## DLN: 93493102003251

OMB No. 1545-0047

2019

# Form **990**

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service		· 07.04.2040	20 2020			
			C Name of organization	ning 07-01-2019 , and ending 06-	30-2020	D Employ	er identif	fication number
		pplicable: change	Illinois Action for Children					neution number
□ Na	me cha	ange				36-271	2912	
	tial ret	urn n/terminated	Doing business as					
		return	Number and street (or P.O. box if m	ail is not delivered to street address) Room/s	suite	E Telepho	ne number	r
□ Ар	plicatio	on pending	4753 North Broadway 1200			(312) 8	323-1100	ı
			City or town, state or province, cour Chicago, IL 60640	try, and ZIP or foreign postal code				
			3 ,			<b>G</b> Gross re	eceipts \$ 5	2,537,664
			<b>F</b> Name and address of principa April Janney	l officer:	H(a)	Is this a group re	turn for	
			4753 North Broadway 1200			subordinates? Are all subordina	tos	☐Yes ☑No
• Tax		ant status	Chicago, IL 60640		H(b)	included?	ies	☐ Yes ☐No
		npt status:	<b>№</b> 501(c)(3) <b>□</b> 501(c)( ) <b>4</b> (	insert no.) 4947(a)(1) or 527		If "No," attach a	•	•
J W	ebsite	e:► ww	w.actforchildren.org		H(c)	Group exemption	number	•
			Corporation Trust Asso	· 🗖 au 🔈	L Year o	of formation: 1971	M State	of legal domicile: IL
K FOIII	11 01 01	ganization	Corporation in Trust in Asso	ciation				-
Pa	art I	Sum	mary		•			
	1 B	Briefly des	scribe the organization's mission o	most significant activities:  LYST FOR ORGANIZING, DEVELOPING	AND SHP	PORTING STRONG	FAMILII	ES AND POWERFUL
e O			TIES WHERE CHILDREN MATTER N		AND 3011	- CHING STRONG	J I ANILLI	LO AND TOWER OF
ĕ	-							
E E								
Activities & Governance	2	Check thi	is box $\blacktriangleright$ $\square$ if the organization dis	continued its operations or disposed of	more tha	n 25% of its net a	ssets.	
ઝ ×ઇ	3	Number o	of voting members of the governin	g body (Part VI, line 1a)			3	15
<u>8</u>			•	the governing body (Part VI, line 1b)			4	15
<u> </u>			, ,	endar year 2019 (Part V, line 2a) .			5	638
ACI			·	essary)			6	15
				VIII, column (C), line 12			7a	
	ь	Net unrel	ated business taxable income fron	1 Form 990-1, line 39	<del></del>	n . v	7b	
	。	Contribut	ions and grants (Port VIII, line 1h)		-	<b>Prior Year</b> 7,987,	162	<b>Current Year</b> 9,925,873
ĕΝ			ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)		-	40,794,		42,251,020
Ravenue		_	ent income (Part VIII, column (A), I			185,	<del></del>	134,24
ď			venue (Part VIII, column (A), lines !	· · ·		-23,	_	49,378
			, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 12)		48,944,		52,360,52
			nd similar amounts paid (Part IX, c			5,942,	848	5,839,239
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)				(
88	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)		31,559,	783	32,847,62
#JS(	16a	Professio	nal fundraising fees (Part IX, colur	nn (A), line 11e)				(
Expenses	b ·	Total fundr	raising expenses (Part IX, column (D), I	ine 25) ▶0				
ш	17	Other exp	penses (Part IX, column (A), lines	l1a-11d, 11f-24e)		11,526,	941	12,240,97
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)		49,029,	572	50,927,83
(7)	19	Revenue	less expenses. Subtract line 18 fro	om line 12		-85,		1,432,68
S G					Begi	inning of Current \	'ear	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			11,056,	991	11,741,566
Z B	21	Total liab	ilities (Part X, line 26)			6,638,	910	6,019,018
ΣĒ	22	Net asset	s or fund balances. Subtract line 2	1 from line 20		4,418,	081	5,722,548
	rt II		ature Block		•			
				ned this return, including accompanyin Declaration of preparer (other than off				
	nowle							
		*****	*			2021-04-12		
Sign		Signati	ure of officer			Date		_
Here		Jacque	line Zanders Chief Financial Officer					
			r print name and title					
		P	rint/Type preparer's name	Preparer's signature	Date		PTIN P0132157	<u> </u>
Paid	k					self-employed		<i>-</i>
	pare	;ı	irm's name			Firm's EIN ► 35	-0921680	
Use	On	ly   F	irm's address ▶ 225 West Wacker Drive	Suite 2600		Phone no. (312)	899-7000	
			Chicago, IL 60606122	4				
May +	he IPs	C discuss	this return with the property show	un abovo? (see instructions)		•	[J]	Ves 🗆 No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
				any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
	is Action for Children is . (continued in Schedu		zing, developing	and supporting strong fa	amilies and powerful commun	ities where children matter
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 or	r 990-EZ?				🗌 Yes 🛭 No
	If "Yes," describe the	se new services on Sc	hedule O.			
3	Did the organization	cease conducting, or r	nake significant	changes in how it conduc	cts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	ıle O.			
4	Section 501(c)(3) and		ons are required	I to report the amount of	argest program services, as r f grants and allocations to oth	
4a	(Code:	) (Expenses \$	21,819,692	including grants of \$	5,839,239 ) (Revenue \$	22,067,705 )
	See Additional Data					
4b	(Code:	) (Expenses \$	16,735,680	including grants of \$	0 ) (Revenue \$	18,297,697 )
	See Additional Data					
4c	(Code:	) (Expenses \$	7,538,348	including grants of \$	0 ) (Revenue \$	1,405,516 )
	See Additional Data					
	(Code:	) (Expenses \$	766,910	including grants of \$	0 ) (Revenue \$	631,446 )
	ADVOCATES STATEWIDE EXPANDED ACCESS TO C PROGRAMS MAKE EARLY THIS WORK HAS INCLUI	E TO CONNECT WITH THE CHILD CARE AND EARLY E / EDUCATION AVAILABLE DED CREATING A NATION	IR ELECTED OFFIC: EDUCATION, A PRIC TO YOUNG CHILDR AL MODEL FOR PRO	IALS AND URGE THEM TO MA DRITY IN ILLINOIS. ADDITIO REN WHILE IN CHILD CARE S OVIDING PRESCHOOL TO CH	LICY & ADVOCACY PROGRAM ORG AKE THE NEEDS OF CHILDREN AN INALLY, ILLINOIS ACTION FOR CH IO THEY WILL BE READY TO SUCC IILDREN IN HOME-BASED CHILD C IND BOOKS INTO THESE CHILD C	D FAMILIES, INCLUDING ILDREN'S EARLY LEARNING EED WHEN THEY START SCHOOL. CARE, AS WELL AS BRINGING
4d	Other program service	ces (Describe in Sched	ule O.)			
4d	Other program service (Expenses \$		ule O.) luding grants of	\$	) (Revenue \$	631,446 )

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Pai	tIV 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 $(3)$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	_
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		No
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 2	4	Yes	
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ 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	Yes	
	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		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No

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rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
_			Yes	No
	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	Yes	
	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	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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 Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	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		No
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   128		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

**1**c

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage <b>3</b>		
	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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
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					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
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?  Note. See the instructions for additional information the organization must report on Schedule O.	13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

orm	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🔽
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   15		Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 15			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  >JACQUELINE ZANDERS 4753 NORTH BROADWAY SUITE 1200 CHICAGO, IL 60640 (312) 823-1100			
	FOR TOWN THE PROPERTY OF THE PROPERTY OF THE TENDER OF THE		orm OO	<b>n</b> (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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

Check this box if neither the organizat	ion nor anv relate	d organ	izatio	n co	mpe	ensate	d ar	ny current officer, di	rector, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours	Position than o	n (do ne bo	(C) not ex, u	che inles	eck moss s pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) Celena Roldan	1.0			΄,							
Chair of the Board		X		X				0	0	(	
(2) Larry Mages	1.0										
Secretary of the Board		×		X				0	0	(	
(3) Marvin Cohen	1.0										
Treasurer of the Board	•••••	X		X				0	0	(	
(4) Monica Moss	1.0										
Past Chair of the Board	•••••	X		X				0	0	(	
(5) Andrew Rosenband	1.0										
Director		X						0	0	(	
(6) Beth Brooks	1.0										
Director		X						0	0	(	
(7) Jennifer Farrington	1.0										
Director		X						0	0	(	
(8) Joel Carp	1.0										
Director	•••••	X						0	0	(	
(9) Judith Walker Kendrick	1.0										
Director	•••••	X						0	0	(	
(10) LaChar Crayton	1.0										
Director		X						0	0	(	
(11) Laurie Walker	1.0										
Director	•••••	X						0	0	(	
(12) Michelle Saddler	1.0										
Director	•••••	×						0	0	(	
(13) Natalie Mindrum	1.0										
Director	•••••	X						0	0	(	
(14) Patricia Sawyer	1.0										
Director	•••••	X						0	0	(	
(15) Tobeka Green	1.0										
Director	•••••	X						0	0	(	
(16) April Janney	40.0										
SVP, Operations (Through 06/10/20); Acting President/CEO				Х				181,382	0	22,339	
(17) Jacqueline Zanders	40.0			x				162,764	0	43,772	
Chief Financial Officer				^`				102,704	U	75,77	

Part VII Section A. Officers, Direct	ors, Trustees	, key i	mpi	oye	es,	and i	підп	lest compensate	a employees (cor	iunueu)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, u n of or/t	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	organizati relati organiza	ed
(18) Julia Gray	40.0		, A.	×		<b>€</b>		184,117	0		18,034
Chief Operating Officer (Through 10/04/19) (19) Maria Whelan	40.0	••••		X				·	0		
President/CEO (Through 06/10/20) (20) James Alexander				_				299,621	0		39,959
SVP , Strategic Planning and Execution (Through 10/04/19)	40.0					Х		187,545	0		29,615
(21) Jeffrey Gawel Chief Information Officer	40.0					х		141,927	0		14,599
(22) Nicole Watkins VP, Human Resources	40.0					Х		119,559	0		23,221
(23) Sandra Matthews	40.0					Х		166,439	0		36,482
VP, Organizational Advancement/External Relations (24) Shauna Ejeh	40.0	••••						,			
SVP, Programs	40.0					Х		118,311	0		36,877
1b Sub-Total				•		•	<u> </u>				
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	•		<u> </u>	<u>.</u>		<b>&gt;</b>		1,561,665	0		264,898
Total number of individuals (including of reportable compensation from the			e liste	ed al	ove	e) who	rece	eived more than \$10	00,000		
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3			ee, ke	ey er	mplc	oyee, d	or hig	ghest compensated	employee on	Yes	No No
4 For any individual listed on line 1a, is organization and related organization individual											
5 Did any person listed on line 1a receive services rendered to the organization										1 1 1	No No
Section B. Independent Contract						•				'	
Complete this table for your five higher from the organization. Report comper	est compensate									nsation	
	(A)								(B)	(C	
AM BUS COMPANY	and business addre	SS							iption of services ATION SERVICES	Compen	411,062
100 W 91ST STREET CHICAGO, IL 60620 GOOD SHEPHERD CENTER								CHILD CARE	PECOLIBCE		357,104
17314 S KEDZIE								CHIED CARE	RESOURCE		337,104
HAZEL CREST, IL 60429 ARLINGRON CONSTRUCTION SERVICES INC								CONSTRUCTI	ON SERVICES	†	231,900
1224 S Haddow Ave ARLINGTON HEIGHTS, IL 60005 CENTERS FOR NEW HORIZONS								CHILD CARE	RESOURCE		209,705
4150 S KING DRIVE CHICAGO, IL 60653								5.125 S.11C			,, 55
CAROLE ROBERTSON CENTER								CHILD CARE	RESOURCE		184,533
2020 W ROOSEVELT ROAD CHICAGO, IL 60608											

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

		(2019)	of D	Payar						Page <b>9</b>
Part	VIII				resno	onse or note to any	line in this Part VIII			$\sqcap$
		SHOOK II SCHOOL	.are (	_ 55/164/115 6	Эрс	and a liste to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. s	18	a Federated campa	aigns	[	1a	186,842	1	revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	<b>b</b> Membership due:	s.	. [	<b>1</b> b					
Ame		<b>c</b> Fundraising even		Ŀ	1c	277,421				
Sifts Iar /		d Related organiza		<u> </u>	1d					
ıs, C imi		<ul><li>Government grants</li><li>All other contribution</li></ul>		Ļ	1e	6,565,711				
ıtior er S	'	and similar amounts above	s not	included	1f	2,895,899				
ribu Oth	!	g Noncash contribution lines 1a - 1f:\$	ns ind	cluded in	10					
ont		<b>h Total.</b> Add lines	1a-1f	L f	1g	•				
9						Business Code	9,925,873	T		
	2a	GOVERNMENT CONT	RACTS	S		900099	42,018,309	42,018,309		
ппе	h	CORPORATE CONTRA	CTS			-	222,709	222,709		
Program Service Revenue	_					900099	·	·		
ce F	С	CONFERENCES & FOR	RUMS			900099	2,565	2,565		
Servi	d	SERVICE FEES				900099	7,443	7,443		
am (						-				
rogr	е									
<u>o</u>	f	All other program	servi	ice revenue.			0	0	0	0
	g	Total. Add lines 2	2a-2f	f	•	42,251,026	1	I		
	3	Investment income		luding divide		interest, and other	134,244	1		134,244
		Income from invest				•				
	5	Royalties				•	•			
				(i) Rea	al .	(ii) Personal	-			
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		(	1	0			
	d	Net rental income		loss)			<u>"</u> "]			
				(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses	$\vdash$				-			
		Gain or (loss)	7с		(		<u>o</u>			
		I Net gain or (loss) Gross income from fu					1			
ine	Ua	(not including \$		277,421 of						
١٠		contributions reporte See Part IV, line 18		• • •	8a	75,183				
Other Revenue	b	Less: direct expen	ses		8b	177,143				
the	C	: Net income or (los	s) fr	om fundraisi	ing ev	ents 🕨	-101,960			-101,960
	9a	Gross income from								
		See Part IV, line 19			9a		_			
		Less: direct expen : Net income or (los			<b>9b</b> activit	ies <b>&gt;</b>				
	10a	aGross sales of inve returns and allowa	entor ances	y, less	10a					
	b	Less: cost of good	s sol	d	10b		1			
	c	Net income or (los	_		invent		_			
	11	Miscellaneo MISCELLANEOUS				Business Code 90009	9 151,338	151,338	3	
		MISCELLANEOUS	11400	OI'IL						
	b	·								
	c									
		Alleri							-	_
		I All other revenue  Total. Add lines 1				▶			0	0
		: Total revenue. S					151,338	3		
		otal levellue. 5	III	.56 4660115	• •	• • • •	52,360,521	42,402,364	. o	32,284

Part IX	Statement of Functional Expenses		All II		(0)
	Section 501(c)(3) and 501(c)(4) organizations must c		=	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an clude amounts reported on lines 6b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations and tic governments. See Part IV, line 21	1,427,764	1,427,764		·
2 Grants	s and other assistance to domestic individuals. See	4,411,475	4,411,475		
goverr	and other assistance to foreign organizations, foreign ments, and foreign individuals. See Part IV, lines 15				
4 Benefi	ts paid to or for members				
	ensation of current officers, directors, trustees, and nployees	1,017,338	250,320	767,018	
define	ensation not included above, to disqualified persons (as d under section $4958(f)(1)$ ) and persons described in $4958(c)(3)(B)$				
<b>7</b> Other	salaries and wages	24,630,483	23,524,700	1,105,783	
	n plan accruals and contributions (include section 401 d 403(b) employer contributions)	480,403	452,580	27,823	
<b>9</b> Other	employee benefits	4,786,528	4,599,600	186,928	
10 Payrol	taxes	1,932,873	1,823,695	109,178	
11 Fees fo	or services (non-employees):				
<b>a</b> Manag	ement				
<b>b</b> Legal		22,626		22,626	
<b>c</b> Accour	nting	102,220		102,220	
<b>d</b> Lobbyi	ng				
<b>e</b> Profes	sional fundraising services. See Part IV, line 17				
<b>f</b> Invest	ment management fees				
	(If line 11g amount exceeds 10% of line 25, column nount, list line 11g expenses on Schedule O)	4,261,291	3,700,821	560,470	0
12 Advert	ising and promotion	50,624	42,422	8,202	
<b>13</b> Office	expenses	1,826,723	1,723,666	103,057	
14 Inform	nation technology				
<b>15</b> Royalt	ies				
16 Occup	ancy	3,657,560	3,479,696	177,864	
<b>17</b> Travel		186,481	177,021	9,460	
	ents of travel or entertainment expenses for any l, state, or local public officials				
<b>19</b> Confer	rences, conventions, and meetings	459,102	343,058	116,044	
20 Interes	st				
<b>21</b> Payme	ents to affiliates				
22 Depre	ciation, depletion, and amortization	191,823	1,379	190,444	
<b>23</b> Insura	nce	68,300	66,097	2,203	
miscel exceed	expenses. Itemize expenses not covered above (List laneous expenses in line 24e. If line 24e amount ds 10% of line 25, column (A) amount, list line 24e ses on Schedule O.)				
a Equip	pment Rental	1,093,147	710,509	382,638	
<b>b</b> Equip	oment Purchase	291,030	101,564	189,466	
<b>c</b> Dues	& Subscriptions	30,045	24,263	5,782	
d			_		
	ther expenses	0	0	0	0
	functional expenses. Add lines 1 through 24e	50,927,836	46,860,630	4,067,206	0
reporte educat	costs. Complete this line only if the organization ed in column (B) joint costs from a combined tional campaign and fundraising solicitation.				
Check	here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Page **11** 

,193,708

360,241

2,725,849

197,533

11,741,566

4,888,936

130.082

1,000,000

6.019.018

2,747,706

2,974,842

5,722,548

11,741,566

Form 990 (2019)

Chec	k if Sched	lule O	contains a	respons	e or	note	to a	ny lir	e in	this F	Part IX	
												Т

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

	<b>(A)</b> Beginning of year		( <b>B</b> ) End of yea
Cash-non-interest-bearing	1,091,215	1	
Continue and towns are more than the continue of the continue		_	

ssets	
SS	l

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18 19

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23

24

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28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	6,464,427	3	7,196,632
	4	Accounts receivable, net		4	
	5	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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	0	6	0
S	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	32,635	9	67,603
•		Land, buildings, and equipment: cost or other			

10a

10b

5.972.381

5,612,140

538,064

192,608

11,056,991

4,906,185

127.302

1,605,423

6.638.910

2,479,340

1,938,741

4,418,081

11,056,991

0 25

0

2,738,042

10c

11

12 0 13

14

15

16

17

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33

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Yes

Form 990 (2019)

## **Additional Data**

**Software ID:** 19010655

Software Version: 2019v5.0 **EIN:** 36-2712912

Name: Illinois Action for Children

Form 990 (2019)

TEACHER.

Form 990, Part III, Line 4a: PROVIDER SERVICES/PROVIDER RESOURCES - ILLINOIS ACTION FOR CHILDREN WORKS WITH LICENSED AND LICENSE-EXEMPT CHILD CARE PROVIDERS TO SUPPORT THEM THROUGH EDUCATIONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES, AS WELL AS TECHNICAL ASSISTANCE AND OTHER VALUABLE SUPPORTS THAT HELP TO ENHANCE THE CARE THEY PROVIDE. ILLINOIS ACTION FOR CHILDREN AND ITS COMMUNITY PARTNERS HAD MORE THAN 10,500 PARTICIPANTS IN NEARLY 700 TRAININGS AND WORKSHOPS DURING THE FISCAL YEAR ENDED JUNE 30, 2020, OUR EARLY LEARNING PROGRAMS MAKE EARLY EDUCATION AVAILABLE TO YOUNG CHILDREN SO THAT THEY WILL BE READY TO SUCCEED WHEN THEY START SCHOOL, OUR PROGRAMS HAVE CREATED A NATIONAL MODEL FOR PROVIDING PRESCHOOL TO

CHILDREN IN HOME CHILD CARE WHO WOULD OTHERWISE NOT HAVE ACCESS TO EARLY EDUCATION, AND FOR TRAINING PROVIDERS TO BECOME A CHILD'S FIRST

### Form 990, Part III, Line 4b: CERTIFICATE/FAMILY RESOURCES - ILLINOIS ACTION FOR CHILDREN ADMINISTERS THE CHILD CARE ASSISTANCE PROGRAM (CCAP) FOR THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS) IN COOK COUNTY, CCAP HELPS LOW-INCOME FAMILIES PAY FOR CHILD CARE THAT ALLOWS PARENTS TO WORK OR GO TO SCHOOL, DURING

THE FISCAL YEAR ENDED JUNE 30. 2020, MORE THAN 57,800 FAMILIES AND NEARLY 102,500 CHILDREN WERE SERVED BY THE CCAP IN COOK COUNTY.

### Form 990, Part III, Line 4c:

YEAR 2020 WE WERE ABLE TO SERVE 1.036 FAMILIES.

PARENT SERVICES/CHILD CARE RESOURCE AND REFERRAL SERVICES - AS THE CHILD CARE RESOURCE AND REFERRAL AGENCY FOR COOK COUNTY, ILLINOIS ACTION

FOR CHILDREN CONNECTS CHILDREN AND FAMILIES WITH VITAL RESOURCES LIKE CHILD CARE REFERRALS, HEALTH SERVICES, AND COMMUNITY SUPPORT. IN FISCAL YEAR ENDED JUNE 30, 2020, ALMOST 7,400 CHILDREN AND FAMILIES RECEIVED REFERRALS WHILE THOUSANDS MORE UNDER-SERVED CHILDREN ALSO HAD ACCESS TO

LITERACY, MENTAL HEALTH, AND NUTRITION RESOURCES AS A RESULT OF ILLINOIS ACTION FOR CHILDREN'S WORK. ILLINOIS ACTION FOR CHILDREN WAS IN THE 5TH YEAR OF A 5 YEAR HEAD START GRANT FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES (USDHHS) DURING FISCAL YEAR 2020. ILLINOIS

ACTION FOR CHILDREN'S HEAD START AND EARLY HEAD START LOCATIONS UTILIZE EVIDENCE-BASED APPROACHES TO SERVING LOW-INCOME CHILDREN AND FAMILIES

IN A RESPECTFUL. UNDERSTANDING PARTNERSHIP WITH THEM. CHILDREN RECEIVE SERVICES THAT PROMOTE CHILD DEVELOPMENT ACROSS MANY AREAS. IN FISCAL

efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493102003251
SCI		ULE A	- Dublia (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service he organiza for Children	tion				Employer identific	
							36-2712912	
	rt I		for Public Charity State				See instructions.	
1 ne c	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		•	•					
2			scribed in section 170(b)(		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de ant college of agriculture. Se					ege or university or a
10	<b>✓</b>	from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
а		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated. The organization integrated. The organization	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization received or Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter				-			
g	Provi	de the follow	ing information about the su	pported organization(	s).			
	(i) N	organization organization in your governing document? monetary		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No		
Tota		l. B. '	tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

20

Р	art III Support Schedule fo	or Organization	s Described in	Section 509(	a)(2)		
	(Complete only if you						r Part II. If
	the organization fails t	to qualify under	the tests listed	below, please co	omplete Part II.	)	
56	ection A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	7,088,690	6,642,788	8,196,867	7,987,163	9,925,873	39,841,381
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or	35,218,848	35,291,207	39,046,406	40,833,025	42,402,364	192,791,850
	business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						(
5	The value of services or facilities furnished by a governmental unit to the organization without charge						(
6	Total. Add lines 1 through 5	42,307,538	41,933,995	47,243,273	48,820,188	52,328,237	232,633,231
7a	Amounts included on lines 1, 2, and	0	0	0	0	5,000	5,000
h	3 received from disqualified persons Amounts included on lines 2 and 3					<u> </u>	,
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0	o	0	0	0	(
С	Add lines 7a and 7b	0	0	0	0	5,000	5,000
8	<b>Public support.</b> (Subtract line 7c from line 6.)						232,628,231
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9		42,307,538	41,933,995	47,243,273	48,820,188	52,328,237	232,633,231
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,431	138,042	146,268	185,364	134,244	745,349
b	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						(
C	Add lines 10a and 10b.	141,431	138,042	146,268	185,364	134,244	745,349
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						C
12		52,979	22,038	36,978	48,301	75,183	235,479
13		42,501,948	42,094,075	47,426,519	49,053,853	52,537,664	233,614,059
14	11, and 12.)  First five years. If the Form 990 is f		, ,				
	check this box and <b>stop here</b>	-			•	• • • • •	
Se	ection C. Computation of Public			<u> </u>			· · · · · ·
15	Public support percentage for 2019 (I			column (f))		15	99.58 %
16	Public support percentage from 2018		· · · · · · · · · · · · · · · · · · ·			16	99.56 %
	ection D. Computation of Inves		-			1 1	
17	Investment income percentage for 20			line 13, column (f	f))	17	0.32 %
	Investment income percentage from		D 1 111 11 47			18	0.35 %

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . .  $\blacktriangleright$   $\bigsqcup$ 

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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. 3b

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.

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. 4a 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 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). 8

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.

9a 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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 <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions			
<b>9</b> Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016		-	

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

**h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017.		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation

Schedule A, Part III, Line 12 DESCRIPTION - GROSS RECEIPTS FROM FUNDRAISING EVENTS, COLUMN A - 52979.0, COLUMN B - 22038 Other Income .0, COLUMN C - 36978.0, COLUMN D - 48301.0, COLUMN E - 75183.0, COLUMN F - 235479.0;

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493102003251

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Se • S • S f the • S • S f the (Prox	ection 501(c)(3) organizations: Confection 501(c) (other than section 5 section 527 organizations: Complet organization answered "Yes" or section 501(c)(3) organizations that section 501(c)(3) organizations that section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under so t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	Part I-C. I-A and C below. 90-EZ, Part VI, linection 501(h)): Coder section 501(h)	Do not complete Part I-B.  ne 47 (Lobbying Activities complete Part II-A. Do not co ()): Complete Part II-B. Do r	s), then mplete Part II-B. not complete Part II-A.
Nan	ne of the organization pis Action for Children			' '	tification number
Pari	: I-A Complete if the organ	nization is exempt under section	n 501(c) or is	36-2712912 a section <b>527</b> organia	zation
1		ization's direct and indirect political cam			
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$
3		aign activities (see instructions)			
Part	I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	<b>&gt;</b>	\$
2	•	ax incurred by organization managers ur			\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.	nization is exempt under section	n F01/a) ava	ant costion E01(s)(2)	
	<u> </u>	<u> </u>			
1 2	Enter the amount of the filing org	ed by the filing organization for section anization's funds contributed to other or	rganizations for se	ection 527 exempt	\$ \$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate p	e filing organization's funds. solitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
_				1	l

Grassroots nontaxable amount

250,000

250,000

250,000

250,000

Schedule C (Form 990 or 990-EZ) 2019

1,000,000

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on	
	,	)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), o		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	)(5), o III-A		Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(	
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102003251

OMB No. 1545-0047

## **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

2019

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.

Open to Public **Inspection** 

inois Action for Children			Employer	dentification number
			36-2712912	
<b>Organizations Maintaining Donor Ad</b> Complete if the organization answered "			r Accounts	•
complete if the organization answered		or advised funds	<b>(b)</b> Fur	nds and other accounts
Total number at end of year	(1)		(-):	
Aggregate value of contributions to (during year)				
Aggregate value of grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor adv organization's property, subject to the organization's				re the
Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor private benefit?	nor or donor advisor,	or for any other purpose (		for
Conservation Easements.  Complete if the organization answered "	'Ves" on Form 990	Part IV line 7		
Purpose(s) of conservation easements held by the or				
Preservation of land for public use (e.g., recreat	•	Preservation of an	historically in	portant land area
	don or education)		,	
☐ Protection of natural habitat		☐ Preservation of a	certified histor	ic structure
☐ Preservation of open space				
Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	l a qualified conserva	ion contribution in the fo		vation I at the End of the Year
Total number of conservation easements			2a	
Total acreage restricted by conservation easements .			2b	
Number of conservation easements on a certified hist	oric structure include	d in (a)	2c	
Number of conservation easements included in (c) ac structure listed in the National Register	quired after 7/25/06,	and not on a historic	2d	
Number of conservation easements modified, transfe tax year ▶	rred, released, exting	uished, or terminated by	the organizati	on during the
Number of states where property subject to conserva	ation easement is loca	ted ▶		
Does the organization have a written policy regarding and enforcement of the conservation easements it ho			of violations,	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, ins	pecting, handling of v	iolations, and enforcing co	onservation ea	sements during the year
Amount of expenses incurred in monitoring, inspectir ▶ \$	ng, handling of violati	ons, and enforcing conser	vation easeme	ents during the year
Does each conservation easement reported on line 20 and section $170(h)(4)(B)(ii)$ ?			70(h)(4)(B)(i)	☐ Yes ☐ No
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	the footnote to the or			, and
Organizations Maintaining Collection Complete if the organization answered "			er Similar <i>I</i>	Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIII, the text of the footnote to its fir	116 (ASC 958), not t for public exhibition, e	o report in its revenue sta education, or research in f		
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line ${f 1}$			▶\$	
(ii) Assets included in Form 990, Part X			-	
If the organization received or held works of art, hist following amounts required to be reported under SFA	orical treasures, or ot	her similar assets for fina	-	
Revenue included on Form 990, Part VIII, line 1		=	<b>&gt;</b> \$ _	
Assets included in Form 990, Part X			▶\$	
Paperwork Reduction Act Notice, see the Instruct				hedule D (Form 990)

Pari	***	Organizations Ma	aintaining Col	lections of A	rt, Histori	ical T	reasures	s, or Other S	Similar As	<b>sets</b> (cont	inued)	
3		the organization's acqu (check all that apply):	uisition, accessior	n, and other rec	ords, check	any of	the follow	ring that are a s	significant us	se of its col	lection	
а		Public exhibition			d		Loan or e	exchange progr	ams			
b		Scholarly research			e		Other					
C		Preservation for future	generations									
4	Provid Part X	le a description of the o	organization's col	lections and exp	plain how the	ey furt	her the or	ganization's ex	empt purpos	e in		
5		g the year, did the orga to be sold to raise fun								☐ Yes		lo
Par	t IV	Escrow and Custo Complete if the org X, line 21.			Form 990	), Part	IV, line	9, or reported	d an amoui	nt on Forn	n 990,	Part
1a		organization an agent, ed on Form 990, Part >								☐ Yes	□ N	lo
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete t	he following	table:			An	nount		_
c		ning balance		·	_			1c				_
d	_	ons during the year .						1d				_
e		outions during the year						1e				_
f		g balance						1f				_
2a		e organization include						dial account lial	nility?	□ ves		_ lo
b		s," explain the arrange								_		
	t V	Endowment Fund		. Check here ii c	ne explanat	ion na	s been pro	Mueu III Fait X				
		Complete if the ord		ered "Yes" or	Form 990	, Part	IV, line	10.				
				(a) Current yea		rior yea			(d) Three yea		Four yea	
	-	ng of year balance .		2,738	,042	2,63	9,297	2,456,477	2,2	37,310	2,	265,036
		utions		13	,193	0	8,745	182,820	<u> </u>	19,167		-27,726
		estment earnings, gain	s, and losses	-12,	,193	9	5,745			· ·		
		or scholarships	•					0		0		0
		xpenditures for facilitie grams	es					0		0		0
		strative expenses .						0		0		0
g		year balance		2,725			3,042	2,639,297	2,4	56,477	2,	237,310
2		le the estimated percer	-	•	ance (line 1	g, colu	mn (a)) h	eld as:				
а		designated or quasi-e		100 %								
b	Perma	nent endowment 🟲	0 %									
c		orarily restricted endow	***************************************	%								
<b>-</b>		ercentages on lines 2a,	•	•		l-	-14 1	dan ta taka madi Kam	41			
3a		ere endowment funds ization by:	not in the posses	sion of the orga	nization tha	t are n	eid and ad	iministerea for	tne		Yes	No
	(i) un	related organizations						•		3a(i)		No
		lated organizations .						•		3a(ii)		No
b		s" on 3a(ii), are the rel								3b		
4		be in Part XIII the inte			endowment	funds.						
Par	t VI	Land, Buildings,			. Farra 000	. D±	T\/ !:==	11a Caa F	~ 000 D=::	+ V 1: 4	^	
	Descrip	Complete if the orgonical complete if the orgonical complete if the orgonical complete in the orgonical complete in the orgonical complete if the orgonical complete in the organical complete in the or	<b>(a)</b> Cost or oth (investme	er basis (b)	Cost or other			:) Accumulated de			ook valu	ie
1a	_and .											
	Building	-					<del>-  </del>					
	_	old improvements					<del>-  </del> -					
, i	_casen( 	, improvements					72 201		F 612 140			260.24

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

360,241

Complete if the organization answered "Yes" on Form 990,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho Cost or end-o	od of valuation: f-year market value
1) Financial derivatives			
2) Closely-held equity interests			
A)			
3)			
0)			
E)			
7)			
5)			
1)			
	<b>•</b>		
art VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, li		
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
.)			
2)			
i)			
) )			
)			
)			
(Column /h) must equal Form 000 Part V, col /P\\line 12\)			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.		<u> </u>	
Complete if the organization answered 'Yes' on Form 990,  (a) Description	Part IV, lir	ne 11d. See Form 990, Pa	(b) Book value
)			
)			
)			
<b>(</b> )			
))			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.			. •
Complete if the organization answered 'Yes' on Form 990,	Part IV, lir	ne 11e or 11f.See Form	990, Part X, line 25.
(a) Description of liability			Book value
) Federal income taxes			
) Cash Overdraft			
)			
)			
)			
)			
)			
.0)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		)	
Liability for uncertain tax positions. In Part XIII, provide the text of the footno	ote to the o	ganization's financial state	ements that reports the organiza

2

3

4

b

C 5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

-128,218

177,143

50,927,836

50.927.836

Schedule D (Form 990) 2019

52,537,664

b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d			0	
е	Add lines 2a through 2d	·			2e	,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Total expenses and losses per audited financial statements . . . . . .

3

-128.218

177,143

2e

3

4c

5

4c

4a 4b -177,143 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

> 2a 2b

2c

2d

4a 4b

Explanation

-177,1435 52,360,521 1 51,104,979

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 36-2712912

Name: Illinois Action for Children

Explanation

# Supplemental Information

Return Reference

1.000111110101100	
Intended uses of endowment funds	The Sylvia Cotton Fund is an endowment fund established within Illinois Action for Childre n to help insure the continuity of its programs and objectives. It is a Board-restricted f und that is intended to provide resources to fulfill the organization's mission. Generally , the fund may be used to support public policy and advocacy or other programs that align with the organization's mission, including new initiatives.

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Corporation is a not-for-profit Corporation exempt from federal income tax under Inter nal Revenue Code Section 501(c)(3). Accordingly, no provision for income taxes has been ma de. Also, the Corporation was determined by the Internal Revenue Service not to be a "priv ate foundation" within the meaning of Section 509(a) of the Code. The Corporation follows guidance issued by the Financial Accounting Standards Board with respect to accounting for uncertainty in income taxes. The Corporation is generally not subject to federal or state income taxes except for certain income derived from unrelated business activities as defined by the IRC. Any such taxes resulting from unrelated business activities are insignific ant to the operations of the Corporation. U.S. GAAP prescribes recognition thresholds and measurement attributes for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Tax benefits will be recognized only if the tax position is more-likely-than-not sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized will be the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax position ns not meeting the more-likely-than-not test, no tax benefit will be recorded. Management has concluded that they are unaware of any tax benefits or liabilities to be recognized at June 30, 2020. The Corporation is no longer subject to examination by U.S. federal taxing authorities or state taxing authorities for years before 2016. The Corporation does not e xpect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The Corporation would recognize interest and penalties related to unrecognized tax benefits in interest and income tax expense, respectively. The Corporation has no amount s accrued for interest or penalties as of June 30, 2020.			

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	FUNDRAISING EXPENSES177143

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FUNDRAISING EXPENSES - 177143

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493102003251 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Illinois Action for Children 36-2712912 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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? ☐ Yes ☐ No 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. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	than \$15,000 of fundraising e				
	gross receipts greater than \$!		gross meanic on rom	1 330 EZ, IIIIC3 I dild	ob. Lise evenes with
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		Annual Dinner (event type)	(event type)	(total number)	col. <b>(c)</b> )
кеченые					
	1 Gross receipts	352,604			352,60
	<b>2</b> Less: Contributions	277,421			277,42:
	3 Gross income (line 1 minus line 2)	75,183	0		75,183
	4 Cash prizes				
,	5 Noncash prizes				
Direct Expenses	<b>6</b> Rent/facility costs	16,995			16,995
<u>3</u>	<b>7</b> Food and beverages	16,223			16,223
<u>.</u>	8 Entertainment	143,925			143,925
75 I	9 Other direct expenses				
	ourier amout expenses				
ב <u>ֿ</u>	10 Direct expense summary. Add lines 4	through 9 in column (d)			177,143
์		-			177,143 -101,960
	10 Direct expense summary. Add lines 4	from line 3, column (d)	s" on Form 990, Part I		-101,960
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 111 Gaming. Complete if the org	from line 3, column (d)	s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		-101,960
ar	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  11 Gaming. Complete if the org on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-101,960 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 111 Gaming. Complete if the org	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-101,960 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 111 Gaming. Complete if the orgon Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-101,960 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  till Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-101,960 d more than \$15,000 (d) Total gaming (add
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 111 Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-101,960 d more than \$15,000 (d) Total gaming (add
Par ellie	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  till Gaming. Complete if the org on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-101,960 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 111 Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-101,960 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  till Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes %	(c) Other gaming	-101,960 d more than \$15,000 (d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  11 Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	-101,96 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 ft  11 Net income summary. Subtract line 10  11 I Gaming. Complete if the orgon Form 990-EZ, line 6a.  1 Gross revenue	rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  through 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	-101,96d more than \$15,000  (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·   Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

## 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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493102003251

Open to Public Inspection

Name of the organization						Employer identif	ication number
Illinois Action for Children						36-2712912	
Part I General Informa	ation on Grants	and Assistance					
Does the organization main the selection criteria used t						ce, and	☑ Yes 🗆 N
2 Describe in Part IV the orga							
Part II Grants and Other A that received more to	<b>Assistance to Don</b> :han \$5,000. Part II	nestic Organizations a I can be duplicated if add	i <b>nd Domestic Governme</b> ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, lir	e 21, for any recipient
(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section	. , . ,	-					22
3 Enter total number of other			<del></del>				86
For Paperwork Reduction Act Notice	e, see tne Instructio	INS TOF FORM 990.		Cat. No. 5005	25	Sc	hedule I (Form 990) 2019

visits and reviewing records and documentation supporting early care and education expenses prior to issuing reimbursements.

Page **2** 

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

(5)

(6)

(7)

Part IV

grant funds.

Return Reference

Schedule I, Part I, Line 2 Procedures for monitoring use of

## **Additional Data**

Schaumburg, IL 60194

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 36-2712912 Name: Illinois Action for Children

(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 non-cash assistance	(h) Purpose of grant or assistance
Advance Preschool	36-4231347			7,920	FMV	EDUCATIONAL MATERIALS	QUALITY

or government			assistance	other)	
dvance Preschool 320 W Higgins	36-4231347		7,920	FMV	E

Hoffman Estates, IL 60070

Bode Preschool & Child Care	36-4121798		8,995	FMV	EDUCATIONAL MATERIALS

946 Bode Rd

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

IMPROVEMENTS

QUALITY IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 46-4502959 5.796 FMV EDUCATIONAL MATERIALS IOUALITY Creative Paths Learning Ctr IMPROVEMENTS

5129 Dempster St Skokie, IL 60077

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

Des Plaines, IL 60016

KinderCare 47-4478313 8,440 FMV EDUCATIONAL MATERIALS IQUALITY 8650 W Ballard Rd ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government KinderCare 47-4478313 8.635 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

650 W Wise Rd Schaumburg, IL 60193

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

KinderCare 47-4478313 8,629 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

925 E Nerge Rd

Roselle, IL 60172

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government KinderCare 47-4478313 5.317 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

1025 E Lake Cook Rd Wheeling, IL 60090

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

Chicago, IL 60626

Lake Shore Schools 36-3333009 501(c)(3) 8.798 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS 6759 N Greenview

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government Laka Shara Schoole 36-3333000 501/61/31 8 056 EMV EDUCATIONAL MATERIALS Inhality OVEMENTS

The Leavine Tree of Feet Flair	26 2524226		0.000	E14) (	EDUCATIONAL MATERIALS	OLIAL TT
5611 N Clark St Chicago, IL 60660						IMPROV
Lake Shore Schools	30-3333003	301(0)(3)	0,330	1 1 1 4	ED GOTTION TE TIME ENGINES	IGOVETI

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

845 Summit St Elgin, IL 60120

IQUALITY The Learning Tree of East Elgin I 36-3524320 8,8801FMV JEDUCATIONAL MATERIALS ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Precious Angels Child Care Ct 26-0686153 501(c)(3) 6.000 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

1833 W Golf Rd Schaumburg, IL 60194

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

Franklin Park, IL 60131

Small World Learning Ctr 36-3333184 8,921 FMV EDUCATIONAL MATERIALS IQUALITY 9750 W Grand ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Academy of Creative Thinking 46-4460151 5.701 FMV EDUCATIONAL MATERIALS IOUALITY

4200 N Central Ave Chicago, IL 60634

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

Bellwood, IL 60104

IMPROVEMENTS Achievers Educational Ctr 30-0273142 501(c)(3) 5,586 FMV EDUCATIONAL MATERIALS IQUALITY 621-629 Bellwood Ave ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Children International 87-0746094 8 632 FMV EDUCATIONAL MATERIALS Ιωμαι ττν

ermaren internationar	0, 0, 1005 1		0,002		 1 20, 121,
Academy					IMPROVEMENTS
5858 W Roosevelt Rd					
Chicago, IL 60644					

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

Chicago, IL 60642

Creative Scholars Preschool 80-0280524 501(c)(3) 5.623 FMV EDUCATIONAL MATERIALS **IOUALITY** 1735 N Elston Ave IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Diversey Day Care Ctr 36-3547505 7.739 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

3155 W Diversey Chicago, IL 60647

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

Chicago, IL 60644

Little Leaders of Tomorrow 74-3083758 501(c)(3) 5,442 FMV EDUCATIONAL MATERIALS IQUALITY 301 N Mavfield Ave ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government McKinney's Early Learning Ctr 36-3566746 5.784 FMV EDUCATIONAL MATERIALS IOUALITY 5743 W Division IMPROVEMENTS

Chicago, IL 60651

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

Chicago, IL 60611

Near the Pier Dev Ctr 36-4119305 5,232 FMV EDUCATIONAL MATERIALS

IQUALITY

540 N Lakeshore Dr ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government North Star Child Dev Ctr 27-2945862 7.980 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

4341 W North Ave Chicago, IL 60639

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

Chicago, IL 60607

Taylor Tots Daycare 46-4152834 8,251 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS 1417 W Taylor

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Tiny Giants Early Learning Ctr 46-3800110 5.529 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

3911 N Western Ave Chicago, IL 60618

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

Chicago, IL 60634

Belmont Child Care Ctr 38-4023353 5,351 FMV EDUCATIONAL MATERIALS IQUALITY

5724 W Belmont Ave ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Breakthrough Beginners 36-3810926 501(c)(3) 5.378 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

ITMPROVEMENTS

3219 W Carroll Ave Chicago, IL 60624

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

3855 N Seelev

Chicago, IL 60618

Concordia Place 32-0033719 501(c)(3) 5,554 FMV EDUCATIONAL MATERIALS IQUALITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Happy Kids Preschool 42-1754198 5.503 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

## 5815 W Irving Park Chicago, IL 60634

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

Bellwood, IL 60104

Little Achievers Child Care 36-4285111 7,506 FMV EDUCATIONAL MATERIALS IQUALITY 539 Bellwood Ave ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Tiny Tot 81-2253739 5.311 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

ITMPROVEMENTS

2712 N Laramie Chicago, IL 60639 36-3658785 501(c)(3) 8,690 FMV EDUCATIONAL MATERIALS IQUALITY

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

Kidwatch Plus 3330 N Lockwood Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-4322828 5.860 FMV EDUCATIONAL MATERIALS IOUALITY Little Einsteins Daycare

3640-3644 W Wrightwood Ave IMPROVEMENTS Chicago, IL 60647

Puerto Rican Cultural Ctr 23-7347778 501(c)(3) 5,523 FMV EDUCATIONAL MATERIALS IQUALITY

1345 N Rockwell St ITMPROVEMENTS

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Tiny Giants Early Learning Ctr 46-5243067 8.825 FMV EDUCATIONAL MATERIALS IOUALITY

4646 N Clark IMPROVEMENTS Chicago, IL 60640

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

20-0658205 8,925 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

Kimball Dav Care 1636 N Kimball

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Let's Play Child Care 59-3810254 5.655 FMV EDUCATIONAL MATERIALS IOUALITY 6041 W 26th St IMPROVEMENTS

Cicero, IL 60804

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

Chicago, IL 60630

Mayfair Early Learning 46-0787080 5,224 FMV EDUCATIONAL MATERIALS IQUALITY

4719 N Pulaski Rd ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Rainbow Davcare 36-4116325 5.777 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

ITMPROVEMENTS

## 3250 W Irving Park Chicago, IL 60618

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

4135 W Armitage Chicago, IL 60639

Smart from the Start 45-3158478 8,598 FMV EDUCATIONAL MATERIALS IQUALITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

IMPROVEMENTS

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

1919 W Taylor St M/C 525

Chicago, IL 60612

OVEMENTS UIC 37-6000511 583 5,414 FMV EDUCATIONAL MATERIALS IQUALITY 501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

ITMPROVEMENTS

Wise Owl Day Care 2734 W North Ave Chicago, IL 60647	46-1718120		5,572	FMV	EDUCATIONAL MATERIALS	QUALITY IMPROVEMENTS
Our Loving Arms Childcare III	81-3259811		5,714	FMV	EDUCATIONAL MATERIALS	QUALITY

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

Our Loving Arms Childcare III 81-3259811 831 S Halsted

Chicago Heights, IL 60411

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government The Baby Academy 36-4249735 501(c)(3) 6.000 FMV EDUCATIONAL MATERIALS IOUALITY 8607 S Cottage Grove IMPROVEMENTS

Chicago, IL 60619

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

Chicago, IL 60617

Dalia's Busy Bee Academy 35-2274391 5,775 FMV EDUCATIONAL MATERIALS IQUALITY 10658 S Green Bay ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government IL Institute for Children 36-4398927 501(c)(3) 6.000 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

10009 S Yates Chicago, IL 60619

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

Chicago, IL 60643

Learn Together Grow Together 45-4564866 6,000 FMV EDUCATIONAL MATERIALS IQUALITY 1126 W 99th St ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Mari's Bumble Bee Day Care 20-2835052 5.697 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

9725 S Commercial Ave Chicago, IL 60617

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

New Pisgah Day Care 36-2914351 501(c)(3) 5,531 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

8130 S Racine Ave.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance assistance other) or government Consult former than Charles 27 41 52 270 6.000 FMV **IEDUCATIONAL MATERIALS** IOUALITY IMPROVEMENTS

1939 W 79th St Chicago, IL 60620	27-4152278		
Mother's Touch	36-4034749	501(c)(3)	

2501 W 71st St Chicago, IL 60629

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

5,467 FMV

IMPROVEMENTS

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IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Little Bear Day Care 36-2793999 5.506 FMV EDUCATIONAL MATERIALS IOUALITY 6411 S Pulaski Rd IMPROVEMENTS Chicago, IL 60629

5,809 FMV

EDUCATIONAL MATERIALS

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

36-2793999

Teddy Bear 2

3473 W Columbus Ave.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Teddy Bear 3 36-2793999 5.566 FMV EDUCATIONAL MATERIALS IOUALITY 6401 S Pulaski IMPROVEMENTS

Chicago, IL 60629 EDUCATIONAL MATERIALS

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

Orland Park, IL 60467

Children of America 80-0764471 8,214 FMV IQUALITY 16124 S LaGrange Rd ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Kiddie Scholars 61-1514635 7.352 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

1031 Kostner Ave Matteson, IL 60443

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

Lansing, IL 60438

Mari's Bumble Bee II 46-4516767 8,463 FMV EDUCATIONAL MATERIALS IQUALITY

ITMPROVEMENTS 17750 Chicago Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

IMPROVEMENTS

Nazarene Nursery School 699 W 8th St Chicago Heights, IL 60411	36-2/35511	501(c)(3)	8,389	IFMV	l l	QUALITY IMPROVEMENTS
Penny Lane	36-3064693		8,098	FMV	EDUCATIONAL MATERIALS	QUALITY

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

4527 Southwest Highway

Oaklawn, IL 60453

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 36-3864693 8.199 FMV EDUCATIONAL MATERIALS IOUALITY Penny Lane IMPROVEMENTS

10255 S Ridgeland Ave Chicago Ridge, IL 60415

Steps to the Future 26-1091028 501(c)(3) 5,195 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

346 W Siblev Blvd

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

Dolton, IL 60419

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government OVEMENTS

ITMPROVEMENTS

Academy for Children 2350 Bernice Rd Lansing, IL 60438	36-4158598	501(c)(3)	9,000	IFMV	EDUCATIONAL MATERIALS	IMPRO

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

3149-3155 S Shields Ave.

Chicago, IL 60616

Busy Bees Child Dev Ctr 35-2414350 7,345 FMV EDUCATIONAL MATERIALS IQUALITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Fresh Start Daycare 36-4260041 501(c)(3) 7.481 FMV EDUCATIONAL MATERIALS IOUALITY

6401 W 16th St Berwyn, IL 60402

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

Cicero, IL 60804

IMPROVEMENTS Kids R Our Stars Learning 81-4494520 8,370 FMV EDUCATIONAL MATERIALS IQUALITY 5333 W 25th St ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 

Let's Play 7804 W 26th St North Riverside, IL 60546	45-4068347		8,010	FMV		IMPROVEMENTS
Williams Christian Daycare	01-0894237	501(c)(3)	8,127	FMV	EDUCATIONAL MATERIALS	QUALITY

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

4300 180th St

Country Club Hills, IL 60478

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-0817262 5.894 FMV IEDUCATIONAL MATERIALS **IOUALITY** Little Scholars Journey IMPROVEMENTS 3310 S Archer Ave

Chicago, IL 60608 Rising Stars Davcare & 82-1260586 5,442 FMV EDUCATIONAL MATERIALS **IOUALITY** Learning Ctr

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

IMPROVEMENTS 6515 Pershing Rd Ste B Stickney, IL 60402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Smart Learning Ctr Ste B 27-4337898 5.645 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

2980 S Archer Ave Chicago, IL 60608

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

Chicago, IL 60632

Teddy Bear Day Care 36-2793999 7,764 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

2649 W 51st St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 37-1786859 5.986 FMV EDUCATIONAL MATERIALS IOUALITY ABC Learning Ctr IMPROVEMENTS

401-419 W 95th Chicago, IL 60628

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

Chicago, IL 60628

ABC Learning Ctr II 81-5109319 5,406 FMV EDUCATIONAL MATERIALS

IQUALITY 10230-32 S Halsted ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Kids R Our Stars 30-0697992 5.676 FMV EDUCATIONAL MATERIALS IOUALITY 5615 W Cermak Rd IMPROVEMENTS

Cicero, IL 60804

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

Literacy Zone 80-0711444 5,396 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

5831 S Western Ave.

Chicago, IL 60636

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-4330466 5.858 FMV IEDUCATIONAL MATERIALS **IOUALITY** M&M Child Care Ctr IMPROVEMENTS

450 W 194th St Glenwood, IL 60425 Safari Life Child Care & 42-1762446 8,021 FMV EDUCATIONAL MATERIALS **IOUALITY** IMPROVEMENTS

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

Learning Ctr 1935 Glenwood Dyer Rd Lvnwood, IL 60411

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Teddy Bear Daycare 4 36-3681191 5.748 FMV EDUCATIONAL MATERIALS IOUALITY 7319 W 87th St IMPROVEMENTS

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

Bridgeview, IL 60455

Bright Minds Academy 47-4552105 4,448 FMV EDUCATIONAL MATERIALS IQUALITY 14633 Winchester Ave. ITMPROVEMENTS Harvey, IL 60426

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 01-0863933 5.686 FMV IEDUCATIONAL MATERIALS **IOUALITY** Bright Visions Learning IMPROVEMENTS Academy

8.244 FMV

EDUCATIONAL MATERIALS

IOUALITY

IMPROVEMENTS

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

14804 S Cicero Ave Oak Forest, IL 60452 Children of America

19814 S Kedzie Ave

Flossmoor, IL 60422

26-4288314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 80-0899015 5.895 FMV EDUCATIONAL MATERIALS IOUALITY HGDC Learning Academy 99 E 15th St IMPROVEMENTS

5,295 FMV

EDUCATIONAL MATERIALS

IQUALITY

ITMPROVEMENTS

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

99 E 15th St
Chicago Heights, IL 60411

Kiddie Scholars too 36-4799226

22323 Thomas Dr

Richton Park, IL 60471

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government KinderCare 47-4478313 9.165 FMV EDUCATIONAL MATERIALS IOUALITY 9906 S Roberts Rd IMPROVEMENTS

8,904 FMV

EDUCATIONAL MATERIALS

IQUALITY

ITMPROVEMENTS

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

Palos Hills, IL 60465 KinderCare

Tinley Park, IL 60477

7965 175th St

47-4478313

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government KinderCare 47-4478313 5,442 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

18 S Central Matteson, IL 60443

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

Tinley Park, IL 60477

KinderCare 47-4478313 8,410 FMV EDUCATIONAL MATERIALS IQUALITY 16100 Oak Park Ave ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KinderCare 47-4478313 9.022 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

14301 Pinewood Dr
Orland Park, IL 60467

Let's Learn Children's Academy 46-4579539 501(c)(3) 7,150 FMV EDUCATIONAL MATERIALS QUALITY

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

3355 183rd St

Homewood, IL 60430

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Let's Plav 47-5219392 5.865 FMV EDUCATIONAL MATERIALS IOUALITY 9025 W Cermak Rd IMPROVEMENTS

8,994 FMV

EDUCATIONAL MATERIALS

IQUALITY

ITMPROVEMENTS

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

North Riverside, IL 60546

Little Scholars Child Dev Ctr

297 E Glenwood Lansing Rd

Glenwood, IL 60425

46-2028991

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Little TOTO Children 61 1404046 O O O O I EMAY EDUCATIONAL MATERIALS LOUALTEN 'EMENTS

1101101110	26 1222166					
Calumet City, IL 60409						
454 Burnham Ave						IMPROVE
Little 1015 Childcare	01-1404040		0,039	FIM V	LDUCATIONAL MATERIALS	IQUALITY

5,858|FMV | EDUCATIONAL MATERIALS IQUALITY M & M Child Care Ctr 36-4330466

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

450 W 194th St

Glenwood, IL 60425

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-1109286 5.517 FMV IEDUCATIONAL MATERIALS **IOUALITY** Markham Child Development IMPROVEMENTS 3039 W 159th st

Markham, IL 60428 Mother Goose Children's 36-4885513 8,962 FMV EDUCATIONAL MATERIALS **IOUALITY** ITMPROVEMENTS Academy

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

4112 W 183rd St

Country Club Hills, IL 60478

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 36-3333184 5.684 FMV EDUCATIONAL MATERIALS IOUALITY Small World Learning Ctr 1827 N 25th Ave IMPROVEMENTS

Melrose Park, IL 60160

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

Lansing, IL 60438

A Step Up Career Academy 42-1737589 8,198 FMV EDUCATIONAL MATERIALS IQUALITY 2745 Bernice Rd ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Sweet Pea Academy 45-4392771 5.423 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

1414 W 87th St Chicago, IL 60620

Prodigy Child Learning Ctr 30-0377372 5,220 FMV EDUCATIONAL MATERIALS IQUALITY ITMPROVEMENTS

1921 F 79th St

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

Chicago, IL 60649

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 46-4569035 8.385 FMV EDUCATIONAL MATERIALS IOUALITY Busy Bees Learning Ctr IMPROVEMENTS

5,103 FMV

EDUCATIONAL MATERIALS

IQUALITY

ITMPROVEMENTS

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

501(c)(3)

321 W 31st St Chicago, IL 60616

1248 W 69th St

Chicago, IL 60636

Chicago Urban Day School

36-2698000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Little Hearts Learning Academy 30-0546592 8.846 FMV EDUCATIONAL MATERIALS IOUALITY 17542 Crawford Ave IMPROVEMENTS

Country Club Hills, IL 60478

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

Chicago, IL 60632

Teddy Bear 5 36-3681191 8,476 FMV EDUCATIONAL MATERIALS IQUALITY 5160 S Pulaski Rd ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Foresight Children Learning Ctr 90-0679765 5.273 FMV EDUCATIONAL MATERIALS IOUALITY 101 E 69th St IMPROVEMENTS

Chicago, IL 60637

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

Chicago, IL 60616

Busy Bees Child Dev Ctr 45-5461099 8,455 FMV EDUCATIONAL MATERIALS IQUALITY 2351 B S Wentworth Ave. IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Creative Little Ones Child Care 82-3858082 5.808 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

358 E 71st St Chicago, IL 60619

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

Chicago, IL 60629

Creative Little Ones Academy 26-4809927 5,287 FMV EDUCATIONAL MATERIALS IQUALITY

2809 W 59th St IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government Dennique Little Once 02 0704070 C OOOLEMY EDUCATIONAL MATERIALS IOUALITY ROVEMENTS

22-26 E 63rd St Chicago, IL 60639	02-0784870		6,000	IFIMIV		IMPROVEME
Precious Little Ones	02-0784870		6,000	FMV	EDUCATIONAL MATERIALS	QUALITY

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

221 E 51st St Chicago, IL 60615

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government All About Kids Learning 35-2199745 9 OOO FMV IEDUCATIONAL MATERIALS LOUAL ITY OVEMENTS

Academy				IMPRO\
514 E 75th St				
Chicago, IL 60619				
-				

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

8501 S Ashland ave

Chicago, IL 60620

5.870 FMV EDUCATIONAL MATERIALS Bright Scholars Academy 81-4667174 IOUALITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Alphabet Learning Ctr 90-0769737 5.711 FMV EDUCATIONAL MATERIALS IOUALITY

9220 Broadway Ave Brookfield, IL 60513

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

3726 Grand Blvd

Brookfield, IL 60513

IMPROVEMENTS Alphabet Learning Ctr 90-0769737 5,610 FMV EDUCATIONAL MATERIALS IQUALITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 83-1411156 8.652 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

#### Alphabet Learning Ctr 6958 Windsor Ave Berwyn, IL 60402

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

22025 Governors Highway

Richton Park, IL 60471

First Step Child Care Ctr 36-4241883 9,003 FMV EDUCATIONAL MATERIALS IQUALITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government LIGHT OF IT 02 0660007 E 603 EM EDUCATIONAL MATERIALS LOUALITY OVEMENTS

7331 S Cottage Grove Chicago, IL 60619			,			IMPROV
HOME Childcare Ctr	82-0660807		5,60/	FMV	EDUCATIONAL MATERIALS	[QUALITY

80-0028738 5,259 FMV | EDUCATIONAL MATERIALS IQUALITY Little Kiddies

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

1503 W Devon Chicago, IL 60660

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Successful Beginnings 36-4358314 5.703 FMV EDUCATIONAL MATERIALS IOUALITY

105 E 142nd St IMPROVEMENTS Riverdale, IL 60827

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

Skokie, IL 60077

Swift Child Care 36-4285673 8,579 FMV EDUCATIONAL MATERIALS IQUALITY 8064 Lincoln Ave ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Swift Child Care 36-4285673 8.530 FMV EDUCATIONAL MATERIALS **IOUALITY** IMPROVEMENTS 8260 Elmwood

Skokie, IL 60077

East Side Child Development Ctr S,651 FMV EDUCATIONAL MATERIALS QUALITY IMPROVEMENTS

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

13338 S Brandon Ave Chicago, IL 60633

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Brenda's Kids Club 3552 E 118th St Chicago, IL 60617	20-3944583		9,016	IFMV	EDUCATIONAL MATERIALS	QUALIT IMPROV

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

Chicago, IL 60628

OVEMENTS 5,572 FMV EDUCATIONAL MATERIALS IQUALITY Laughs and Giggles 45-3071060 106 W 119th St IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Joyful Steps Learning Ctr 81-3462832 5.552 FMV EDUCATIONAL MATERIALS IOUALITY IMPROVEMENTS

7 E 119th St Chicago, IL 60628 Allison's Infant & Toddler Ctr 75-3174168

234 F 115th St

Chicago, IL 60628

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

5,716 FMV EDUCATIONAL MATERIALS

IQUALITY

ITMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government IOUALITY

Mustardseed Learning Ctr 5.974 FMV EDUCATIONAL MATERIALS 20-4981716 IMPROVEMENTS

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

3656 W 111th St

Chicago, IL 60655

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49310	2003	251
Sch	nedule J	Co	mpensati	on Information	0	MB No.	1545-0	0047
(Form 990)		For certain Office	•	-				
		► Complete if the orga	anization answ	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20	)15	•
Denar	tment of the Treasury	► Go to www.irs.go		to Form 990. instructions and the latest inform	nation.	Open		
Interna	al Revenue Service					Insp	ectio	n
	ne of the organiza ois Action for Childre				Employer identifica	tion nu	ımber	
					36-2712912			
Pa	rt I Questi	ons Regarding Compensat	cion				Yes	N
1a				the following to or for a person listed y relevant information regarding thes			165	No
	☐ First-class	s or charter travel		Housing allowance or residence for p	personal use			
	_	companions		Payments for business use of person	nal residence			
		nification and gross-up payments	: <u> </u>	Health or social club dues or initiation				1
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pays		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lin	. 1 - 2	2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items checked on Lin	elar			
3				d to establish the compensation of the thook any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				1
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	fied retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did t	the organization pay or accrue any				
а	•	1?				5a		No
b						5b		No
		5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				Ne
9	If "Yes" on line	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		No
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	0053T Schedule		1 990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Maria Whelan 299,621 (i) 0 10,146 29,813 339,580 0 President/CEO (Through 0 0 0 0 0 0 0 (ii) 06/10/20) 2 April Janney 181,382 (i) 0 0 7,127 15,212 203,721 0 SVP, Operations (Through 0 0 0 0 0 0 0 (ii) 06/10/20); Acting President/CEO 3 Julia Gray 184,117 (i) 0 0 7,395 10,639 202,151 0 Chief Operating Officer 0 0 0 0 0 0 0 (ii) (Through 10/04/19) 4 Jacqueline Zanders 162,764 (i) 0 0 5,547 38,225 206,536 0 Chief Financial Officer 0 0 0 0 0 0 0 (ii) 5 James Alexander 187,545 (i) 0 0 7,663 21,952 217,160 0 SVP, Strategic Planning and 0 0 0 0 0 0 0 (ii) Execution (Through 10/04/19) 6 Sandra Matthews 166,439 (i) 0 0 6,133 30,349 202,921 0 VP, Organizational 0 0 0 0 0 0 0 (ii) Advancement/External Relations 7 Jeffrey Gawel 141,927 (i) 0 0 12,134 0 2,465 156,526 Chief Information Officer 0 0 0 0 0 0 0 (ii) 8 Shauna Ejeh 118,311 (i) 0 0 2,160 34,717 155,188 0 SVP, Programs 0 0 0 0 0 0 0 (ii)



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SCHEDULI (Form 990 or EZ) Department of the Tr	Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any addition information to Form 990 or 990-EZ.	nuestions on an ation. Open to Public
<b>Name</b> l <b>B៩ the ចេកិច្ចខ</b> Illinois Action for Ch		Employer identification number 36-2712912
Return Reference	O, Supplemental Information  Explanation	
Form 990, Part III, Line 1 Briefly Describe the Organization's misson	As a state and national leader in the early care and education community, Illinois A for Children stands distinguished by its "Strong Families, Powerful Communities" at to child development, Pre-K education, and other family and community supports. Fixing similar for the family Resources (child care referral and financial assistance), Proview esources (program improvement and professional development), numerous Early Lams, Outreach and Home Visiting, Mental Health Consultation, Public Health Outre he Healthy Food Program. A Public Policy and Advocacy program that works with a fof a member base of child care providers, parents, educators, and other advocate lly, we directly serve approximately 250,000 parents, children and child care providend 5,000 child care organization.	pproach Program se der R earning Progr ach, and t and on behal s. Annua

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 766,910 including grants of \$ 0)(Revenue \$ 631,446) THE PUBLIC POLICY AND ADVO CACY PROGRAM - ILLINOIS ACTION FOR CHILDREN'S PUBLIC POLICY & ADVOCACY PROGRAM ORGANIZES M ORE THAN 5,050 ADVOCATES STATEWIDE TO CONNECT WITH THEIR ELECTED OFFICIALS AND URGE THEM TO MAKE THE NEEDS OF CHILDREN AND FAMILIES, INCLUDING EXPANDED ACCESS TO CHILD CARE AND EAR LY EDUCATION, A PRIORITY IN ILLINOIS. ADDITIONALLY, ILLINOIS ACTION FOR CHILDREN'S EARLY LEARNING PROGRAMS MAKE EARLY EDUCATION AVAILABLE TO YOUNG CHILDREN WHILE IN CHILD CARE SO THEY WILL BE READY TO SUCCEED WHEN THEY START SCHOOL. THIS WORK HAS INCLUDED CREATING A NATIONAL MODEL FOR PROVIDING PRESCHOOL TO CHILDREN IN HOME-BASED CHILD CARE, AS WELL AS BRING ING CERTIFIED TEACHERS, CHILD DEVELOPMENT EXPERTS, NUTRITION, AND LITERACY TRAINING AND BOOKS INTO THESE CHILD CARE HOMES.

specific tasks assigned by the board

Return

committee

Reference	
Form 990,	Taken from the bylaws Article VII, the Executive Committee shall consist of the officers o
Part VI, Line	f the Board, the Past-Chair or the Chair-Elect and up to three at-large board directors. T
1a Delegate	he Executive Committee shall -Act for the board of directors when necessary for the welfar
broad	e of the organization or when action is required prior to the next scheduled board meeting
authority to a	- Annually evaluate the performance of the President/Chief Executive Officer - Review an

d approve all required tax filings including the annual Form 990 and AG990-IL - Carry out

**Explanation** 

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Prior to filing the return with the IRS, a draft of the completed Form 990 is reviewed by the organization's outside independent tax advisors and internal management. Subsequent to this review by the tax advisors and internal management, the complete and final Form 990 is distributed to the executive committee and provided to the board prior to filing the re turn with the IRS.

Return Explanation
Reference

Form 990,
Part VI, Line
12c Conflict
of interest
policy
Annually, The organization distributes a conflict of interest questionnaire to all interes
ted persons to determine if a potential or actual conflict of interest exists. Potential a
nd actual conflicts of interest are monitored on a continuous basis by the board of direct
ors. If the board determines that an actual conflict of interest exists, then the interest
ed person with the conflict is prohibited from participating in the governing body's delib

erations and decisions regarding the transaction where a conflict exists.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The compensation committee of the board of directors of IAFC is comprised of independent d irectors and is delegated the responsibility for reviewing and approving the compensation of the organization's top management official (CEO). The compensation committee engages an independent compensation consultant to assist in determining the appropriateness of the c ompensation packages. This includes reviewing comparable compensation studies for similarly qualified persons in comparable organizations. The compensation committee then makes a r ecommendation to the board, which makes a final determination as to compensation. The deliberations and decision making regarding the top management official's compensation is documented in the minutes to the meeting. The process for determining compensation of the organization's top management official was last undertaken June 24, 2020.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The compensation committee of the board of directors of IAFC is comprised of independent d irectors and is delegated the responsibility for reviewing and approving the compensation of the organization's officers and other key employees. The compensation committee engages an independent compensation consultant to assist in determining the appropriateness of th e compensation packages. This includes reviewing comparable compensation studies for simil arly qualified persons in comparable organizations. The compensation committee then makes a recommendation to the board, which makes a final determination as to compensation. The d eliberations and decision making regarding the officer's and key employees compensation is documented in the minutes to the meeting. The process for determining compensation of the organization's officers and other key employee's was last undertaken June 24, 2020.

available to the public

Return Reference	<b>Explanation</b>
Form 990, Part VI, Line 19 Required	Financial statements, governing documents, and conflict of interest policies are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are not made available to the public by the organization at this time.
documents	