COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

(Rev. January 2020) Department of the Treasury

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

		2019 calendar year, or tax year beginning JUL					
		- 	1, 2019 and	ending J			
B c	heck if pplicable	C Name of organization			D Emp	loyer identific	ation number
	⊐Addres	s					
<u> </u>	Addres						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name change	Doing business as			36	-2723047	
	Initial return	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telep	ohone number	0,
	Final return/	47 West Polk Street		250-2	31	2-564-2300	MO
	termin ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross	receipts \$	17,020,640.
	Ameno	ed Chicago, IL 60605			H(a) Is t	his a group re	turn
	Applic	F Name and address of principal officer:Nancy	ughes Moyer		for	subordinates	Yes X No
	pendir				l .		cluded? Yes No
1 1	ax-exe	mpt status: X 501(c)(3) 501(c) () <	(insert no.) 4947(a)(1)	or 527	1		lst. (see instructions)
		e: www.voa.org	(1100111101) 10 11 (4)(1)	01 027	1		number > 1736
		organization: X Corporation Trust Assoc	ciation Other	I Vear			State of legal domicile: IL
		Summary	Jacon Caron P	L Tour	. 4	II. 1500 IVI	State of legal dofficile, 22
	_	-	weitinget antivitien. Bartro	ring with	paople	wa carva	
ဗ		Briefly describe the organization's mission or most sign		ring with	people	we serve	
Jan		to create transformational change in the					
Governance	l	Check this box 🕨 📖 if the organization discontin		sed of more	than 25%	% of its net as:	
્ટ્ર		Number of voting members of the governing body (Pa				3	13
		Number of independent voting members of the gover					12
es	5	Fotal number of individuals employed in calendar yea	r 2019 (Part V, line 2a)			5	191
Σį	6	Total number of volunteers (estimate if necessary)				6	135
Activities &	7 a	Total unrelated business revenue from Part VIII, colun	nn (C), line 12	\		7a	0.
	b	Net unrelated business taxable income from Form 99	0-T, line 39	<u></u>		7b	0.
					Prior	Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			1	2,971,553.	7,023,436.
Revenue	9	D	G			2,339,890.	2,547,026.
eve	l	nvestment income (Part VIII, column (A), lines 3, 4, ar				406.	19,965.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d				225,563.	345,659.
	l	Fotal revenue - add lines 8 through 11 (must equal Pa			1	5,537,412.	9,936,086.
		Grants and similar amounts paid (Part IX, column (A),	1			1,487,029.	1,680,621.
	l	Benefits paid to or for members (Part IX, column (A), I	: A)			0.	0.
	l		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5,286,416.	5,793,991.
Expenses		Salaries, other compensation, employee benefits (Par				0.	
en	l	Professional fundraising fees (Part IX, column (A), line				٠.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 2	-, -	,540.		1 622 222	4 455 404
_		Other expenses (Part IX, column (A), lines 11a-11d, 1				1,632,009.	1,477,494.
		Fotal expenses. Add lines 13-17 (must equal Part IX, o				8,405,454.	8,952,106.
	19	Revenue less expenses. Subtract line 18 from line 12				7,131,958.	983,980.
Net Assets or Fund Balances		· • • • • • • • • • • • • • • • • • • •		Ве		Current Year	End of Year
set	20	Fotal assets (Part X, line 16)			1	2,007,301.	13,023,862.
it As	21	Total liabilities (Part X, line 26)				1,327,936.	1,360,517.
<u> </u>		Net assets or fund balances. Subtract line 21 from lin	e 20		1	0,679,365.	11,663,345.
Pa	ırt II	Signature Block					
Und	er pena	ties of perjury, I declare that I have examined this return, inc	luding accompanying schedule	es and statem	ents, and t	o the best of my	knowledge and belief, it is
true,	correc	and complete. Declaration of preparer (other than officer) i	s based on all information of w	hich preparer	has any kr	nowledge.	
	X						
Sigi	1	Signature of officer			•	Date	
Her		Nancy Hughes Moyer, President & CEO					
	•	Type or print name and title					
1		Print/Type preparer's name Pr	eparer's signature,	0	Date	Check	PTIN
Paid		Sara Tibbott	Lua 7	Hutt	3/4/2021	if self-employed	 ₁ ₽01486965
	arer	Firm's name Capin Crouse, LLP	xuu ()	NUTLL			36-3990892
	Only	Firm's address 55 Shuman Blvd, Suite 300			+	I IIIII 3 LIIV > 3	
-	Jy	Naperville, IL 60563				Phone no.630-	.682-9797
NA=:	, +b = !"	S discuss this return with the preparer shown above	2 (and instructions)			1 110116 110.030-	Yes No
IVI21	me it	io discuss this return with the brebarer shown above	CISER INSTRUCTIONS)				I I TES I INO

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Volunteers of America of Illinois partners with the people we serve to
	create transformational and lasting change in their lives through
	programs that support, empower, and transform.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? 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 \$ 3,353,752. including grants of \$ 1,119,420.) (Revenue \$ 1,112,967.)
	PROMOTING SELF-SUFFICIENCY
	To meet the needs of homeless veterans and their families. The
	program's goal is to help homeless veterans achieve economic
	self-sufficiency and overall stability in their lives with the support,
	training and opportunities needed to secure and maintain viable,
	long-term employment.
	Supportive Services for Veterans & Families (SSVF) - Programs designed
	to provide supportive services to low income Veteran families living in
	or transitioning to permanent housing. Services include outreach, case
	management, and assistance in obtaining Veterans Administration and
	other benefits. (continued on Schedule 0)
4b	(Code:) (Expenses \$ 2,170,726. including grants of \$) (Revenue \$1,446,027.)
	FOSTERING INDEPENDENCE
	The Corporation (and National) fosters the health and independence of
	the elderly, persons with disabilities, mental illness and HIV/AIDS
	through quality affordable housing, health care services, and a wide
	range of community services.
	Elderly Services - Service Coordination in Affordable Housing -
	Services provided to link low-income elderly and disabled residents
	with community services that will assist them in maintaining
	independence in federally subsidized and other affordable housing.
	The political in touch and the political including the
	(continued on Schedule 0)
4c	(Code:) (Expenses \$ 1,915,667. including grants of \$ 561,201.) (Revenue \$)
	ENCOURAGING POSITIVE DEVELOPMENT
	The Corporation provides services to encourage positive development for
	troubled and at-risk children and youth, while also promoting the
	healthy development of all children, adolescents and their families.
	The programs provide a continuum of care and support for young people
	ages birth to 21 through prevention, early intervention, crisis
	intervention, and long-term services.
* 1	
,]	Moster Care - Recruitment and support of foster parents, placement and
	support to children in state custody due to abuse and/or neglect.
"	
	(continued on Schedule O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,440,145.

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Form 990 (2019) Volunteers of America of Illinois 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	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	15		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ľ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		Α
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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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	11b	Х	
С	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	11c		Х
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	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
124	Schedule D, Parts XI and XII	12a		х
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	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		Α
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢' ′−		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV	Checklist of	f Required	Schedules	(continued
Pailiv	CHECKHS! C	i nequireu	Scriedules	(continuea

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete		. 0	1
	Schedule K. If "No," go to line 25a	24a	12	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Ť	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	\ \		
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		<u>X</u>
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%	00		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/ff			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complète Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-4 4	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		, l	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ı-al				
	Check if Schedule O contains a response or note to any line in this Part V	······	v _c 1	<u></u> ——
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 147		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
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 191			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	7	Х
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5а		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	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				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the first and propert	as required	- -		v
	to file Form 8282?	74	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contr		7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, and the organization received a contribution of cars, airplanes, or other vehicles, and the organization received a contribution of cars, and the organization received a contribution r		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the analysis and an incident and the second and the distance of the second and a section 40000		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:				
а	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				
а	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	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.				
а	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	401			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	1/1-		Х
-	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14a 14b		Α.
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		140		
1.5	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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.

	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			7
	If there are material differences in voting rights among members of the governing body, or if the governing			11
	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 1b 12		0	X
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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The requiring hadro	8a	Х	
b	Fach committee with authority to get an habelf of the governing hady?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		_
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The state of the cooler brogadest morniaden about periode not required by the internal ristoriae code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tiu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	Associate and the desired and the second	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
	List the states with which a copy of this Form 990 is required to be filed None			
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) avail	able
(,	for public inspection. Indicate how you made these available. Check all that apply.	, 2 3y	, = , = ,	
	Own website Another's website W 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, ar	ıd finar	ncial	
	statements available to the public during the tax year.	ui	.5.41	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Nancy Hughes Moyer - 312-564-2300			
	47 West Polk Street, No. 250-2, Chicago, IL 60605			

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	l		((C)			(D)	(E)	(F)
Name and title	Average	/da		Pos	itior	า e than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week	\vdash	cer an	a a a	recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	truste	al trus		yee	mper		(and related
	below	/idual	Institutional trustee	-e	Key employee	est co	Je.	VO		organizations
	line)	Indi	Insti	Officer	Key	High	Former	,		
(1) Nancy Hughes Moyer	40.00							١.		
President & CEO		Х		Х		L	N	88,709.	0.	59,662.
(2) David Savage	40.00						1	,)		
CFO				Х		77	Ľ	106,222.	0.	7,414.
(3) Dan Kardatzke	2.00					V				
Board Chair		Х		X				0.	0.	0.
(4) Calvin Gin	2.00		0		ľ					
Vice Chair		X		X				0.	0.	0.
(5) Carlos Arroyo	2.00	/~	7							
Treasurer		Х		Х				0.	0.	0.
(6) Brian Spang	2.00									
Secretary		Х		Х				0.	0.	0.
(7) Robert Minetz	1.00									
Director)	Х						0.	0.	0.
(8) Jack Thurston	1.00									
Director		Х						0.	0.	0.
(9) Carlos Garcia	1.00									
Director		Х						0.	0.	0.
(10) Michael McMahon	1.00									
Director		Х						0.	0.	0.
(11) Eric Lazar	1.00									
Director		Х						0.	0.	0.
(12) Kari Blankenship	1.00									
Director		Х						0.	0.	0.
(13) Carolyn Pettke	1.00									
Director		Х						0.	0.	0.
(14) Nicholas Cade	1.00	-						_	_	_
Director		Х						0.	0.	0.
(15) Pauline Ozos	1.00	-								
Director (part year)	-	<u> </u>	_		_	_	<u> </u>	0.	0.	0.
		1								
	1	\vdash				+	<u> </u>			
		-								

Form **990** (2019) 932007 01-20-20

36-2723047

(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posit heck n			one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pers	son i	is bot	n an	compensation	compensation		an	nount	of
	week (list any	-	Coran		-	17443	(00)	from	from related			other	
	hours for	director				L		the organization	organization (W-2/1099-MI		l .	pensa om th	
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099-1011	30)	l	anizat	-
	organizations	truste	al trus		yee	mper		(** 2. *********************************				d relat	-
	below	Individual trustee or	Institutional trustee	er	Key employee	lest co loyee	ner				orga	anizati	ons
	line)	ib ij	Insti	Officer	Keye	Highest compensated employee	Former				W	16	
										10			
									1				
									74.				
									6,0,				
								81					
								ol,					
								70					
								1.					
							/	7,					
						1		*					
1b Subtotal						.	>	194,931.		0.		67	,076.
c Total from continuation sheets to P							>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	194,931.		0.		67	,076.
2 Total number of individuals (including		nose	liste	ed ab	ove	e) wr	io re	eceived more than \$100	0,000 of reportab	ole			1
compensation from the organization)~										Yes	No
B Did the organization list any former of	fficer director trust	ee l	Kev 6	emplo	ove	e or	hia	hest compensated em	olovee on				
line 1a? If "Yes," complete Schedule J											3		х
For any individual listed on line 1a, is t													
and related organizations greater than	n \$150,000? <i>If</i> "Yes,	" со	mple	ete S	che	dule	Jf	or such individual			4		х
5 Did any person listed on line 1a receiv													
rendered to the organization? If Yes,	complete Schedu	e J f	or su	uch p	ers	on .					5		Х
Section B. Independent Contractors					_				Φ100 000 f				
 Complete this table for your five higher the organization. Report compensation 										npens	sation	rom	
(A	()							(B)			(0		
Name and bus	iness address	NO	NE				4	Description of s	services		Compe	nsatio	n
40'													
<i>'\(\)</i>													
							+						
,							\dashv						
Total number of independent contract	tors (including but r	not li	mito	d to t	thor	ا عو	ted	ahove) who received r	nore than				
\$100,000 of compensation from the o		iot il		u 10	(0	, cou	above, who received i	nore triair				
											Lorm		

Form 990 (2019) Volunteers of America of Illinois

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
3ra Iou	b	Membership dues1b					11
ts, (c	Fundraising events1c	128,375.				
la la	c	Related organizations 1d					0,
JS,	e	Government grants (contributions)	6,044,930.				100
tio S	f	All other contributions, gifts, grants, and					X1.
ig t		similar amounts not included above 1f	850,131.			10	
d	ç	Noncash contributions included in lines 1a-1f 1g \$	28,500.			*.*	
<u>a</u> C	h	Total. Add lines 1a-1f	▶	7,023,436.			
		,	Business Code			'',	
Se	2 a	Housing services	900099	2,547,026.	2,547,026.	1 4.	
Program Service Revenue	b	·				\cap	
n Si	c	·					
ran ?ev	c	·				,	
Pog.	e	·					
۵.	f	All other program service revenue			X		
	Ç	Total. Add lines 2a-2f		2,547,026.	0		
	3	Investment income (including dividends, intere	st, and		\sim		
		other similar amounts)		19,965.			19,965.
	4	Income from investment of tax-exempt bond p	roceeds 🕨				
	5	Royalties		,			
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a		0,			
	b	Less: rental expenses 6b					
	c	Rental income or (loss)	G				
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	7,026,929.				
	b	Less: cost or other basis					
ther Revenue		and sales expenses 7b	7,026,929.				
eve		Gain or (loss) 7c	0.				
Ä		Net gain or (loss)		0.			
the	8 a	Gross income from fundraising events (not					
0		including \$ 128,375. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	128,494.				
		Less: direct expenses 8b	57,625.	TO 060			T0 060
		Net income or (loss) from fundraising events	>	70,869.			70,869.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	Δ	and allowances 10a					
		Less: cost of goods sold 10b					
۲	* 0	:. Net income or (loss) from sales of inventory	P				
ŝ		Crop proceeds	900099	262 922			262 922
			300033	262,822.			262,822.
Miscellaneous Revenue	b						
Re	0		900099	11,968.	11,968.		
Σ		All other revenue		274,790.	11,900.		
	12	Total. Add lines 11a-11d Total revenue. See instructions		9,936,086.	2,558,994.	0.	353,656.
				, ,	, ,	ı	,

Form 990 (2019) Volunteers of America of Illinois 36Part 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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				\
_	individuals. See Part IV, line 22	1,680,621.	1,680,621.		
3	Grants and other assistance to foreign	_,,	_,,		1/10
Ü	organizations, foreign governments, and foreign				*///
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				M
5	Compensation of current officers, directors,				
•	trustees, and key employees	266,018.	222,833.	43,170	15
6	Compensation not included above to disqualified		,•	1	
•	persons (as defined under section 4958(f)(1)) and			Α '	
	persons described in section 4958(c)(3)(B)			. 00	
7	Other salaries and wages	4,540,177.	3,844,876.	695,301.	
8	Pension plan accruals and contributions (include	-,,,-	5,511,570.	2 555,501.	
J	section 401(k) and 403(b) employer contributions)		X	\ *	
9	Other employee benefits	598,949.	485,264.	113,552.	133
0	Payroll taxes	388,847.	334.075.	54,772.	
1	Fees for services (nonemployees):	300,017.	331,073.	31,772.	
' a	. , , , ,				
b		2,823.	1111	2,823.	
	9	83,726.		83,726.	
C	5 ······	03,720.	1	03,720.	
d	D () 1(1)	- (
e					
f	(161) 44	22			
g		198,469.	148,804.	49,665.	
_	column (A) amount, list line 11g expenses on Sch O.)	6,056.	6,056.	49,003.	
2	Advertising and promotion	101,324.	,	33 124	10,539
3	Office expenses	68,000.	57,661.	33,124. 68,000.	10,539
4	Information technology	68,000.		88,000.	
5	Royalties	474,649.	364,619.	109,963.	67
6	Occupancy		· '		
7	Travel	177,340.	144,355.	31,823.	1,162
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	10 603	10 120	472	
9	Conferences, conventions, and meetings	10,603. 16,665.	10,130.	473.	2 407
0	Interest		62 700	13,258.	3,407
1	Payments to affiliates	207,029.	63,780.		114
2	Depreciation, depletion, and amortization	15,875.	12,306.	3,455.	114
3	Insurance	60,436.	37,121.	23,315.	
4	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.)	20.115	45.688	4.4.420	
a		30,116.	15,677.	14,439.	
þ	Bad Debt Expense	6,863.		6,863.	
Ċ	<u> </u>				
d					
е	· — — —	17,520.	11,967.	5,450.	103
5	Total functional expenses. Add lines 1 through 24e	8,952,106.	7,440,145.	1,496,421.	15,540
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	93,919.	1	272,999.
2	Savings and temporary cash investments	640,118.	2	8,076,101.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	676,365.
5	Loans and other receivables from any current or former officer, director,			0,
	trustee, key employee, creator or founder, substantial contributor, or 35%			, No
	controlled entity or family member of any of these persons		5	* * * * * * * * * * * * * * * * * * * *
6	Loans and other receivables from other disqualified persons (as defined			10
	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	156,192.	9	104,268.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 1,308,4		, ·	
b	Less: accumulated depreciation 10b 722, 2	260. 7,628,964.	10c	586,160.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	1,600,000.	12	1,600,000.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	1,707,969.
16	Total assets. Add lines 1 through 15 (must equal line 33)	12,007,301.	16	13,023,862.
17	Accounts payable and accrued expenses	1,280,204.	17	1,357,724.
18	Grants payable)	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to 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	47,732.	25	2,793.
26	Total liabilities. Add lines 17 through 25	1 227 026	26	1,360,517.
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	10,679,365.	27	11,468,949.
28	Net assets with donor restrictions		28	194,396.
	Organizations that do not follow FASB ASC 958, check here			
	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		32	11,663,345.
33	Total liabilities and net assets/fund balances		33	13,023,862.

Pal	T XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
	SHOOK II SONOGGIO S SONGGIO G 1000 OF HOLD TO BITY III O III UIIS I BIT AI	<u> </u>	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	,936	,086.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	,952	,106.
3	Revenue less expenses. Subtract line 2 from line 1	3			983	,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		10	,679	, 365
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6			_0	<u> </u>
7	Investment expenses	7		W	1	
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,		**/			
D	column (B))	10	1//	11	,663	,345.
Pai	T XII Financial Statements and Reporting		M.			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	ı			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te bas	is,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			1.		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>		3b	X	(0 = 1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Form	990	(2019
	. 0					
	1 7					
	(A) '					
	(C)					
	(())					
*						
	▼					
	2 01-20-20					
2020 12						

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Name of the organization Employer identification number 36-2723047 Volunteers of America of Illinois 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 X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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. 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 Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support	7.	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	· ,	· ,	, ,	
	membership fees received. (Do not						\Y
	include any "unusual grants.")	408,790.	6,591,738.	6,519,005.	12,971,553.	7,023,436.	33,514,522.
2	Tax revenues levied for the organ-						0,
	ization's benefit and either paid to						100
	or expended on its behalf						X// '
3	The value of services or facilities						O.
	furnished by a governmental unit to						
	the organization without charge					1//	
4	Total. Add lines 1 through 3	408,790.	6,591,738.	6,519,005.	12,971,553.	7,023,436.	33,514,522.
5	The portion of total contributions					7 4.	
	by each person (other than a						
	governmental unit or publicly				.\0		
	supported organization) included				CILL	,	
	on line 1 that exceeds 2% of the				7. 711.		
	amount shown on line 11,						
	column (f)				0		6,939,179.
	Public support. Subtract line 5 from line 4.			<u> </u>			26,575,343.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	408,790.	6,591,738.	6,519,005.	12,971,553.	7,023,436.	33,514,522.
8	Gross income from interest,			(///			
	dividends, payments received on			7)			
	securities loans, rents, royalties,						
	and income from similar sources	14,668.	170.	155.	406.	19,965.	35,364.
9	Net income from unrelated business						
	activities, whether or not the		5				
	business is regularly carried on		7				
10	Other income. Do not include gain	.0					
	or loss from the sale of capital	40.	40.400	0.4 5.50	0.00	400.004	0.4.0.00
	assets (Explain in Part VI.)	25,327	49,490.	94,560.	271,266.	403,284.	843,927.
	Total support. Add lines 7 through 10		,				34,393,813.
	Gross receipts from related activities,					12	16,613,592.
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
Sec	organization, check this box and store ction C. Computation of Publ		rcentage				P
	Public support percentage for 2019 (I			olumn (fl)		14	77.27 %
	Public support percentage from 2018					15	72.33 %
							,,,
100	6a 33 1/3% support test - 2019. 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						
h	33 1/3% support test - 2018. If the o						
~	and stop here . The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						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						
h	b 10% -facts-and-circumstances test - 2018. 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						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						s
	-		•				•

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.)

Se	ction A. Public Support	,	,				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						18
	include any "unusual grants.")						
2	Gross receipts from admissions,						0,
	merchandise sold or services per-						100
	formed, or facilities furnished in any activity that is related to the						*/ '
	organization's tax-exempt purpose					100	V '
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					11/1	
	iness under section 513					'//'	
4	Tax revenues levied for the organ-					1 1.	_
	ization's benefit and either paid to					\cap	
	or expended on its behalf				\ C	O'	
5	The value of services or facilities				Cille	,	_
	furnished by a governmental unit to				, 411		
	the organization without charge				X		
6	Total. Add lines 1 through 5				0		
7:	Amounts included on lines 1, 2, and			\			
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			111			
	amount on line 13 for the year			$\mathcal{N}_{\mathcal{I}}$			
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			J			
<u>Se</u>	ction B. Total Support		5				
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		20				
10	Gross income from interest, dividends, payments received on		7				
	securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	U					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.	•					
	whether or not the business is	1					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	zation,
_	check this box and stop here						>
	ction C. Computation of Publ						
	Public support percentage for 2019 (15	<u>%</u>
	Public support percentage from 2018					16	%
-	ction D. Computation of Inve						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box a						
ı	o 33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						>
20	Private foundation If the organization	on did not chack a	hay an line 1/1 10	ia or 10h chock th	nie hav and ean in	etructione	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	Nø
			1
	1	8	
		1	
N	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	12		
	4c		
	5a		
	5b		
	5с		
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	7		
	8		
	9a		
	ΟĿ		
	9b		
	9с		
	10a		
	10b		
_			

P	ar	t IV Supporting Organizations (continued)			<u> </u>
_	_			Yes	No
11	l	Has the organization accepted a gift or contribution from any of the following persons?			
		A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		below, the governing body of a supported organization?	11a		
	b	A family member of a person described in (a) above?	11b		
		A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		17
		tion B. Type I Supporting Organizations			+
		71 11 5 5		Yes	No
1	l	Did the directors, trustees, or membership of one or more supported organizations have the power to		76	
		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	X		
		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		controlled the organization's activities. If the organization had more than one supported organization,			
		describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	<u>)</u>	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		
Se	-C	tion C. Type II Supporting Organizations			
	_			Yes	No
1	I	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		
Se	C,	tion D. All Type III Supporting Organizations			
				Yes	No
1	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	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	į.	By reason of the relationship described in (2), did the organization's supported organizations have a			
		significant voice in the organization's investment policies and in directing the use of the organization's			
		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		supported organizations played in this regard.	3		
Se	<u>}C</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	l	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
	а	The organization satisfied the Activities Test. Complete line 2 below.			
	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2		Activities Test. Answer (a) and (b) below.		Yes	No
	а	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		
*	þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
•	1	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
1		reasons for the organization's position that its supported organization(s) would have engaged in these	<u>.</u> .		
١ '		activities but for the organization's involvement.	2b		
3		Parent of Supported Organizations. Answer (a) and (b) below.			
		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	a	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		
		ULIES SUDDOLLEU ULUAHIZALIUHS (H. 165. UESCHDE III Pari VI IIIE TUIE DIAVEU DV LIIE UTGAIIIZALIUH III IIIS TEUATU.	่ งม !	i	

	other Type III non-functionally integrated supporting organizations must	complete	I	T
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current \ (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			10
	maintenance of property held for production of income (see instructions)	6		• * * * * * * * * * * * * * * * * * * *
7	Other expenses (see instructions)	7		11//
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		N
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		100	
	instructions for short tax year or assets held for part of year):		<u>~~</u>	
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b	X	
С	Fair market value of other non-exempt-use assets	1c	0,	
d	Total (add lines 1a, 1b, and 1c)	1d .	$\sqrt{\circ}$	
e	Discount claimed for blockage or other		/ '	
	factors (explain in detail in Part VI):		•	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	*		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Ye
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting or	ganization (see
	instructions).			
	7.0		Schedule /	A (Form 990 or 990
	instructions).			
	(())			
*				
, 1	\ *			
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Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions crequired explain in Part VI). See instructions. 3 Excess distributions crequired explain in Part VI). See instructions. 3 Excess distributions crequired explain in Part VI). See instructions. 4 From 2015 5 From 2016 6 From 2016 7 Total of lines 3a through e 9 Applied to underdistributions of prior years h Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder. Subtract lines 3g, 3h, and 3l from 3f. 4 Distributions for 2019 from Section D, line 7: 8 Remainder Subtract lines 3g and 4a from (ine 2, For result greater than zero, explain in Part VI). See instructions of Poir years 5 Applied to 2019 distributable amount 6 Remainder Subtract lines 4a and 4b from 4 7 Excess distributions for Poir years 7 Excess distributions for Poir years 8 Applied to 2019 distributable amount 9 Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder Subtract lines 4a and 4b from 4 1 Remainder Subtract lines 3g and 4a from line 2, For result gre		I v Type III Non-Functionally Integrated 509	(a)(b) Supporting Orga	(continued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5 Qualified set-aside amounts (prior IPS approval required) 6 Cither distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6. 10 Line 8 amount divided by line 9 amount 11 Distributable amount for 2019 from Section C, line 6. 12 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 1 Distributable amount for 2019 from Section C, line 6. 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 4 From 2015 5 From 2016 6 From 2017 7 From 2017 9 From 2016 1 Total of lines 3a through e graph of the prior years prior to 2019 (reasonable cause required explain in Part VI). See instructions. 9 Applied to underdistributions of prior years h Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, and 3 from 3f. 9 Applied to 2019 distributable amount 1 Carryover from 2014 not applied (see instructions) 1 Remainder Subtract lines 3g, 3h, 3h of 5 rows 1 great prior to 2019, if any, Subtract lines 3g, 4 and 4 from fine 4 for result greater than zero, explain in Part VI. See instructions 1 Part VI. See instructions 2 Part See See Statibutions are provier to 2020. Add lines 3j and 4e. 8 Breakdown of the 67	Secti	on D - Distributions			Current Year
organizations, in excess of income from activity 3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exempt use assets 5. Qualified set-aside amounts (prior IRS approval required) 6. Other distributions (describe in Part VI). See instructions. 7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distributable amount for 2019 from Section C, line 6 10. Line 8 amount divided by line 9 amount 10. Section E - Distribution Allocations (see instructions) 11. Distributable amount for 2019 from Section C, line 6 12. Underdistributions, if any, for years prior to 2019 (reasonable cause required -explain in Part VII). See instructions. 13. Excess distributions carryover, if any, to 2019 14. Distributable amount for 2019 from Section C, line 6 15. From 2015 16. From 2016 17. From 2016 18. From 2017 19. From 2017 19. From 2018 19. Total of lines 3a through e 19. Applied to underdistributions of prior years 19. Applied to 2019 distributable amount 10. Carryover from 2014 not applied (see instructions) 10. From 2015 10. Carryover from 2014 not applied (see instructions) 11. Carryover from 2014 not applied fee instructions) 12. Carryover from 2014 not applied fee instructions) 13. Remaining underdistributions of prior years 14. Applied to underdistributions of prior years 15. Applied to 2019 distributable amount 16. Remaining underdistributions of prior years 17. Excess distributions derivover to 2020. Add lines 31 and 46. 18. Breakfown of the 67.	_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
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any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015	с	Remainder. Subtract lines 4a and 4b from 4.			
than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015	5	Remaining underdistributions for years prior to 2019, if			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015		any. Subtract lines 3g and 4a from line 2. For result greater			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015		than zero, explain in Part VI. See instructions.			
Part VI. See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015	6	Remaining underdistributions for 2019. Subtract lines 3h			
7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015		and 4b from line 1. For result greater than zero, explain in			
and 4c. 8 Breakdown of line 7: a Excess from 2015		Part VI. See instructions			
8 Breakdown of line 7: a Excess from 2015	7	Excess distributions carryover to 2020. Add lines 3j			
a Excess fron 2015		and 4c.			
b Excess from 2016					
c Excess from 2017					
d Excess from 2018					
e Excess from 2019	e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

(See instructions.) Schedule A, Part II, Line 10, Explanation for Other Income: Fundraising event income 2015 Amount: \$ 25,117. 2016 Amount: \$ 21,178. 2017 Amount: \$ 16,199. 91,038. 2018 Amount: \$ 2019 Amount: \$ 128,494. Miscellaneous income 2015 Amount: \$ 210. 2016 Amount: \$ 28,312. 2017 Amount: \$ 78,361. 180,228. 2018 Amount: \$ 2019 Amount: \$ 274,790. Schedule A, Part I Volunteers of America Illinois (VOAIL) is classified by the IRS under IRC Section 170(b)(1 A)(i) as a church and as an exempt organization under Section (501) c)(3). According to the IRS, VOAIL is not required to file IRS Form 990 and we have elected not to file. Consequently, our is not subject to Public Inspection, however, we plan to post pro-forma 990 on our website and make copies available to donors.

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.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

7	Volunteers of America of Illinois	36-2723047
Organization type (chec	k one):	
Filers of:	Section:	? . `
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	undation
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	. 0
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
	501(c)(3) taxable private foundation), , , , , , , , , , , , , , , , , , ,
Check if your organizatio	on is covered by the General Rule or a Special Rule .	
	1(c)(7), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See instructions.
•		·
General Rule	$\langle \mathcal{O}_{i,j} \rangle$	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contri	
property) from a	any one contributor. Complete Parts I and II. See instructions for determinin	g a contributor's total contributions.
Consid Dulas		
Special Rules		
X For an organiza	ution described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33	1/3% support test of the regulations under
•	(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part	
	butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2	
	EZ, line 1. Complete Parts I and II.	,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
()		
For an organiza	ation 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 contr	ributions of more than \$1,000 exclusively for religious, charitable, scientific, I	iterary, or educational purposes, or for the
prevention of cr	ruelty to children or animals. Complete Parts I, II, and III.	
	· 0\	
	*/0	
	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	
	ons exclusively for religious, charitable, etc., purposes, but no such contribu	
	er here the total contributions that were received during the year for an excl	
	complete any of the parts unless the General Rule applies to this organizat	
religious, chanta	able, etc., contributions totaling \$5,000 or more during the year	> \$
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file	e Schedule B (Form 990, 990-F7, or 990-PF)
	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990	
•	et the filing requirements of Schedule B (Form 990, 990-F7, or 990-PF)	

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

Name of organization	Employer identification number
Volunteers of America of Illinois	36-2723047

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2\386,898.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	es only	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Othyari	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Volunteers of America of Illinois

36-2723047

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	idditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$:KU !!
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_01	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	60,	\$	
(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
		\$	

vario or org	ganization		Employer identification number			
	rs of America of Illinois		36-2723047			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year stry. For organizations less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
			::180			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif				
	Transferee's name, address, al		Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		Y				
	2/0-	(e) Transfer of gif	t			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	10,					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) 03e of gift	(u) Description of now girt is field			
	(e) Transfer of gift					
	Transferee's name, address, a	nd 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 Open to Public Inspection

Name of the organization

Volunteers of America of Illinois

Employer identification number

36-2723047

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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)		Wo
3	Aggregate value of grants from (during year)		X
4	Aggregate value at end of year		10
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed 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 a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space	0,	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		ne organization during the tax
	year ▶	0.5	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95		
*	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
, 1	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
) 🔻			
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Par	t III	Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, c	or Other Sim	ilar Asse	ts(contin	ued)	
3	Usin	g the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t make significa	nt use of its	;		
	colle	ction items (check all that apply):								
а		Public exhibition	d	Loan or exc	change progra	ım				
b		Scholarly research	е	Other						
С		Preservation for future generations								
4	Prov	ide a description of the organization's co	ollections and explain	how they further	the organization	on's exempt pur	pose in Pa	t XIII.		//
5	Durin	ng the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or othe	er similar assets	_	_	_	. \'
		sold to raise funds rather than to be ma						Yes	0	No
Par	t IV	J		te if the organization	on answered "	Yes" on Form 9	90, Part IV,	line 9, or		
		reported an amount on Form 990, Par							_	
1a		e organization an agent, trustee, custodi		•			ed 🔥	A T	_	1
		orm 990, Part X?						Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	lowing table:			1411	, ·		
						A.	111	Amount		
	-	nning balance					_			
		tions during the year					7			
_		ibutions during the year					_			
f O-		ng balance he organization include an amount on Fo						Yes	\neg	Na
		<u> </u>	· ·	•			└	_ Yes		No
Par		es," explain the arrangement in Part XIII. Endowment Funds. Complete in								
. u.	• •	Zildowillom i dildo: Complete i	(a) Current year	(b) Prior year		s back (d) Thre	e vears hack	(a) Four	veare I	hack
1a	Regi	nning of year balance	(a) Current year	(b) Filor year	(C) I Wo year	3 back (a) Tille	c years back	(e) i oui	years	back
		ributions		1						
C		nvestment earnings, gains, and losses		11	1					
		ts or scholarships		-0	•					
		r expenditures for facilities								
Ū		programs		O,						
f		inistrative expenses		G						
g		of year balance	0)						
2		ide the estimated percentage of the curi	rent vear end balance	(line 1a. column (a)) held as:	I		1		
а		d designated or quasi-endowment	73	%	. 77					
b		nanent endowment >	%	_						
С	Term	n endowment	% . •							
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are t	here endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	red for the orga	nization			
	by:	, ()							Yes	No
	(i) L	Unrelated organizations						. 3a(i)		
	(ii) F	Related organizations						3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R	?			. 3b		
4		ribe in Part XIII the intended uses of the		wment funds.						
Par	t VI	」Land, Buildings, and Equipm								
		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X, line 10.				
		Description of property	(a) Cost or ot		t or other	(c) Accumula	I	(d) Book	(value)
		<i>\(\frac{1}{2}\)</i>	basis (investm	ent) basis	(other)	depreciation	on			
	Land				540,000.				540,	000.
	Build									
		ehold improvements			7,533.		7,533.			0.
d		oment			760,887.	71	4,727.		46,	160.
e	Othe			<u> </u>	10-)				E0.C	160
otal	. Add	lines 1a through 1e. (Column (d) must e	quai Form 990, Part 2	x, column (B), line	1UC.)		Schedule	D /Fa	586,	

Complete if the organization answered "Yes" of		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) Limited Partnership Investment	1,600,000.	Cost	
(B)			
(C)			0,
(D)			Mo
(E)			* * * * * * * * * * * * * * * * * * * *
(F)			10
(G)		•	<i>Y</i> ()
(H)			
「otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,600,000.		
Part VIII Investments - Program Related.		1 1	•
Complete if the organization answered "Yes" of	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)		2:10	
(2)			
(3)		- X	
(4)		0,	
(5)		.//	
(6)			
(7)		1.	
(8)		7,	
(9)	•		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		•	
	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value 1,700,019
(.)	-5		
(2) Other Assets	0		7,950
(3)	\		
(4)			
(5)	•		
(6)			
(7)			
(8)			
(9)	45)		1 707 060
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f See Form 990 Part X line 25	1,707,969
1. (a) Description of liability	STIT OTTIT GOO, 1 GET IV, IIII G	110 of 1111. Goo'l offin Goo, 1 art A, iii o 20.	(b) Book value
(1) Federal income axes (2) Dues to Related Parties			2 702
			2,793
(3) (4) (5)			
(6)			
(Q) *			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line			2,793
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	hat reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro	ovided in Part XIII L

Part 2	Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Form 990, Part		venue per Re	eturn.	
1 T	otal revenue, gains, and other support per audited financial statement			1	10,000,356.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	s		-	10,000,330
		2a			
	et unrealized gains (losses) on investments		6,645.		
	onated services and use of facilities		0,043.		
	ecoveries of prior year grants ther (Describe in Part XIII.)		57,625.		1
				2e	64 270
	dd lines 2a through 2d ubtract line 2e from line 1			3	9 936 086
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				***************************************
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIII.)				
	dd lines 4a and 4b			40	0.
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	9,936,086.
	XII Reconciliation of Expenses per Audited Financia			Return.	
	Complete if the organization answered "Yes" on Form 990, Part				•
1 T	otal expenses and losses per audited financial statements		100	1	9,016,376.
	mounts included on line 1 but not on Form 990, Part IX, line 25:		5:10		
a D	onated services and use of facilities	2a	6,645.		
	rior year adjustments				
	ther losses		•		
	ther (Describe in Part XIII.)		57,625.		
	dd lines 2a through 2d			2e	64,270.
	ubtract line 2e from line 1			3	8,952,106.
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	ther (Describe in Part XIII.)				
	dd lines 4a and 4b			4c	0.
5 To	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)		5	8,952,106.
Part :	XIII Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			, , , a.t. , , ,	
Fundra	I, Line 2d - Other Adjustments:	57,625.			
	- KiONC				
Part X	II, Line 2d Other Adjustments:				
Fundra	ising Expenses	57,625.			
	XO				
#					
•					

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization Volunteers of America of Illinois 36-2723047 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts o (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration List all states in which

932081 09-11-19

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Leadership (add col. (a) through Luncheon Golf Outing col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 146,291 94,550. 16,028 2 Less: Contributions 88,150 33,975 6,250 **3** Gross income (line 1 minus line 2) 58,141 60,575 9.778 128 494 4 Cash prizes 5 Noncash prizes Direct Expenses 21,196 24,597. 45,793. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,886, 11,832. 57,625. **10** Direct expense summary. Add lines 4 through 9 in column (d) 70,869. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: _

Sch	nedule G (Form 990 or 990-EZ) 2019 Volunteers of America of Illinois	36-272	3047	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
40			163	
	Indicate the percentage of gaming activity conducted in:		ا ما	
	a The organization's facility		13a	%
	b An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name			0.
			. \	10
	Address >		/ X	
	Address	-		
			A	□ No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	∟ No
		. 17	C'	
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt	•	
	of gaming revenue retained by the third party ▶\$	1.		
(c If "Yes," enter name and address of the third party:			
	Name ▶			
	Traine P			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided >			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	in the	•	
•	organization's own exempt activities during the tax year > \$	II tile		
Da	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Da	rt III. linna O	0h 10h
ГС		and Pai	rt III, IIIIes 9	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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Schedule G	(Form 990 or 990-EZ) Volunteers of America of Illinois	36-2723047	Page
Part IV	Supplemental Information (continued)		
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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

Open to Public Inspection

Name of the organization							Employer identification number
Part I General Information on Grants	America of Il	linois					36-2723047
						· N	
1 Does the organization maintain records						sistance, and the selec	
criteria used to award the grants or ass							X Yes No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					enization about 4d II)	/oo!! on Form 000 Dor	t IV line O1 for any
recipient that received more than					anization answered	res on Form 990, Par	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				11/1			
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	10:	9,					
	Sil						
2 Enter total number of section 501(c)(3)			ne line 1 table				}
3 Enter total number of other organization	<u>is listed in the line 1</u>	i table	<u></u>				>

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	,,00
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Foster family assistance	209	521,119.	0.	, NI	
				100	
Specific Veteran assistance	283	1,159,502.	0.	<i>illo</i>	
			~		
			414,		
		0,5),		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:		O			
Foster family assistance and Veteran assistance is	made in the	form of rent			
payments, moving/storage services, furniture, uti l i	ties transp	ortation,			
clothing, and other assistances as needed. The payr	ments are made	e directly			
to the landlord, utility companies, and other vendo	ors on behalf	of the			
client. An application process is in place to monit	or all payme	nts.			
80/,					
			•	•	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number 36-2723047 Volunteers of America of Illinois

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amou applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential Х 28,500.Net realized value 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M, Part I, Column (b):
The number of contributions represent the number of contributions
received, not the number of items donated.
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Volunteers of America of Illinois

Employer identification number 36 - 2723047

Form 990, Part III, Line 4a, Program Service Accomplishments:
Benefits may include health care services, fiduciary and payee
services, daily living services, personal financial planning, legal,
transportation, child care, and housing counseling services. In
addition, these programs may also provide time-limited financial
support to third party vendors (landlords, utility companies and other
vendors) to help Veteran families remain in or acquire permanent
housing.
Outreach - Programs with the goal of engaging homeless persons who are
living on the streets or those at risk of homelessness by linking them
with support and services.
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Computer Center - Programs using computer technology to help clients
focus on securing employment, training and needed skill development.
Employment Counseling and Job Placement - Provision of employment
services such as assessment, counseling, job search, job development,
job shadowing, employment placement and employment retention, along
with support services such as child care, substance abuse counseling,
mental health counseling, and education and training, with helping
participants secure and retain a job and achieve their vocational
goals
Aftercare Support - Continued case management, referrals to supportive

Name of the organization Volunteers of America of Illinois	Employer identification number 36-2723047
of interpersonal/life skills.	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
Elderly Services - Elderly Housing - The Corporation maintains	- We
affordable apartment housing communities offering long-term residences	
for low-income elderly individuals. Services offered include case	
management, religious activities, and health and nutrition	7111
counseling/education. Housing and Urban Development 202 funding usually	
supports this housing.	
Elderly Services - Case Management - Programs designed to assess and	
determine the need for services, locating, coordinating and advocating	
for needed services, authorizing or directly purchasing services, and	
monitoring services at regular intervals.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
Child & Family Supportive Services - Programs providing a wide range of	
supportive services for families and/or children including child	
development, counseling, case management, home-based services, and	
assistance with special needs children and their families.	
Adoption - Programs facilitate placement in adoptive homes and provides	
information and support to adoptive and birth families	
Family Preservation - Provides a wide range of supportive services and	
case management to children at risk of abuse or neglect and their	
families, with goal of preserving and, if needed, reunifying the	
family.	

Name of the organization Volunteers of America of Illinois	Employer identification number 36-2723047
Volunteelib of Innerieu of IIIInoib	30 2/23041
Form 990, Part VI, Section A, line 1:	
The Executive Committee shall consist of the Chair, President, Vice-Chair,	
Secretary and Treasurer. The Executive Committee shall have and may	we.
exercise power of the Board of Directors when the Board of Directors is not	W 11
in session and shall report any action taken to the Board of Directors at	
its succeeding meeting. The Chair or any two (2) members of the Executive	71/4.
Committee may call meetings at any time, giving the purpose of the meeting	O
and five (5) days' notice to the remaining members. Only members of the	
Board of Directors shall be eligible for appointment to the Executive	
Committee.	
Form 990, Part VI, Section B, line 11b:	
Form 990 is prepared by an independent CPA firm and reviewed in detail by	
the organization's top management. The reviewed Form 990 is provided to the	
Board of Directors. Volunteers of America of Illinois does not file the	
return with the IRS as they are exempt from filing and prepare the return	
on a voluntary basis.	
Form 990, Part VI, Section B, Line 12c:	
The organization requires all officers and Board members to annually	
complete and sign a conflict of interest questionnaire. The Board Chair is	
responsible for reviewing the signed statements and ensuring that	
interested persons are in compliance with the conflict of interest policy.	
The Quality Assurance Team reviews the Board Chair's statement. Should any	
potential conflicts of interest be disclosed, the Board member or officer	
would be asked to refrain from participation in any deliberation or	
decision with regard to matters affected by the relationship.	dula 0 /Faura 000 au 000 F7\ /0040

Volunteers of America of Illinois	36-2723047
Form 990, Part VI, Section B, Line 15:	
The Board of Directors reviews the President & CEO's performance annually	
and is responsible for setting the President & CEO's salary and overall	, ne
compensation package. When making adjustments, this is done with some	
consultation from the VOA National Office; specifically, obtaining	
comparative market data for CEO salaries both within and outside VOA	7 14.
affiliates. Additionally, the Board will review local salary studies	20
provided by the trade associations of which VOA of IL is a member. This is	
documented in the HR files of the organization.	
15b - The President/CEO reviews the CFO's performance annually and is	
responsible for setting the CFO's salary and overall compensation package.	
When making adjustments, this is done with some consultation from the VOA	
National Office; specifically, obtaining comparative market data for CFO	
salaries both within and outside VOA affiliates Additionally, the	
President/CEO will review local salary studies provided by the trade	
associations of which VOA of IL is a member. This is documented in the HR	
files of the organization.	
Form 990, Part VI Section C, Line 19:	
The governing documents, conflict of interest policy and financial	
statements are available upon request.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Volunteers of America of Illinois

Employer identification number 36-2723047

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes'	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d)	(e) Ome End-of-year	assets Direct	(f) controlling ntity	g
	-		7 /111				
	-	(7)					
	_	1917,					
	-	5					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	because it had one	or more related tax-ex	empt	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
	16/11.			501(c)(3))		Yes	No
	1/3/						
	-						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a partitioning darling the tax year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	
West Side Veterans Housing LP							10			
- 26-3821663, 47 W. Polk			West Side			. 1	\			
Street, Suite 250, Chicago,			Veterans VOA			Α,				
IL 60605	Veteran Housing	IL	Inc NFP	Related	6,227.	115,748.	х	N/A	Х	.01%
Hope Manor Village Housing,										
LP - 83-0784666, 47 W. Polk]		Hope Manor		\$					
Street, Suite 250, Chicago,	Low Income		Village VOA							
IL 60605	Housing	IL	Housing LLC	Related	4,000.	48,995.	х	N/A	Х	.01%
					170					
				ON						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t	b)(13) rolled ity?
	.119	country)		,				Yes	No
West Side Veterans VOA Housing, Inc. NFP -	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Volunteers of						
26-3821564, 47 West Polk St. 250, Chicago,	1 00.		America of						
IL 60605	Veteran Housing	IL	Illinois	C CORP	1.	0.	70.00%	Х	
Hope Manor Village VOA Housing LLC -			Volunteers of						
83-0749449, 47 West Polk St. 250, Chicago,	Y'O'		America of						
IL 60605	Low Income Housing	IL	Illinois	C CORP	0.	0.	60.00%	Х	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	Х	
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved	olved		
1) We	est Side Veterans Housing D 1,353,213.Loan Balance			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) West Side Veterans Housing	D	1,353,213.	Loan Balance
(2) West Side Veterans Housing	K	0.	
(3) West Side Veterans Housing	L	0.	
(4) West Side Veterans Housing	Q	176,206.	Cash
(5) Hope Manor Village Housing	D	0.	
(6) Hope Manor Village Housing	K	0.	

36-2723047

Part V Continuation of Transactions With Related Organizations (Schedule R (For	m 990), Part V, line 2	2)	100
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) Hope Manor Village Housing	L	0.	
(8) Hope Manor Village Housing	Q	0.	74.
(9)		c'\	0
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(13)			
(14)	5	<u> </u>	
(15) (16)	CO2		
(17)			
(18)			
(19)			
(20)			
(21)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

hat was not a related organization. See in						1		1			1	1
(a)	(b)	(c)	(d)	Are partner 501 (c	e)	(f)	(g)) (h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne	rs sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c	c)(3) s.?	total	end-of-year	alloca	nate ations?	amount in box 20 of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes		income	assets	Vas	No	(Form 1065)	Yes N	<u> </u>
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