2919996510816

990			Retur	n of Org	anization Exem	pt From	Inco	ome Tax	(OMB No	1545-004	7
Form		2000)	Under section 50)1(c), 527, or 4	947(a)(1) of the Internal R	evenue Code (except	private four	ndations)	/ 20	19	
	January	,			I security numbers on thi					Open t		
		the Treasury ue Service			ov/Form990 for instruction				14118		ection	
Ā	For the	2019 calend	dar year, or tax ye		 	, 2019, and en			+ + -	, 20		2.
В	Check if a	applicable.	C Name of organiza	tion Macoupi	n Center for the D	evelopment	allv	Disabled	D Employ	yer identifica	tion numb	per 🍪
	Address o	change	Doing business as						37-6052282			
	Name cha	ange	Number and stree	et (or PO box if	mail, is not delivered to street	address)	Room	n/suite	E Telephone number			
	Initial retu	ırn	700 East	Elm Stree	et				(217)	854-347	3	د
	Fınal retur	n/terminated	-		ountry, and ZIP or foreign post	al code			*			
	Amended	l return	Carlınvil	le, IL 62	2626				G Gross r	eceipts \$	276,04	
	Application	on pending	F Name and address			_	\sim	H(a) Is this a gro				
					lm Street, Carliny		2626	H(b) Are all su] No
		npt status	X 501(c)(3)	501(c) () ◀ (insert no) 494	7(a)(1) or \[\] 52		1		t (see instruct	tions)	
		► www.m			. 🗀 😅	11.11		H(c) Group e				
		rganization 🔀		ust Associa	tion Other ►	L Year of fo	ormation	1956	M State o	of legal domic	ile: IL	ىــ
	art I	Summa Briefly dea		ration's miss	ion or most significant a	Atuities: III	- 1- 1-	1	6 . 1 14		1 1 1 1	
ø					rrounding counti						sabilit	ies
Activities & Governance					verse levels of			ing acino	ospher	e that	·	
Ë					discontinued its operat			more than	25% of r	ts net asse	 ets	
Š				_	rning body (Part VI, line	•			3	10 1101 4000		11
8			-	-	rs of the governing body	-			4			11
ies			•	-	n calendar year 2019 (P	•	•		5			34
ξ	6	Total numb	per of volunteers	(estimate if i	necessary)				6			35
Ac	7a	Total unrel	ated business re	evenue from I	Part VIII, column (C), lin	e 12			7a			0.
	b	Net unrela	ted business tax	able income	from Form 990-T, line 3	9			7b			0.
								Prior Yea	r	Currer	t Year	
			= :		1h)			270,	432.		189,16	
enne	9	Program s	ervice revenue (F	Part VIII, line	1h)		. \square	270, 35,	432. 131.		189,16 64,75	5.
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	9 10 11 12 13 14 15	Program s Investmen Other reven Total reven Grants and Benefits pa Salaries, ot	ervice revenue (F t income (Part VI nue (Part VIII, co nue — add lines 8 t d similar amounts aid to or for mem her compensatio	Part VIII, line III, column (A IIImm (A), line through 11 (n s paid (Part I nbers (Part IX n, employee I	1h)		·	270, 35, 5, 14, 325,	432. 131. 371. 315.	1	189,16 64,75 5,22 6,96	55. 24. 52.
	9 10 11 12 13 14 15 16a	Program s Investment Other revent Total revent Grants and Benefits parallel Salaries, of Profession Total fundi	ervice revenue (F t income (Part VI nue (Part VIII, co nue — add lines 8 to d similar amounts aid to or for mem her compensatio al fundraising fer	Part VIII, line III, column (A III, column (A), line through 11 (n s paid (Part II nbers (Part IX n, employee I es (Part IX, col	1h)	d 11e)	·	270, 35, 5, 14, 325,	432. 131. 371. 315. 249.	1	64,75 5,22 6,96 266,10	55. 24. 52.
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Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other rever Total reven Grants and Benefits pa Salaries, ot Profession Total fundi Other exper Total exper Revenue le Total asset Total liabili Net assets	ervice revenue (F t income (Part VI nue (Part VIII, co nue — add lines 8 f d similar amounts aid to or for mem ther compensatio al fundraising fer aising expenses enses (Part IX, co nses. Add lines ess expenses. Su ts (Part X, line 16 ties (Part X, line or fund balance	Part VIII, line III, column (A III, column (A), line through 11 (n s paid (Part IX n, employee I es (Part IX, col olumn (A), line 13–17 (must ubtract line 1 5)	1h)	d 11e)		270, 35, 5, 14, 325, 160, 71, 231, 93, junning of Curr 284, 26,	432. 131. 371. 315. 249. 530. 125. 655. 594. ent Year 732.	2 2 - End o	89,16 64,75 5,22 6,96 266,10 193,73 83,37 277,10 -11,00 1 Year	65. 64. 62. 133. 60. 677. 677. 699.
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Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investment Other rever Total reven Grants and Benefits pa Salaries, of Profession Total fundi Other exper Total exper Revenue le Total asset Total liabili Net assets Signatu ties of perjury	ervice revenue (Fart VI nue (Part VIII, co nue (Part VIII, co nue — add lines 8 for add to or for member compensational fundraising feating expenses (Part IX, conses. Add lines ess expenses. Substance (Part X, line 16 ties (Part X, line or fund balance re Block, I declare that I have	Part VIII, line III, column (A III, column (A), line through 11 (n s paid (Part I) nbers (Part IX, n, employee I es (Part IX, col olumn (A), line 13–17 (must ubtract line 1 s) es. Subtract II examined this r	1h)	d 11e)		270, 35, 5, 14, 325, 160, 71, 231, 93, pinning of Curr 284, 26, 258,	432. 131. 371. 315. 249. 530. 125. 655. 594. ent Year 732. 439. 293.	2 - End o	83,37 277,10 193,42 265,42 27,98	65. 62. 62. 63. 60. 67. 67. 67. 69. 69.
Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 17 III	Program s Investment Other rever Total revent Grants and Benefits par Salaries, other Profession Total fundi Other expended Total expended Total asset Total liability Net assets Signatu Total complet	ervice revenue (F t income (Part VI nue (Part VIII, co nue — add lines 8 d similar amounts aid to or for mem her compensatio al fundraising fer raising expenses enses (Part IX, co nses. Add lines ess expenses. Su ts (Part X, line 16 ties (Part X, line or fund balance re Block , I declare that I have a Declaration of prep	Part VIII, line III, column (A III, column (A), line through 11 (n s paid (Part I) nbers (Part IX, n, employee I es (Part IX, col olumn (A), line 13–17 (must ubtract line 1 s) es. Subtract II examined this r	1h)	d 11e)		270, 35, 5, 14, 325, 160, 71, 231, 93, punning of Curr 284, 26, 258, nts, and to the as any knowled	432. 131. 371. 315. 249. 530. 125. 655. 594. ent Year 732. 439. 293.	End o	83,37 277,10 193,42 265,42 27,98	65. 62. 62. 63. 60. 67. 67. 67. 69. 69.
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► Fleming, Tawfall & Co P.C.

May the IRS discuss this return with the preparer shown above? (see instructions)

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

Firm's address ► 123 S. High St., P.O. Box 617, Carlinville,

Firm's name

Use Only

Form **990** (2019)

Yes □ No

Firm's EIN ► 37-1240567

Phone no. (217)854-2536

IL 62626

ABD O Page

Part I	V Checklist of Required Schedules			
T CIT	Oneckist of nequired ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2	×	_
2 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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	×	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
	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.	146		
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	14b		×
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.	15		×
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)	16		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	17		×
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		×
	If "Yes," complete Schedule G, Part III	19		×
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			-9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	,	×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	i	×
	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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	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		
36	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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	72/15/21	建

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1200	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34		2.5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?'.	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶		10	
	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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).		Person	ET 12
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			TO S
	and services provided to the payor?	.7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	TO KO	3000	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		313(3)	Mary T
	sponsoring organization have excess business holdings at any time during the year?'	8	3563332	
9	Sponsoring organizations maintaining donor advised funds.	FR A	100	243
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	20.42336	2452
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		PARKET	123.3
а	Initiation fees and capital contributions included on Part VIII, line 12	400		
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			
ь	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	era Printe	ARTHURN
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	授款		1943
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	6		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ST ABSIS	ra saconacia
	Note: See the instructions for additional information the organization must report on Schedule O.		TJ#S	170
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	yan 1827	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		

If "Yes," complete Form 4720, Schedule O.

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
C4	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Section	on A. Governing Body and Management		V	
1a	Enter the number of voting members of the governing body at the end of the tax year	\$ 190	Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	13.3		1633
	if the governing body delegated broad authority to an executive committee or similar			3.4
	committee, explain on Schedule O.		3	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 11	3.7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			30.
_	any other officer, director, trustee, or key employee?	2	54 0 584	×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
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	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	Jahran 1985
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	<u>iue C</u>	ode.)	J
	·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
440	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	en s	× 验出
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<u></u>		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by		15-1-e	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	阿		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		整定	5
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		×
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			أنحات
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	ı (Sec	tion (ъU1(с)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
40		s€ 1m±	.act -	olie
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n mitel	est p	лопсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	
	Kimberly Wing, 700 East Elm Street, Carlinville, IL 62626 (217)854-3473	55, 45	-	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b office Individual	unles er an	Pos neck ss pe d a d	rson	n oth both Highest compensated en so or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Debra Lyons	40.00									
Executive Director					×			46,379.	0.	0.
(2) Kimberly Wing Bookkeeper	20.00]			×			10,280.	0.	0.
(3) Mary Cox	2.00									
President		×		×				0.	0.	0.
(4) Jeff Link Vice President	1.00	×		×				0.	0.	0.
(5) Karla Kıllam Board member	1.00	×						0.	0.	0.
(6) Kathy Ripperda Board member	1.00	×						0.	0.	0.
(7) David Boente Board member	1.00	×		×				0.	0.	0.
(8) Kate Wolff Board member	1.00	×					-	0.	0.	0.
(9) Beth Brockmeier	1.00									
Board member		×			ļ			0.	0.	0.
(10) Amy Petrovich	1.00	4								
Board member		×						0.	0.	0.
(11)Susan Farris-Howard Board member	1.00	×						0.	0.	0.
(12)Catherine Wolff Board member	1.00	×						0.	0.	0.
(13) Raymond Coatney Board member	1.00	×						0.	0.	0.
(14) Jennifer Rigq Assistant Director	40.00				×			34,059.	0.	0.

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	plo	yee	s, an	d H	lighest Compe	nsated E	mplo	yees (c	contin	ued)
						C)								
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)			(F)	
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportat compensa			ted amo	unt
		per week	2 5	T	_				from the	from relat	ted		pensatio	ın
		(list any hours for	divid	stitu	Officer	ey e	nplo	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-N			om the ization a	ınd
		related organizations	dual	힣		Key employee	st co	"				related o	organiza	tions
		below	Individual trustee or director	쿹		yee	age							
		dotted line)	ee	Institutional trustee			Highest compensated employee							
						ļ.,	<u>&</u> _	ļ						
(15)			-											
(16)		···		ļ				-						
11.0/		 	1											
(17)														
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(18)						1								
(40)			ļ. —			 	-	-		_				
(19)			1			1								
(20)					-	-		_						
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(21)														
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(24)			 			ļ -								
(25)														
						<u> </u>	<u> </u>	<u> </u>	00 710					
1b c	Subtotal	 VII Soctio	 A	•	•	•			90,718.		0.	_		0.
d		· · · · ·		•			•	>	90,718.		0.			0.
2	Total number of individuals (including but							e) w	· · · · · · · · · · · · · · · · · · ·	e than \$10		of		
	reportable compensation from the organ	ızation ►								•				
												-	Yes	No
3	Did the organization list any former							mpl	oyee, or highes	t compen	sated			
4	employee on line 1a? If "Yes," complete											3		<u>×</u> ,
4	For any individual listed on line 1a, is the organization and related organizations													Ì
	individual							-, 				4		
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or indiv	vidual		٠.٠	
	for services rendered to the organization	? If "Yes," o	compl	ete	Sch	nedi	ıle J f	for s	uch person .	<u> </u>		5		<u>×</u>
	on B. Independent Contractors			1	•									
1	Complete this table for your five high compensation from the organization. Rep													
	(A)	or compen	34101	1 101		<i>,</i> 0u	CIIGA	<u> </u>	(B)	vvidilli tile	organ	(C)	s lan y	ear.
	Name and business add	iress							Description of serv	rices	(Compens	ation	
								ļ						
								-						
	Total number of independent contractor	ors (includi	na hi	ıt n	ot i	limit	ed to	L th	ose listed abov	e) who			1	 i
4	received more than \$100,000 of compens	•	-					, (1)	OGC HISTORI ADDV	C) WIIO			•	.]

Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (B) Related or exempt (C) Unrelated (A) Total revenue Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . 1a Membership dues . · . 1b 2,150. Fundraising events . . 1c C 1d Related organizations d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 187,012 Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f 189,162 **Business Code** Program Service 611710 Camp 26,615. 2a 26,615. 611710 38,140.38,140. 0. All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 5,224. 5,224. 0. 4 Income from investment of tax-exempt bond proceeds ▶ Royalties (i) Real (iii) Personal-6a Gross rents b Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets 7a other than inventory Less. cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) . 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 14,222 9,942 Less: direct expenses . . . Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less 10a returns and allowances 10a 10b Less: cost of goods sold . . . Net income or (loss) from sales of inventory **Business Code** Miscellaneous 532299 11a 2,682 Revenue All other revenue

2,682.

266,103.

Total. Add lines 11a-11d

Total revenue. See instructions

4,280.

72,661

Part IX Statement of Functional Expenses

6 Compensation not included above to disqualified persons (as defined under section 4958(p)(1)) and persons described in section 4958(p)(3)(8). 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k() and 403(b) employer contributions) Other employee benefits. 2, 450. 0. 2, 450. (other employee benefits. 2, 450. 10 Payroll taxes. 11 Fees for services (nonemployees): a Management b Legal. 5, 200. 4, 680. 520. (other canding and promotion and an an an analysis and analysis and an analysis	Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Ali	other organizations	must complete colu	ımn (A).
89, 99, and 10b of Part WII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for immembers. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation included above to disqualified persons (se defined under section 4958)(1)) and persons described in section 4958(c)(3)(8). 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4058) employee contributions (includes section 4076) employee contributions (includes section 4076) employee contributions (includes section 4076) employee benefits. 9 (2, 450, 0, 2, 450, 0, 2, 450, 0) 10 Payroll taxes. 11 Fees for services (nonemployees): 1 Reas for services (nonemployees): 1 Reas for services (nonemployees): 1 Reas for services (nonemployees): 1 Information (included above to describe to the contribution of the contribution		Check if Schedule O contains a respons	e or note to any line	e in this Part IX .		
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation in included above to disqualified persons described in section 4958(c)3(8) Compensation in included above to disqualified persons described in section 4958(c)3(8) Pension plan accurates and contributions (include section 4018) and adoless the section 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Other employee benefits Compensation 4018 and 4038b) employer contributions Compensation 4018 and 40			(A) Total expenses	Program service	Management and	Fundraising
Individuals See Part IV, line 22	1	and domestic governments. See Part IV, line 21 .				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation to included above to disqualified persons described in section 4956(n(3)(8) Compensation not included above to disqualified persons described in section 4956(n(3)(8) Compensation not included above to disqualified persons described in section 4956(n(3)(8) Pension plan accruals and contributions (include section 491(k) and 403(b) employee contributions (include section 491(k) and 403(b) employees (i	2					
Compensation of current officers, directors, trustees, and key employees 90,718 10,388 75,828 4,502	3	organizations, foreign governments, and				
trustees, and key employees 90,718 10,388 75,828 4,502 Compensation not included above to disqualified persons (as defined under section 4958(I)(I)) and persons described in section 4958(I)(I) and persons described in section 4958(I)(I) and persons described in section 4018(I) and 403(I) employer contributions (Include section 4018(I) and 403(I) employer contributions) 9	4	Benefits paid to or for members			[20] 李林斯马克纳克	经验的
persons (as defined under section 4958(h(1)) and persons described in section 4958(h(3)(8)	· 5		90,718.	10,388.	75,828.	4,502.
Bension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	86,033.	86,033.	. 0.	0.
section 401(k) and 403(b) employer contributions) 10 Payroll taxes	7	Other salaries and wages				
10 Payroll taxes	8					
11 Fees for services (nonemployees): a Management b Legal	9	Other employee benefits	2,450.	0.	2,450.	0.
a Management b Legal	10	Payroll taxes	14,529.	7,264.	7,265.	0.
b Legal		the state of the s				`
C Accounting C Accounting C Accounting C Accounting C Accounting C Professional fundraising services. See Part IV, line 17 Investment management fees C C Accounting C Investment management fees C C C Investment management fees C C C Investment management fees C C C C C C C C C	b	_	5,200.	4,680.	520.	0.
Comparison of travel or entertainment expenses for any federal, state, or local public officials for any expenses. Itemize expenses on toolered above (List miscellaneous expenses on Ine 24e, If line 24e expenses to 18% of line 25, column (A) amount, list line 19 expenses on Schedule O.) Advertising and promotion	С	-	<u> </u>			
Professional fundraising services. See Part IV, line 17 Investment management fees	d					
Investment management fees Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	e			White the server		
Q Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	_			NOT THE STATE OF THE STATE CONTRACTOR	1.861.4.14.6.133333.38.24.4.1.14.4.2.2.1.15.6	
13 Office expenses	-	Other. (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses	12	Advertising and promotion	949.	854.	95.	0.
14		- ·				0.
15 Royalties	14	·	, , , , , , , , , , , , , , , , , , , ,	-,		
16 Occupancy 17,092. 15,383. 1,709. 0 17 Travel 15,589. 15,589. 0. 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5 0 0 19 Conferences, conventions, and meetings 1 0 0 0 20 Interest 0 0 0 0 21 Payments to affiliates <t< th=""><th>15</th><th></th><th></th><th></th><th></th><th></th></t<>	15					
Travel			17.092	15,383	1 709	0.
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . Interest						0.
Interest		Payments of travel or entertainment expenses	13,303.	13,303.	0.	0.
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Food & kitchen Payments to affiliates 4, 668. 4, 201. 467. Comp 7, 310. 6, 579. 731. Comp 7, 310. 6, 579. 731. Comp 7, 375. 7, 375. 0. Comp 7, 375. 7, 375. 0. Comp All other expenses Total functional expenses. Add lines 1 through 24e 277, 107. 182, 469. 90, 136. 4, 502 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•				
Depreciation, depletion, and amortization						
Insurance		• • • • • • • • • • • • • • • • • • •	4,668	4.201	467	0.
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a. Food & kitchen Camp 7, 375. 7, 375. O. Student activities 5, 451. 5, 451. Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses. Add lines 1 through 24e 277, 107. 182, 469. 90, 136. 4, 502 Total costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		• • • •				0.
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Food & kitchen 9,028 9,028 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			COLOR DE CO			
(A) amount, list line 24e expenses on Schedule O.) a Food & kitchen 9,028. 9,028. 0. 0. b Camp 7,375. 7,375. 0. 0. c Student activities 5,451. 5,451. 0. 0. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 277,107. 182,469. 90,136. 4,502 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	24	above (List miscellaneous expenses on line 24e. If				
a Food & kitchen 9,028. 9,028. 0. 0 b Camp 7,375. 7,375. 0. 0 c Student activities 5,451. 5,451. 0. 0 d All other expenses 25 Total functional expenses. Add lines 1 through 24e 277,107. 182,469. 90,136. 4,502 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				uboni de Li Per Vullium de Tala de Labora		
b Camp 7,375. 7,375. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	_	The sale of the beauty	A COO		AND THE PROPERTY OF THE PARTY O	AND
c Student activities 5,451. 5,451. 0. 0 e All other expenses Total functional expenses. Add lines 1 through 24e 277,107. 182,469. 90,136. 4,502 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	_	Comp				0.
e All other expenses Total functional expenses. Add lines 1 through 24e 277, 107. 182, 469. 90, 136. 4, 502 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						0.
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Total functional expenses. Add lines 1 through 24e 277, 107. 182, 469. 90, 136. 4, 502 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		Tatal functional expenses Add lines 1 through 24s	277 107	102 460	90 136	4 500
following SOP 98-2 (ASC 958-720)		Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	2//,10/.	182,469.	90,136.	4,502.

Form 990 (2019) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X... (A) Beginning of year End of year 117,192. 1 103,977 Cash-non-interest-bearing Savings and temporary cash investments 2 2 3 3 2,921 4 Loans and other receivables from any current or former officer, director. 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 919. 903. 9 1,588. 1,260. Land, buildings, and equipment: cost or other 10a basis, Complete Part VI of Schedule D . . . 10a 466,088 60,701. Less: accumulated depreciation 10b b 10c 56,033. 11 11 120,007. 104,651. 12 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 284,732. 16 285,429 10,854. 17 17 14,356. 18 18 15;585. 13,633. 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax; payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26,439. 26 27,989 Organizations that follow FASB ASC 958, check here ▶ 🔀 **Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . 228,293 27 238,133 28 Net assets with donor restrictions 30,000. Net Assets or Fund Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.

257,440

29

30

31

32

33

258,293.

284,732.

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

Retained earnings, endowment, accumulated income; or other funds...

Total liabilities and net assets/fund balances

29

30

31 32

Page	1	2

				_
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2	66,1	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,1	07.
3	Revenue less expenses. Subtract line 2 from line 1		11,0	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	58,2	93.
5	Net unrealized gains (losses) on investments		10,1	51.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	2	57,4	40.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash X Accrual ☐ Other	, *	•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	"-	,	
	Schedule O.	<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or]
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-		
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1.	ļ	
	separate basis, consolidated basis, or both:	1		`
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on	,		, 1
	Schedule O.	<u></u>		
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		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		
	REV 06/02/20 PRO	Forr	n 99 0	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2019

Open to Public Inspection

Employer identification number

Macoupin Center for the Developmentally Disabled 37-6052282 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EŽ) 2019

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

art	III Support Schedule for Organiza	ations Descr	ibed in Sect	on 509(a)(2)			
	(Complete only if you checked the				nızation failed	to qualify un	der Part II
	If the organization fails to qualify			•			
ecti	on A. Public Support						
alen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						7
	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the				-		
	organization's benefit and either paid to				,		
	or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5 .						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified					İ	
	persons that exceed the greater of \$5,000					ŀ	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
В	Public support. (Subtract line 7c from	设置。这种		WENT TO SERVICE AND ADDRESS.	WHAT HE	第一个工作的	
	line 6.)	ATTACK.		米尔斯特特别	和"发",然后是"		
	on B. Total Support	T	1/21		r	· · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•	-/					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_			<u> </u>				
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
2	Other income Do not include gain or						
2	loss from the sale of capital assets						
	(Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
_	and 12.)						
4	First five years. If the Form 990 is for the	L organization	l n'e firet secon	d third fourth	or fifth tay w	ar ac a costica	501(6)(2)
•	organization/check this box and stop he				-		1 30 1(C)(3)
cti	on C. Computation of Public Suppor			• •	<u> </u>	· · · · · ·	· · ·
<u> </u>	Public support percentage for 2019 (line			13 column (fl)		15	
, 5	Public support percentage from 2018 Sci		•			15	%
	on D. Computation of Investment In			:	• • •	10	
7	Investment income percentage for 2019 (v line 13 colu	mn (fl)	17	%
3	Investment income percentage for 2013 (• • •	y iii le 13, colu	(1))	18	9
9a	331/3% support tests—2019. If the organ			on line 14 ar	nd line 15 is m		
•a/	17 is not more than 331/3%, check this box						•
1	331/3% support tests—2018. If the organiz	· ·	-			_	_
/U	• • • • • • • • • • • • • • • • • • • •						
	line 18 is not more than 331/3%, check this	pox and stop r	i ere. I ne organ	zation qualities	as a publiciv si	upported organi	zation 🕨 [

Part IV Supporting Organizations

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

Section A. All Suppor	ting Organiza	ations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** 'Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		Yes	No
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Part	Supporting Organizations (continued)			
		E year and	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Tar	建	101
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		······································	·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	****		ALC: N
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	各数		
	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.	-33-11 T	4552 Y	
2	Did the example tion energies for the honefit of any supported example tion of the support	21423033	7022515	sterill by y
~	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.			
		2		Ĺ
Secti	on C. Type II Supporting Organizations			
	•		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		装装	
	or management of the supporting organization was vested in the same persons that controlled or managed			## N
	the supported organization(s).	1	- ACHTAN PURCUE	R. Carlotte - March College Co.
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	#FGS.	なる数	
	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?	4		er Carl
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	TXXXIII	****	X12544
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2	\$9_ a. n	·
3	By reason of the relationship described in (2), did the organization's supported organizations have a		一种	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	'	
Secti	on 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 it	nstrud	ctions	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.	г	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	220		
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities			AND H
L		2a	3S34 334	L. 16.85
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		76.2	
	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.		***	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	137	1	1
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	COMMITTED !	inkthi 4001

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		-
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		•
e Discount claimed for blockage or other	鑑		
factors (explain in detail in Part VI)			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		<u>,, , , , , , , , , , , , , , , , , , ,</u>
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	,	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		•
8 Minimum Asset Amount (add line 7 to line 6)	8	,	
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		1
2 Enter 85% of line 1	2	ALMOST TOTAL CONTRACTOR	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE PERSON NAMED IN COLUMN	
4 Enter greater of line 2 or line 3.	4	AND PARTY OF THE P	
5 Income tax imposed in prior year	5	STATE OF STA	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		TARREST MANAGEMENT AND THE	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Underdistributions Pre-2019 1 Distributable amount for 2019 from Section C, line 6	(iii) Distributable
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (ii) Excess Distributions Pre-2019	Distributable
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Pre-2019	Distributable
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
(provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) Excess Distributions Pre-2019	Distributable
10 Line 8 amount divided by line 9 amount Section E—Distribution Allocations (see instructions) (i) (ii) (iii) Underdistributions Pre-2019	Distributable
Section E—Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2019	Distributable
Section E—Distribution Allocations (see instructions) Excess Distributions Pre-2019	Distributable
1 Distributable amount for 2019 from Section C. line 6	Amount for 2019
Construction of the content of the c	
2 Underdistributions, if any, for years prior to 2019	
(reasonable cause required – explain in Part VI) See	
instructions.	
3 Excess distributions carryover, if any, to 2019	
a From 2014	
b From 2015	Special Date (Associated Switch L. Contract
c From 2016	
d From 2017	
e From 2018	
Final Control	
g Applied to underdistributions of prior years h Applied to 2019 distributable amount	
i Carryover from 2014 not applied (see instructions)	Minter in the second of the se
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	the state of the state of the state of the
c Remainder. Subtract lines 4a and 4b from 4	
5 Remaining underdistributions for years prior to 2019, if	
any. Subtract lines 3g and 4a from line 2 For result	
greater than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2019 Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2020. Add lines 3j	
and 4c. 8 Breakdown of line 7:	
a Excess from 2015 . Excess trom 2016	
b Excess from 2016 . Excess from 2017	AND STANDARD STANDARDS
d Excess from 2017	
e Excess from 2019	CAMPAGE TO THE PARTY OF THE PAR

Schedule A (Form 990 or 990-EZ) 2019

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.)
	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Macoupin Center for the Developmentally Disabled 37-6052282 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. শ্ৰম্প্ৰ Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	, or Ot	her Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner reco	rds, chec	k any of the	e follow	ring that make sig	gnificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	am		
b	☐ Scholarly research		е	☐ Other	,				
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	ınd expl	ain how t	hey further	the org	anization's exem	pt purpose	n Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simila	•	
	assets to be sold to raise funds rather								☐ No
Part	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, f	Part IV, line	9, or	reported an am	ount on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	escrow or cu	ustodia	account liability?	Yes	☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .		
Par									
	Complete if the organization	answered "Yes"							
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d baland	e (line 1g	g, column (a)) held a	as:		
а	Board designated or quasi-endowmer	nt ▶	%						
þ	Permanent endowment >	<u></u> %							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organi	zation th	at are held	and ad	ministered for the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	• •							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	_						3b	
4	Describe in Part XIII the intended uses		n's end	owment f	unds.				
Part									
	Complete if the organization	answered "Yes"	' on For	m 990, I	Part IV, line	e 11a. :	See Form 990, I	Part X, lin	e 10.
	Description of property	(a) Cost or oth		1	or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land					·	•		
b	Buildings	. 300	0,340.				245,677.		,663.
С	Leasehold improvements	. 165	5,748.				164,378.	1	,370.
d	Equipment								
е	Other			L					
Total	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90. Part	X. columi	n (B), line 10)c.)	. .	56	,033.

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11h See Form	990 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation
(1) Financia	derivatives			
(2) Closely h	neld equity interests			
(3) Other E	dward Jones investments	101,987.	FMV	
	stment Planners investments	18,020.	FMV	
(B)				
(C)		·		
(D)			-	
(E) (F)				·-·
(G)				
(H)	•	-		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	120,007.		
Part VIII	Investments-Program Related.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form	1 990, Part X, line 13.
	(a) Description of investment	(b) Book value	1	thod of valuation d-of-year market value
(1)				
(2)				
(3)			<u> </u>	
(4)				
(5) (6)				
(7)		<u> </u>		
(8)		 		 -
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13) .		•	٠, ٠,٠
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11d. See Form	n 990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			 - ·	<u> </u>
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answered "Yes" on Forline 25.	rm 990, Part IV, lın	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability		-	(b) Book value
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
_(5)				
(6)				
(8)				
(9)	and (b) must appeal Favor 2000 Part V and (D) line 25 1			
	mn (b) must equal Form 990, Part X, col (B) line 25.)		· · · · · · ·	onto that remarks the
	r uncertain tax positions. In Part XIII, provide the text of the footn s liability for uncertain tax positions under FASB ASC 740. Checl			
organization	Singulary for directions tax positions under 1 AGD AGO 740. Offect	in text of the	, Joan Jie Has Deell	provided in Fait Alli .

Part			•	Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	286,196.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ء ا	1 10 151	-	
a	Net unrealized gains (losses) on investments	2a	10,151.	•	
b	Donated services and use of facilities	2b		' '	
С.	Recoveries of prior year grants	2c		ļ	
đ	•	2d	<u> </u>		
е	Add lines 2a through 2d			2e	10,151.
3	Subtract line 2e from line 1			3	276,045.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		.	
b	Other (Describe in Part XIII.)	4b	-9,942.		
_	Add lines 4a and 4b			4c	-9,942.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	<u>266,103.</u>
Part				er Retur	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	287,049.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	۱.	1	,	
а •	Donated services and use of facilities	2a		. 1	
b	Prior year adjustments	2b		ļ. •	
C	Other losses	2c	, ,	1 1	
d	Other (Describe in Part XIII.)	2d	9,942.		
e	Add lines 2a through 2d			2e	9,942.
3	Subtract line 2e from line 1			3	277,107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.		,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	L		
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	· · · · · ·	5	277,107.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4 4. D	art IV Juneo 1 h and 0 h	. Dard V	long 4: Don't V. long
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
۲, ۱ ۵۱۱	Al, illes 20 and 40, and 1 ar Ali, lifes 20 and 40. Also complete this part	to pro	wide arry additional in	iomatio	11,
			·		·····
Pt X	I, Line 4b: Direct fundraising expenses				
			•		··
Pt X	II, Line 2d: Direct fundraising expenses				
	,				·
				•	
					
					

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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,		

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Does the organization maintain the following? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4f fyou answered "No" to any of the above, please explain. If you need more space, use Part II. Scholarships or other financial assistance? 5d Scholarships or other financial assistance? 5d Scholarships or other financial assistance? 5d Copies of aclitities? 5d Copies of all catalogues? 5d Scholarships or other financial assistance?	YES	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Students' rights or privileges? Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Sa Admissions policies? Scholarships or other financial assistance? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Fed Use of facilities?	YES	N
bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Boes the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5b Cemployment of faculty or administrative staff? 5c Cholarships or other financial assistance? 5d Scholarships or other financial assistance? 5d Use of facilities?	ĺ	
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Sa Admissions policies? Sc Chilarships or other financial assistance? Sc Gholarships or o	×	
during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a Admissions policies? 5b C Employment of faculty or administrative staff? 5c G Scholarships or other financial assistance? 5d Use of facilities? 5f Use of facilities?	×	
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a Records indicating the racial composition of the student body, faculty, and administrative staff?		
nondiscriminatory basis?	X	25.52
with student admissions, programs, and scholarships?	×	-
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a b Admissions policies? 5b c Employment of faculty or administrative staff? 5c d Scholarships or other financial assistance? 5d 5e f Use of facilities? 5d	×	
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Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		
a Students' rights or privileges?		
c Employment of faculty or administrative staff?	anome	X
d Scholarships or other financial assistance? 5d e Educational policies? 5e f Use of facilities? 5f		×
e Educational policies?	<u> </u>	×
f Use of facilities?		×
		×
		×
g Athletic programs?		×
h Other extracurricular activities?		×
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	70 6	
	2,1	
a Does the organization receive any financial aid or assistance from a governmental agency? 6a	×	39-22-2
b Has the organization's right to such aid ever been revoked or suspended?	,	×
If you answered "Yes" on either line 6a or line 6b, explain on Part II.	WW.	Ž.

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
Line 6	o: Funds are received annually from the Macoupin County Mental Deficiency
Fund	
	·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**19**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Macoupin Center for the Developmentally Disabled	37-6052282
Pt VI, Line 11b: At least one officer reviews the return before f	iling. The
return is available to all membership and board after filing.	
Pt VI, Line 6: The organization has members	
Pt VI, Line 7a: Committees chosen by the members elect the Board	
Pt VI, Line 7b: Members can override the Board	
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