1/16/14	5/02/22	6,442			1,224	S/L	39	138
144	VANDUZOR CONSTRUCTION	9/01/13	5/02/22	4,095			823	S/L	39	88
145	VANDUZOR CONSTRUCTION	4/30/14	5/02/22	8,479			1,555	S/L	39	181
146	AQUAPURE	12/02/13	5/02/22	3,998			3,033	S/L	10	333
147	VALLEY FIRE PROTECTION	6/30/14	5/02/22	6,910			4,837	S/L	10	576
149	AID IMPROVEMENT	7/15/14	5/02/22	1,525			273	S/L	39	33
150	EDWARDS ENGINEERING	8/15/14	5/02/22	3,200			567	S/L	39	68
151	MICHEL'S PLUMBING	10/16/14	5/02/22	13,638			2,333	S/L	39	291
152	VANDUZOR CONSTRUCTION	10/16/14	5/02/22	14,277			2,440	S/L	39	305
153	EDWARDS ENGINEERING	11/17/14	5/02/22	1,018			171	S/L	39	22
154	VANDUZOR CONSTRUCTION	11/17/14	5/02/22	1,500			250	S/L	39	32
155	MICHEL'S PLUMBING	11/26/14	5/02/22	5,072			856	S/L	39	108
156	EDWARDS ENGINEERING	12/16/14	5/02/22	9,257			1,541	S/L	39	198
157	EDWARDS ENGINEERING	3/16/15	5/02/22	5,948			956	S/L	39	127
158	AID IMPROVEMENT	6/30/15	5/02/22	666			102	S/L	39	14
159	BATHROOM RENOVATION	6/30/15	5/02/22	21,772			3,348	S/L	39	465
160	TRC SHAFT REPLACEMENT	7/15/15	5/02/22	6,913			1,062	S/L	39	148
161	KEELER BURNER REPL.	7/27/15	5/02/22	5,645			858	S/L	39	121
162	TRC BLOWER	8/13/15	5/02/22	814			124	S/L	39	17
163	TRC REPL EXHAUST FAN	12/15/15	5/02/22	7,624			1,089	S/L	39	163
164	HVAC DISC. REPL.	6/13/16	5/02/22	3,770			493	S/L	39	81
165	WATER FOUNTAINS	7/21/15	5/02/22	2,378			361	S/L	39	51
166	PUMP REPLACEMENT	8/13/15	5/02/22	583			89	S/L	39	12
167	HOT WATER HEATER	9/15/15	5/02/22	1,466			221	S/L	39	31
168	EXIT LIGHTS	11/16/15	5/02/22	1,975			285	S/L	39	42
169	CABINETS	5/11/16	5/02/22	9,216			1,219	S/L	39	197
170	LIGHT FIXTURES REPL.	6/22/16	5/02/22	3,926			505	S/L	39	84
171	LIGHT FIXTURES	8/31/16	5/02/22	3,839			474	S/L	39	82
172	WATER FOUNTAIN	1/31/17	5/02/22	1,654			186	S/L	39	35
173	DOORS	4/14/17	5/02/22	6,877			748	S/L	39	147
174	PLUMBING REPLACEMENT	5/15/17	5/02/22	4,593			492	S/L	39	98
175	PANEL REPLACEMENT	5/31/17	5/02/22	4,300			449	S/L	39	92
176	AC COMPRESSOR & THERMOSTA	6/15/17	5/02/22	26,659			2,793	S/L	39	570
177	AC COMPRESSOR	9/15/17	5/02/22	15,558			1,529	S/L	39	332
178	SHAFT REPLACEMENT	12/15/17	5/02/22	4,341			398	S/L	39	93
179	HOT WATER HEATER	1/31/18	5/02/22	339			31	S/L	39	7
180	EXTERNAL LIGHT FIXTURE	1/31/18	5/02/22	685			61	S/L	39	15
181	SINK REPLACEMENT	2/28/18	5/02/22	1,563			133	S/L	39	33
182	SUMP PUMP	3/15/18	5/02/22	304			27	S/L	39	6

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183	HOT WATER HEATER	6/30/18	5/02/22	737			57	S/L	39	16
184	DOOR CLOSERS	6/30/18	5/02/22	705			54	S/L	39	15
185	CARPET	5/15/19	5/02/22	4,500			1,393	S/L	7	536
186	BATHROOM REMODEL	6/14/19	5/02/22	4,125			221	S/L	39	88
187	FLOORING	6/28/19	5/02/22	12,695			3,628	S/L	7	1,511
188	BLOWER MOTOR SHEAVE	8/15/18	5/02/22	3,266			245	S/L	39	70
189	ACTUATOR REPL MOTOR	8/15/18	5/02/22	2,447			184	S/L	39	52
190	ROOM SENSOR	9/17/18	5/02/22	1,918			135	S/L	39	41
191	REPLACE PIPING AND INSULA	9/17/18	5/02/22	3,130			1,183	S/L	39	67
192	REPLACE TEMPERING VALVE	9/17/18	5/02/22	1,350			96	S/L	39	29
193	REPLACE SAFETY SWITCH	10/31/18	5/02/22	4,646			317	S/L	39	99
194	NEW TOILET	12/14/18	5/02/22	1,237			83	S/L	39	26
195	THERMOSTAT	1/31/19	5/02/22	1,951			674	S/L	7	232
196	HVAC SYSTEM	4/01/20	5/02/22	250,082			9,538	S/L	39	5,344
197	CARPETING	8/01/19	5/02/22	14,555			3,985	S/L	7	1,733
198	THOMPSON CENTER PAVING	8/01/19	5/02/22	3,500			335	S/L	20	146
199	CARPETING	2/01/20	5/02/22	6,380			1,291	S/L	7	760
200	SIDEWALKS/ADA PANELS	11/01/19	5/02/22	11,339			945	S/L	20	472
202	CARPETING, TILE, & MASTIC	8/28/20	5/02/22	2,450			102	S/L	20	102
203	COVE BASE	9/14/20	5/02/22	3,500			194	S/L	15	194
204	COMBUSTION BLOWER MOTOR FO	8/31/20	5/02/22	5,427			302	S/L	15	302
205	CARRIER HEAT EXCH	11/06/20	5/02/22	8,976			399	S/L	15	499
TOTAL BUILDINGS				5,596,864		0	4,247,170			99,255
FURNITURE AND FIXTURES										
2	FURNITURE & FIXTURES	1/01/00		22,607			22,607	S/L HY	10	0
3	EQUIP - VARIOUS	1/01/00		5,135			5,135	S/L HY	10	0
23	COMPUTER DESK	10/26/90		1,050			1,050	S/L HY	10	0
28	EQUIP - VARIOUS	1/01/91		22,312			22,312	S/L HY	10	0
50	FURNITURE	7/01/98		3,101			3,101	S/L HY	5	0
51	FURNITURE & COMPUTER	7/01/98		13,048			13,048	S/L HY	5	0
52	VARIOUS FURN & EQUIP	9/01/98		8,026			8,026	S/L HY	5	0
62	WATER COOLER	10/31/00		1,091			1,091	S/L HY	7	0
68	CONFERENCE ROOM FURNITURE	8/15/01		2,676			2,676	S/L HY	7	0
74	OAK DESK & BOOKCASE	1/15/03		568			568	S/L HY	7	0
103	SHELVES (HOME DEPOT)	8/30/06		226			226	S/L HY	7	0
111	OFFICE DEPOT	3/31/08		308			308	S/L HY	5	0
112	BEST BUY	6/30/08		4,849			4,849	S/L	10	0

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119	COMPUTER - SERVER	6/18/09		1,258			1,258	S/L	5	0
121	VAN DUZOR AURORA SIGN AID	3/31/10		21,241			6,153	S/L	39	545
124	COMPUTERS & PHONES	7/01/10		2,777			2,498	S/L	5	0
130	NEW TIME CLOCK	11/16/11		1,122			279	S/L	39	29
201	COMPUTER EQUIPMENT	11/30/20		2,119			124	S/L	10	212
206	COMPUTER EQUIPMENT	7/14/21		5,958				S/L	5	1,192
TOTAL FURNITURE AND FIXTURE				119,472		0	95,309			1,978
IMPROVEMENTS										
46	LEASEHOLD IMPROVEMENTS	5/01/97		9,800			9,800	S/L HY	10	0
120	LEASEHOLD IMPROVEMENTS	1/15/10		7,450			2,189	S/L	39	191
123	LEASEHOLD IMPROVEMENTS 09	5/27/10		26,430			7,542	S/L	39	678
148	FROST ELECTRIC	9/16/13		1,675			333	S/L	39	43
TOTAL IMPROVEMENTS				45,355		0	19,864			912
LAND										
1	LAND	1/01/00	5/02/22	225,321						0
TOTAL LAND				225,321		0	0			0
LAND IMPROVEMENTS										
22	GATES & LOUVERS	9/01/90	5/02/22	5,059			5,059	S/L HY	20	0
24	PAVEMENT	11/15/90	5/02/22	23,690			23,690	S/L HY	20	0
25	PAVEMENT	11/15/90	5/02/22	23,690			23,690	S/L HY	20	0
26	PAVEMENT	11/15/90	5/02/22	23,690			23,690	S/L HY	20	0
33	TREES	6/15/94	5/02/22	1,705			1,705	S/L HY	15	0
41	LAND IMPROV - SITE POND	5/23/96	5/02/22	48,000			30,150	S/L	40	1,000
57	AID SIDEWALK	6/30/99	5/02/22	2,738			2,869	S/L	20	0
110	PARKING LOT LIGHTING	2/04/08	5/02/22	15,600			15,600	S/L	10	0
TOTAL LAND IMPROVEMENTS				144,172		0	126,453			1,000
TOTAL DEPRECIATION				6,131,184		0	4,488,796			103,145
GRAND TOTAL DEPRECIATION				6,131,184		0	4,488,796			103,145
DEPRECIATION ASSETS SOLD				5,966,357		0	4,373,623			100,255
DEPR REMAINING ASSETS				164,827		0	115,173			2,890

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FORM 990/990-PF																
BUILDINGS																
4	VARIOUS ASSETS	1/01/00	5/02/22	11,864							11,864	11,864	S/L HY	10		0
5	CONSTRUCTION COSTS	1/01/73	5/02/22	780,627							780,627	756,562	S/L MM	50	.02000	13,661
6	CONSTRUCTION COSTS	1/01/74	5/02/22	126,168							126,168	119,751	S/L MM	50	.02000	2,208
7	CONSTRUCTION COSTS	1/01/74	5/02/22	57,029							57,029	54,134	S/L MM	50	.02000	998
8	CONSTRUCTION COSTS	1/01/74	5/02/22	26,240							26,240	24,908	S/L MM	50	.02000	459
9	VARIOUS COSTS	1/01/75	5/02/22	10,321							10,321	10,321	S/L HY	10		0
10	CONSTRUCTION COSTS	1/01/75	5/02/22	885,201							885,201	822,499	S/L MM	50	.02000	15,491
11	CONSTRUCTION COSTS	1/01/75	5/02/22	403,288							403,288	374,724	S/L MM	50	.02000	7,058
12	CONSTRUCTION COSTS	1/01/76	5/02/22	228,680							228,680	207,912	S/L MM	50	.02000	4,002
13	EXHAUST FAN	4/01/80	5/02/22	1,076							1,076	1,076	S/L HY	20		0
14	IMPROVEMENTS	6/01/87	5/02/22	35,902							35,902	35,902	S/L HY	20		0
15	NEW ROOF & DOORS	4/01/88	5/02/22	74,674							74,674	74,674	S/L HY	20		0
16	VAR. CONSTRUCTION COSTS	1/01/89	5/02/22	9,706							9,706	9,706	S/L HY	10		0
17	HVAC	1/01/89	5/02/22	2,536							2,536	2,536	S/L HY	20		0
18	KRC 6 DOORS	9/01/89	5/02/22	2,100							2,100	2,100	S/L HY	20		0
19	COMPRESSOR	10/01/89	5/02/22	4,040							4,040	4,040	S/L HY	10		0
20	KRC TRANSFORMER	6/01/90	5/02/22	7,773							7,773	7,773	S/L HY	10		0
21	ALTERATIONS	6/01/90	5/02/22	56,287							56,287	56,287	S/L HY	20		0
27	ROOF	12/03/90	5/02/22	65,140							65,140	65,140	S/L HY	20		0
29	PAINTING & GATES	2/01/91	5/02/22	58,075							58,075	58,075	S/L HY	10		0
30	COMPRESSOR & IMPROVEMENTS	1/01/92	5/02/22	23,441							23,441	23,441	S/L HY	20		0
31	THOMPSON ADDITION	3/15/93	5/02/22	875,276							875,276	495,265	S/L MM	50	.02000	15,318
32	AC & WATER HEATER	11/01/93	5/02/22	11,089							11,089	11,089	S/L HY	20		0

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34	ARCHITECTURAL FEES	6/30/94	5/02/22	11,346							11,346	6,137	S/L MM	50	.02000	199
35	AC & POOL LIGHTS - KEELER	7/01/94	5/02/22	21,115							21,115	21,115	S/L HY	7		0
36	MOTION DETECTORS-CCC	8/01/94	5/02/22	1,560							1,560	1,560	S/L HY	5		0
37	THOMPSON ADDITION	11/30/94	5/02/22	4,125							4,125	2,745	S/L	40		86
38	ROOF REPLACED	4/17/95	5/02/22	2,686							2,686	2,686	S/L HY	7		0
39	EMERGENCY LIGHTS	10/16/95	5/02/22	1,700							1,700	1,700	S/L HY	7		0
40	ROOF REPLACEMENT-TRC	12/15/95	5/02/22	226,669							226,669	144,740	S/L	40		4,722
42	ALARM SYSTEMS	6/28/96	5/02/22	5,235							5,235	5,235	S/L HY	7		0
43	AID DOORS	7/31/96	5/02/22	871							871	871	S/L HY	7		0
44	IMPROVEMENTS	1/18/97	5/02/22	4,764							4,764	4,764	S/L HY	7		0
45	BAL OF ORIGINAL SITE COST	4/10/97	5/02/22	15,981							15,981	9,676	S/L	40		333
47	PLUMBING	9/01/97	5/02/22	3,286							3,286	3,286	S/L HY	10		0
48	PLUMBING & INTERIORS	3/01/98	5/02/22	9,970							9,970	9,970	S/L HY	10		0
49	IMPROVEMENTS	7/01/98	5/02/22	67,093							67,093	67,093	S/L	20		0
53	POOL HEATER & SIGN	1/01/99	5/02/22	6,607							6,607	6,607	S/L HY	10		0
54	AID DOORS	1/15/99	5/02/22	2,600							2,600	2,600	S/L HY	5		0
55	NEW CONSTRUCTION	2/01/99	5/02/22	20,952							20,952	21,522	S/L	20		0
56	POOL PUMP	6/01/99	5/02/22	1,002							1,002	1,002	S/L HY	10		0
58	ROOF REPLACED	1/01/00	5/02/22	66,395							66,395	66,395	S/L HY	7		0
59	ROOF REPLACE, AC & HEAT	1/01/00	5/02/22	42,983							42,983	42,983	S/L HY	7		0
60	ROOF REPLACE, AC & HEAT	1/01/00	5/02/22	17,259							17,259	17,259	S/L HY	7		0
61	COMPRESSOR - KEELER	9/01/00	5/02/22	13,624							13,624	13,594	S/L	20		0
63	NEW SIGNAGE	1/16/01	5/02/22	2,197							2,197	2,197	S/L HY	10		0
64	FAUCETS - 400 MERCY LANE	1/31/01	5/02/22	2,800							2,800	2,800	S/L HY	10		0
65	DOOR - THOMPSON	5/31/01	5/02/22	1,701							1,701	1,701	S/L	20		0
66	FLUE REPLACEMENT	6/15/01	5/02/22	1,341							1,341	1,341	S/L	20		0
67	A/C OVERHAUL - THOMPSON	6/15/01	5/02/22	2,373							2,373	2,373	S/L HY	10		0

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69	REPLACE A/C @ THOMPSON	10/15/01	5/02/22	21,567							21,567	21,567	S/L HY	10		0
70	KEELER POOL HEATER	4/01/02	5/02/22	2,902							2,902	2,902	S/L HY	7		0
71	HVAC ROOFTOP UNIT-KEELER	10/15/02	5/02/22	60,982							60,982	57,043	S/L	20		2,541
72	SMOKE DETECTOR - KEELER	11/15/02	5/02/22	720							720	720	S/L HY	7		0
73	3-PHASE STARTER FOR POOL	12/30/02	5/02/22	1,069							1,069	1,069	S/L HY	7		0
75	THERMOSTAT - CCC BLDG	1/31/03	5/02/22	1,988							1,988	1,988	S/L HY	7		0
76	BUILDOUT FOR CCC BLDG	3/14/03	5/02/22	23,825							23,825	10,898	S/L	40		496
77	BATHROOM PARTITIONS-THOMP	5/30/03	5/02/22	4,941							4,941	4,477	S/L	20		206
78	MIXING VALVES POOL SINKS	7/15/03	5/02/22	1,247							1,247	1,247	S/L HY	10		0
79	7 LIGHT POLES	7/30/03	5/02/22	8,447							8,447	8,447	S/L	10		0
80	HANDRAIL & DOOR-THOMPSON	10/31/03	5/02/22	1,517							1,517	1,517	S/L	10		0
81	PUMP & RETURN LINE-KEELER	12/29/03	5/02/22	3,807							3,807	3,807	S/L	10		0
82	CAMERA SYSTEM	1/20/04	5/02/22	2,990							2,990	2,990	S/L	10		0
83	HEAT EXCHANGER - KEELER	2/26/04	5/02/22	7,526							7,526	6,520	S/L	20		314
84	REMODELING - CCC	3/30/04	5/02/22	7,267							7,267	6,265	S/L	20		303
85	BUILDING IMPROVEMENTS	7/15/04	5/02/22	9,492							9,492	8,072	S/L	20		396
86	BUILDING IMPROVEMENTS	8/16/04	5/02/22	2,839							2,839	2,390	S/L	20		118
87	BUILDING IMPROVEMENTS	8/16/04	5/02/22	175							175	150	S/L	20		7
88	BUILDING IMPROVEMENTS	11/15/04	5/02/22	3,360							3,360	3,360	S/L	10		0
89	CARPETING	12/15/04	5/02/22	11,467							11,467	11,467	S/L HY	7		0
90	PLUMBING IMPROVEMENTS	12/15/04	5/02/22	1,462							1,462	1,211	S/L	20		61
91	HVAC REPLACEMENT	8/31/05	5/02/22	63,988							63,988	50,787	S/L	20		2,666
92	NEW SINK/COUNTERTOPS	9/30/05	5/02/22	1,538							1,538	1,215	S/L	20		64
93	DOOR CLOSURES/KICK PLATES	10/17/05	5/02/22	2,946							2,946	2,946	S/L	10		0
94	WATER LINE	10/31/05	5/02/22	748							748	584	S/L	20		31
95	DOORS INSTALLED	10/31/05	5/02/22	4,690							4,690	4,690	S/L	10		0
96	DOOR LATCHES	10/31/05	5/02/22	764							764	764	S/L	10		0

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97	DOOR HOLDERS & PHOTOBAM	12/15/05	5/02/22	1,110							1,110	1,110	S/L	10		0
98	HM FRAMES, DOOR, & HARDWA	12/15/05	5/02/22	3,875							3,875	3,860	S/L	10		0
99	HVAC IMPROVEMENTS	4/17/06	5/02/22	3,737							3,737	3,737	S/L	10		0
100	HVAC IMPROVEMENTS	5/30/06	5/02/22	2,737							2,737	2,737	S/L	10		0
101	HVAC IMPROVEMENTS	5/30/06	5/02/22	2,084							2,084	2,084	S/L	10		0
102	PT OF USE WAT. HEATER REP	6/15/06	5/02/22	638							638	638	S/L HY	7		0
104	NEW WATER LINES	8/30/06	5/02/22	3,941							3,941	2,931	S/L	20		164
105	KITCHEN BUILD-OUT	9/26/06	5/02/22	15,068							15,068	11,140	S/L	20		628
106	FLOOR RESURFACE	2/12/07	5/02/22	9,950							9,950	9,908	S/L	10		0
107	NEW DOORS	4/12/07	5/02/22	8,219							8,219	8,185	S/L	10		0
108	POOL IMPROVEMENTS	4/12/07	5/02/22	9,917							9,917	9,877	S/L	10		0
109	HVAC-EDWARDS ENGINEERING	6/28/07	5/02/22	77,402							77,402	54,342	S/L	20		3,225
113	ASSET REPLACEMENT	6/30/08	5/02/22	16,611							16,611	10,801	S/L	20		692
114	MULTIZONE RTU - INC	7/31/08	5/02/22	75,813							75,813	76,447	S/L	10		0
115	BACKFLOW RETROFIT-THOMPSO	10/24/08	5/02/22	7,848							7,848	4,967	S/L	20		327
116	BACKFLOW DEVICES - KEELER	1/21/09	5/02/22	7,980							7,980	4,869	S/L	20		333
117	RPZ DEVICE - THOMPSON	3/25/09	5/02/22	6,280							6,280	3,847	S/L	20		262
118	CARPET - INC	3/31/09	5/02/22	7,278							7,278	7,278	S/L	7		0
122	EDWARDS ENGINEERING	4/15/10	5/02/22	2,445							2,445	705	S/L	39		52
125	TENANT REIMBURSEMENT	7/01/10	5/02/22	26,312							26,312	7,396	S/L	39		562
126	BUILDING IMPROVEMENTS	7/01/10	5/02/22	68,590							68,590	19,275	S/L	39		1,466
127	KITCHEN FLOOR	7/20/11	5/02/22	1,475							1,475	378	S/L	39		32
128	COMPRESSOR	9/15/11	5/02/22	26,982							26,982	6,776	S/L	39		577
129	BOILER	10/28/11	5/02/22	3,008							3,008	2,910	S/L	5		0
131	CARPETING	12/15/11	5/02/22	4,119							4,119	1,011	S/L	39		88
132	TOILET	2/15/12	5/02/22	494							494	122	S/L	39		11
133	AID LEASE IMP	4/30/12	5/02/22	7,699							7,699	1,814	S/L	39		165

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134	TRC CONTACTOR REPLACEMENT	5/31/12	5/02/22	3,295							3,295	767	S/L	39		70
135	INTERCOM ET AL	5/31/12	5/02/22	8,248							8,248	1,925	S/L	39		176
136	BATHROOM	6/29/12	5/02/22	1,550							1,550	362	S/L	39		33
137	DRIESSEN CONSTRUCTION CO	10/31/12	5/02/22	16,622							16,622	3,710	S/L	39		355
138	HVAC REPLACEMENT	1/31/13	5/02/22	2,452							2,452	533	S/L	39		52
139	BREEZEWAY HEATER	2/15/13	5/02/22	1,400							1,400	301	S/L	39		30
140	WATER FOUNTAIN PIPE REPLA	6/27/13	5/02/22	16,526							16,526	3,410	S/L	39		353
141	DOOR & WINDOW REPLACEMENT	6/30/13	5/02/22	2,717							2,717	563	S/L	39		58
142	FROST ELECTRIC	9/16/13	5/02/22	1,675							1,675	333	S/L	39		36
143	AID IMPROVEMENT	1/16/14	5/02/22	6,442							6,442	1,224	S/L	39		138
144	VANDUZOR CONSTRUCTION	9/01/13	5/02/22	4,095							4,095	823	S/L	39		88
145	VANDUZOR CONSTRUCTION	4/30/14	5/02/22	8,479							8,479	1,555	S/L	39		181
146	AQUAPURE	12/02/13	5/02/22	3,998							3,998	3,033	S/L	10		333
147	VALLEY FIRE PROTECTION	6/30/14	5/02/22	6,910							6,910	4,837	S/L	10		576
149	AID IMPROVEMENT	7/15/14	5/02/22	1,525							1,525	273	S/L	39		33
150	EDWARDS ENGINEERING	8/15/14	5/02/22	3,200							3,200	567	S/L	39		68
151	MICHEL'S PLUMBING	10/16/14	5/02/22	13,638							13,638	2,333	S/L	39		291
152	VANDUZOR CONSTRUCTION	10/16/14	5/02/22	14,277							14,277	2,440	S/L	39		305
153	EDWARDS ENGINEERING	11/17/14	5/02/22	1,018							1,018	171	S/L	39		22
154	VANDUZOR CONSTRUCTION	11/17/14	5/02/22	1,500							1,500	250	S/L	39		32
155	MICHEL'S PLUMBING	11/26/14	5/02/22	5,072							5,072	856	S/L	39		108
156	EDWARDS ENGINEERING	12/16/14	5/02/22	9,257							9,257	1,541	S/L	39		198
157	EDWARDS ENGINEERING	3/16/15	5/02/22	5,948							5,948	956	S/L	39		127
158	AID IMPROVEMENT	6/30/15	5/02/22	666							666	102	S/L	39		14
159	BATHROOM RENOVATION	6/30/15	5/02/22	21,772							21,772	3,348	S/L	39		465
160	TRC SHAFT REPLACEMENT	7/15/15	5/02/22	6,913							6,913	1,062	S/L	39		148
161	KEELER BURNER REPL.	7/27/15	5/02/22	5,645							5,645	858	S/L	39		121

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162	TRC BLOWER	8/13/15	5/02/22	814							814	124	S/L	39		17
163	TRC REPL EXHAUST FAN	12/15/15	5/02/22	7,624							7,624	1,089	S/L	39		163
164	HVAC DISC. REPL.	6/13/16	5/02/22	3,770							3,770	493	S/L	39		81
165	WATER FOUNTAINS	7/21/15	5/02/22	2,378							2,378	361	S/L	39		51
166	PUMP REPLACEMENT	8/13/15	5/02/22	583							583	89	S/L	39		12
167	HOT WATER HEATER	9/15/15	5/02/22	1,466							1,466	221	S/L	39		31
168	EXIT LIGHTS	11/16/15	5/02/22	1,975							1,975	285	S/L	39		42
169	CABINETS	5/11/16	5/02/22	9,216							9,216	1,219	S/L	39		197
170	LIGHT FIXTURES REPL.	6/22/16	5/02/22	3,926							3,926	505	S/L	39		84
171	LIGHT FIXTURES	8/31/16	5/02/22	3,839							3,839	474	S/L	39		82
172	WATER FOUNTAIN	1/31/17	5/02/22	1,654							1,654	186	S/L	39		35
173	DOORS	4/14/17	5/02/22	6,877							6,877	748	S/L	39		147
174	PLUMBING REPLACEMENT	5/15/17	5/02/22	4,593							4,593	492	S/L	39		98
175	PANEL REPLACEMENT	5/31/17	5/02/22	4,300							4,300	449	S/L	39		92
176	AC COMPRESSOR & THERMOSTA	6/15/17	5/02/22	26,659							26,659	2,793	S/L	39		570
177	AC COMPRESSOR	9/15/17	5/02/22	15,558							15,558	1,529	S/L	39		332
178	SHAFT REPLACEMENT	12/15/17	5/02/22	4,341							4,341	398	S/L	39		93
179	HOT WATER HEATER	1/31/18	5/02/22	339							339	31	S/L	39		7
180	EXTERNAL LIGHT FIXTURE	1/31/18	5/02/22	685							685	61	S/L	39		15
181	SINK REPLACEMENT	2/28/18	5/02/22	1,563							1,563	133	S/L	39		33
182	SUMP PUMP	3/15/18	5/02/22	304							304	27	S/L	39		6
183	HOT WATER HEATER	6/30/18	5/02/22	737							737	57	S/L	39		16
184	DOOR CLOSERS	6/30/18	5/02/22	705							705	54	S/L	39		15
185	CARPET	5/15/19	5/02/22	4,500							4,500	1,393	S/L	7		536
186	BATHROOM REMODEL	6/14/19	5/02/22	4,125							4,125	221	S/L	39		88
187	FLOORING	6/28/19	5/02/22	12,695							12,695	3,628	S/L	7		1,511
188	BLOWER MOTOR SHEAVE	8/15/18	5/02/22	3,266							3,266	245	S/L	39		70

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189	ACTUATOR REPL MOTOR	8/15/18	5/02/22	2,447							2,447	184	S/L	39		52
190	ROOM SENSOR	9/17/18	5/02/22	1,918							1,918	135	S/L	39		41
191	REPLACE PIPING AND INSULA	9/17/18	5/02/22	3,130							3,130	1,183	S/L	39		67
192	REPLACE TEMPERING VALVE	9/17/18	5/02/22	1,350							1,350	96	S/L	39		29
193	REPLACE SAFETY SWITCH	10/31/18	5/02/22	4,646							4,646	317	S/L	39		99
194	NEW TOILET	12/14/18	5/02/22	1,237							1,237	83	S/L	39		26
195	THERMOSTAT	1/31/19	5/02/22	1,951							1,951	674	S/L	7		232
196	HVAC SYSTEM	4/01/20	5/02/22	250,082							250,082	9,538	S/L	39		5,344
197	CARPETING	8/01/19	5/02/22	14,555							14,555	3,985	S/L	7		1,733
198	THOMPSON CENTER PAVING	8/01/19	5/02/22	3,500							3,500	335	S/L	20		146
199	CARPETING	2/01/20	5/02/22	6,380							6,380	1,291	S/L	7		760
200	SIDEWALKS/ADA PANELS	11/01/19	5/02/22	11,339							11,339	945	S/L	20		472
202	CARPETING, TILE, & MASTIC	8/28/20	5/02/22	2,450							2,450	102	S/L	20		102
203	COVE BASE	9/14/20	5/02/22	3,500							3,500	194	S/L	15		194
204	COMBUSTION BLOWER MOTOR FO	8/31/20	5/02/22	5,427							5,427	302	S/L	15		302
205	CARRIER HEAT EXCH	11/06/20	5/02/22	8,976							8,976	399	S/L	15		499
TOTAL BUILDINGS				5,596,864		0	0	0	0	0	5,596,864	4,247,170				99,255
FURNITURE AND FIXTURES																
2	FURNITURE & FIXTURES	1/01/00		22,607							22,607	22,607	S/L	HY	10	0
3	EQUIP - VARIOUS	1/01/00		5,135							5,135	5,135	S/L	HY	10	0
23	COMPUTER DESK	10/26/90		1,050							1,050	1,050	S/L	HY	10	0
28	EQUIP - VARIOUS	1/01/91		22,312							22,312	22,312	S/L	HY	10	0
50	FURNITURE	7/01/98		3,101							3,101	3,101	S/L	HY	5	0
51	FURNITURE & COMPUTER	7/01/98		13,048							13,048	13,048	S/L	HY	5	0
52	VARIOUS FURN & EQUIP	9/01/98		8,026							8,026	8,026	S/L	HY	5	0

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62	WATER COOLER	10/31/00		1,091							1,091	1,091	S/L HY	7		0
68	CONFERENCE ROOM FURNITURE	8/15/01		2,676							2,676	2,676	S/L HY	7		0
74	OAK DESK & BOOKCASE	1/15/03		568							568	568	S/L HY	7		0
103	SHELVES (HOME DEPOT)	8/30/06		226							226	226	S/L HY	7		0
111	OFFICE DEPOT	3/31/08		308							308	308	S/L HY	5		0
112	BEST BUY	6/30/08		4,849							4,849	4,849	S/L	10		0
119	COMPUTER - SERVER	6/18/09		1,258							1,258	1,258	S/L	5		0
121	VAN DUZOR AURORA SIGN AID	3/31/10		21,241							21,241	6,153	S/L	39		545
124	COMPUTERS & PHONES	7/01/10		2,777							2,777	2,498	S/L	5		0
130	NEW TIME CLOCK	11/16/11		1,122							1,122	279	S/L	39		29
201	COMPUTER EQUIPMENT	11/30/20		2,119							2,119	124	S/L	10		212
206	COMPUTER EQUIPMENT	7/14/21		5,958							5,958		S/L	5		1,192
TOTAL FURNITURE AND FIXTURE				119,472		0	0	0	0	0	119,472	95,309				1,978
IMPROVEMENTS																
46	LEASEHOLD IMPROVEMENTS	5/01/97		9,800							9,800	9,800	S/L HY	10		0
120	LEASEHOLD IMPROVEMENTS	1/15/10		7,450							7,450	2,189	S/L	39		191
123	LEASEHOLD IMPROVEMENTS 09	5/27/10		26,430							26,430	7,542	S/L	39		678
148	FROST ELECTRIC	9/16/13		1,675							1,675	333	S/L	39		43
TOTAL IMPROVEMENTS				45,355		0	0	0	0	0	45,355	19,864				912
LAND																
1	LAND	1/01/00	5/02/22	225,321							225,321					0
TOTAL LAND				225,321		0	0	0	0	0	225,321	0				0

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LAND IMPROVEMENTS																	
22	GATES & LOUVERS	9/01/90	5/02/22	5,059							5,059	5,059	S/L HY	20		0	
24	PAVEMENT	11/15/90	5/02/22	23,690							23,690	23,690	S/L HY	20		0	
25	PAVEMENT	11/15/90	5/02/22	23,690							23,690	23,690	S/L HY	20		0	
26	PAVEMENT	11/15/90	5/02/22	23,690							23,690	23,690	S/L HY	20		0	
33	TREES	6/15/94	5/02/22	1,705							1,705	1,705	S/L HY	15		0	
41	LAND IMPROV - SITE POND	5/23/96	5/02/22	48,000							48,000	30,150	S/L	40		1,000	
57	AID SIDEWALK	6/30/99	5/02/22	2,738							2,738	2,869	S/L	20		0	
110	PARKING LOT LIGHTING	2/04/08	5/02/22	15,600							15,600	15,600	S/L	10		0	
TOTAL LAND IMPROVEMENTS				144,172		0	0	0	0	0	144,172	126,453					1,000
TOTAL DEPRECIATION				6,131,184		0	0	0	0	0	6,131,184	4,488,796					103,145
GRAND TOTAL DEPRECIATION				6,131,184		0	0	0	0	0	6,131,184	4,488,796					103,145
DEPRECIATION ASSETS SOLD				5,966,357		0	0	0	0	0	5,966,357	4,373,623					100,255
DEPR REMAINING ASSETS				164,827		0	0	0	0	0	164,827	115,173					2,890