** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

A F	or the	e 2020 calendar year, or tax year beginning J	UL 1, 2020 and	ل ending	UN 30,	2021							
B c	heck if oplicabl	C Name of organization			D Employe	r identific	cation number						
	Addre chang	Aspire of Illinois											
	Name chang	e Doing business as			**_*	**45	58						
	Initial return Final return	Number and street (or P.O. box if mail is not del 1815 South Wolf Road	ivered to street address)	Room/suite	E Telephone number 708-236-0979								
	termin ated		ZIP or foreign postal code		G Gross receip		19,751,924.						
	Amen	, , , , , , , , , , , , , , , , , , , ,			H(a) Is this a								
	Application		es P. Kales		1	ordinates							
	pendir	same as C above					cluded? Yes No						
T T	ax-ex			or 527	1		list. See instructions						
	J Website: ▶ aspirechicago.com H(c) Group exemption number ▶												
K Form of organization: X Corporation													
	rt I	Summary		•			<u> </u>						
	1	Briefly describe the organization's mission or most	significant activities: Aspi	re's m	ission	is to	support						
Governance		the successes of children											
nar		Check this box if the organization discor			_		ets.						
ver		Number of voting members of the governing body				1 1	21						
ၓ	4	Number of independent voting members of the gov					21						
တို့		Total number of individuals employed in calendar y					363						
iţie		Total number of volunteers (estimate if necessary)					290						
Activities &		Total unrelated business revenue from Part VIII, col					0.						
4		Net unrelated business taxable income from Form					0.						
					Prior Yea		Current Year						
ø.	8	Contributions and grants (Part VIII, line 1h)			2,537,	764.	5,850,556.						
ň	9	Program service revenue (Part VIII, line 2g)			13,280,	495.	12,759,119.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		68,	359.	191,427.						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			125,	712.	-76,416.						
		Total revenue - add lines 8 through 11 (must equal		16,012,	330.	18,724,686.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
ပ္သ	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		11,464,	657.	11,318,146.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.						
e		Total fundraising expenses (Part IX, column (D), line		14.									
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		3,746,	234.	3,839,738.						
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		15,210,		15,157,884.						
		Revenue less expenses. Subtract line 18 from line	12		801,	439.	3,566,802.						
t Assets or d Balances				Ве	ginning of Curr		End of Year						
sets alan	20	Total assets (Part X, line 16)			16,402,		<u> 18,983,817.</u>						
t As	21	Total liabilities (Part X, line 26)			5,860,		4,650,945.						
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		10,542,	045.	14,332,872.						
	rt II	Signature Block											
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowle	dge.							
		Signature of officer			 Date								
Sigr		,	C. CEO		Date								
Her	Э	James P. Kales, Preside Type or print name and title	ent & CEO										
		,		Ιr	Date	Chook C	PTIN						
Deta		Print/Type preparer's name	Preparer's signature	['	Julio	Check if							
Paid		Rebekuh Eley Firm's name RSM US LLP			l _{F0}	self-employe	P01247672 **-***4325						
Prep		Firm's name ► RSM US LLP Firm's address ► 30 South Wacker 1	Or, Ste. 3300		Firm	s EIN 🛌	4323						
Use	Ulliy				Db	21	2-634-3400						
Mari	tho II		Chicago, IL 60606-3392										

га	otatement of Frogram Service Accomplishments		[ʊ]
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	1.3	.1 1
	Aspire's mission is to support the successes of chi		
	with developmental disabilities, strengthen their fa	amilies and	build
	embracing communities.		
2	Did the organization undertake any significant program services during the year which were not listed or	on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	XYes No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as measured b	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the total	expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7 , 6 4 5 , 2 7 9 • including grants of \$) (Revenue \$	9,237,115.)
	See Schedule O		
	0 700 257		0 400 000
4b	(Code:) (Expenses \$2, 793, 357. including grants of \$	_) (Revenue \$	2,487,973.)
	See Schedule O		
40	(Code:) (Expenses \$ 1,042,682. including grants of \$) (Revenue \$	309,166.)
4c	(Code:) (Expenses \$1, 042, 682. including grants of \$ See Schedule O		303,100.
	bee benedate o		
4d	Other program services (Describe on Schedule O.)		
. •	(Expenses \$ 886,747. including grants of \$) (Revenue \$	724,86	55.)
4e	Total program service expenses ▶ 12,368,065.		
-10	Total program solvito expenses y		- 000

Form 990 (2020) Aspire of Illinois Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ا ا		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			1
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
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,	ـ د د ا	Х	
	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			_V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) Aspire of Illinois
Part IV Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х					
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	Х						
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		x					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
·	any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
h	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								
		25b		x					
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
20									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III								
00									
28									
_	instructions, for applicable filing thresholds, conditions, and exceptions):								
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV								
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV								
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		X					
	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 ₩					
•	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,					
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	X						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			,,					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,					
	If "Yes," complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38									
Pai	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>					
ral									
	Check if Schedule O contains a response or note to any line in this Part V		 I _						
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-							
С			77						
	(gambling) winnings to prize winners?	1c	X						

Form 990 (2020) Aspire of Illinois

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_	37							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X							
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 									
С		7.		х						
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Λ						
		7e		Х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6 7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 25						
h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7								
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
organization is licensed to issue qualified health plans										
c Enter the amount of reserves on hand										
14a Did the organization receive any payments for indoor tanning services during the tax year?										
b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O										
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?										
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 not investment income?										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2020)
Aspire of Illinois
Part VI Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	·											
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	<u>L</u>								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other									
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X						
6	6 Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint o	ne or									
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or									
	persons other than the governing body?			7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye											
а	The governing body?			8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,	affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes," de	escribe									
	in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	X							
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	X							
b	Other officers or key employees of the organization			15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic											
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (Section 501(c)(3)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, an	d finan	cial							
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records									
	Serena Alaily - 708-236-0979											
	1815 South Wolf Road Hillside II. 60162											

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	l	mza		C)	рсп	oate	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	an	compensation	compensation from related	amount of
	week		Jei ali	u a u	l ecto	ii/ii usi	(66)	from		other
	(list any hours for	Individual trustee or director				,		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e 0r	stee			nsateo		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	vidual	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) James P. Kales	50.00							24.5.44.0		
President & CEO	1.00			Х				316,118.	0.	39,575.
(2) Serena Alaily	50.00							1.50.000		
CFO	1.00			Х				160,929.	0.	32,870.
(3) Dina Donohue-Chase	50.00	-				l		116 000	•	10 601
Chief Mission Officer	1.00					Х		116,982.	0.	12,631.
(4) Herb Washington	50.00	-				l		110 066	•	10 110
Chief Innovation Officer	F0 00					Х		112,066.	0.	13,410.
(5) Rebecca Jackson	50.00							100 150	0	2 252
Chief Program Officer	F0 00					Х		123,152.	0.	2,252.
(6) Sharon Lawrence	50.00					,,		114 447	0	10 017
Chief People Officer	F0 00					X		114,447.	0.	10,817.
(7) April Dislers	50.00					7.		100 000	0	2 272
VP of Living (8) Jeff Miller	1 00					Х		102,838.	0.	3,272.
Board Chair	1.00	Х		х				0.	0.	0
(9) Meg Aikens	1.00	Λ		Λ				0.	0.	0.
Treasurer	1.00	Х		х				0.	0.	0.
(10) Gary Kobus	1.00	Λ		Λ				0.	0.	<u> </u>
Executive Officer	1.00	Х		Х				0.	0.	0.
(11) Stacey J. Brown	1.00	Λ		Λ				0.	0.	0.
Executive Officer	1.00	Х		Х				0.	0.	0.
(12) Brad Weir	1.00	21		22				0.	0.	<u></u>
Executive Officer	1.00	х		х				0.	0.	0.
(13) Allan Bell	1.00							•	•	
Director		х						0.	0.	0.
(14) Adam Beringer	1.00									
Director		Х						0.	0.	0.
(15) Mark Boutelle	1.00								• •	
Director		Х						0.	0.	0.
(16) David Catherall	1.00	<u> </u>							, ,	
Director		Х						0.	0.	0.
(17) Angela Deputy	1.00									
Director		Х			L			0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio	'n	an	nount	of
	week		cer ar	id a di	irecto	or/trus	tee)	from	from related			other	
	(list any	recto						the	organization			pensa	
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MIS	5C)		om th	
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC)				anizat d relat	
	below	dual tr	tional	١. ا	yoldı	st con	_					anizati	
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former				j orga	ai iizati	0110
(18) Robert Johnson	1.00												
Director		Х						0.		0.			0.
(19) Jeff Josephs	1.00												
Director		Х						0.		0.			0.
(20) Julie Kallas	1.00												
Director		Х						0.		0.			0.
(21) Andy Kettlewell	1.00												
Director		Х						0.		0.			0.
(22) Kate Marchi	1.00												
Director	1 00	Х						0.		0.			0.
(23) John McGuire	1.00	.,									^		
Director	1 00	Х				-		0.		0.			0.
(24) Erin Nahumyk	1.00	37											^
Director (05) Palling in the Paris of the Pa	1 00	Х				-		0.		0.			0.
(25) Debbie Sainte-Rose	1.00	Х						0.		0.			0.
Director (26) Gurpreet Singh	1.00	Λ				\vdash		1		<u> </u>			<u> </u>
Director	1.00	Х						0.		0.			0.
41. Outstand	<u> </u>				<u> </u>	l		1,046,532.		0.	11	4,8	
c Total from continuation sheets to Part VI								0.		0.		- , o	0.
d Total (add lines 1b and 1c)								1,046,532.		0.	11	4,8	
Total number of individuals (including but n							o re		000 of reportable				
compensation from the organization	or minica to th	000	11010	u ub	,000	,, ••••		ocived more than \$100,	ooo or reportable	•			7
- Compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)	addrass							(B)	uon iloop	_	(C) compensation		
Name and business	auuress							Description of s	ei vices		ompei	ารสนอ	11

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
Cloud Cover, Inc., 113 South 3rd Street, Suite 200, Geneva, IL 60134	Managad III Campiaga	201 742
<u> </u>	Managed IT Services	381,742.
·	Building	242 244
Boughton Road, #262, Bolingbrook, IL 60440	Improvements & Maint	343,244.

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

See Part VII, Section A Continuation sheets

Form 990 Aspire of	Illino	18	}						**_**	4558
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours			(O Pos	C) ition that	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Joe Virgilio	1.00	.,								
Director (28) Kristen Vitale	1.00	Х						0.	0.	0.
Director	1.00	Х						0.	0.	0.
		Λ						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 (2020) Aspire of Illinois Part VIII Statement of Revenue

			Check if Schedule O con	ntains a	response o	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
ran		b	Membership dues		1b					
F,G		С	Fundraising events		1c	430,350.				
a ii		d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contribu	ıtions)	1e	3,032,608.				
r Si		f	All other contributions, gifts, gra	ınts, and						
the the			similar amounts not included ab	ove	1f	2,387,598.				
달		g	Noncash contributions included in lines	s 1a-1f	1g \$	38,672.				
S E		h	Total. Add lines 1a-1f				5,850,556.			
						Business Code				
မွ	2	а	Client Service Revenue	e		624100	10,934,503.	10,934,503.		
e <u>K</u>		b	Participant/Family Fee	es		624100	1,749,258.	1,749,258.		
Series		С	CoffeeWorks/Social Ent	terpri	se	624100	75,358.	75,358.		
am		d								
Program Service Revenue		е								
₽		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f				12,759,119.			
	3		Investment income (including	g divide	nds, intere	st, and				
		other similar amounts)					27,342.			27,342.
	4		Income from investment of ta	ax-exen	npt bond p	roceeds 🕨				
	5		Royalties							
				(i) Real	(ii) Personal				
	6	а	Gross rents6	a						
		b	Less: rental expenses 6	b						
		С	Rental income or (loss) 6	С						
			Net rental income or (loss)							
	7	а	Gross amount from sales of	<u> </u>	Securities	(ii) Other				
			assets other than inventory 7	а	698,917.	396,257.				
		b	Less: cost or other basis							
ther Revenue			and sales expenses 7	~	524,334.	406,755.				
ě			Gain or (loss)7		174,583.	-10,498.				
~			Net gain or (loss)				164,085.			164,085.
ig	8	а	Gross income from fundraising 6							
Ò			including \$ 430		_					
			contributions reported on line	,	I	12 410				
			Part IV, line 18			13,419.				
			Less: direct expenses			96,149.	92 720			92 720
	^		Net income or (loss) from fun		_		-82,730.			-82,730.
	9	а	Gross income from gaming a							
		L	Part IV, line 19							
			Less: direct expenses Net income or (loss) from gar							
	40									
	10	а	Gross sales of inventory, less		- 1					
		h	and allowances							
			Less: cost of goods sold Net income or (loss) from sal							
\dashv		·	Not income or (1055) IfOH Sal	US UI III	veniory	Business Code				
sn	11	2								
neo	• •	a b								
Miscellaneous Revenue		C								
isce			All other revenue			900099	6,314.			6,314.
Σ			Total. Add lines 11a-11d				6,314.			,
	12		Total revenue. See instructions				18,724,686.	12,759,119.	0.	115,011.

Form 990 (2020) Aspire of Illinois Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a respon			(0)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	549,507.	142,222.	407,285.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.400.540		500 000							
7	Other salaries and wages	9,128,743.	7,781,494.	602,079.	745,170.						
8	Pension plan accruals and contributions (include	54 000	46 500	0.450	E 00E						
	section 401(k) and 403(b) employer contributions)	54,993.		2,459.	5,805.						
9	Other employee benefits	888,009.		49,263.	56,994.						
10	Payroll taxes	696,894.	577,559.	65,973.	53,362.						
11	Fees for services (nonemployees):										
а	Management	24 601		24 601							
b	Legal	24,681.		24,681.							
	Accounting	56,745.		56,745.							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17	13,456.		13,456.							
f	Investment management fees	13,430.		13,430.							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	536,094.	243,343.	122,119.	170,632.						
12	Advertising and promotion	1,156.	1,057.		99.						
13	Office expenses	339,674.	265,836.	29,428.	44,410.						
14	Information technology	537,485.	479,845.	24,514.	33,126.						
15	Royalties										
16	Occupancy	1,128,539.	1,030,068.	40,997.	57,474.						
17	Travel	140,365.	137,182.	1,691.	1,492.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	795.	240.	555.							
20	Interest	105,237.	90,432.	14,805.							
21	Payments to affiliates	0.61 0.00	720 670	72 706	E7 C04						
22	Depreciation, depletion, and amortization	861,098.	729,678.	73,796.	57,624.						
23	Insurance										
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	Dues and Licenses	66,486.	32,701.	15,859.	17,926.						
b	Bad Debt Expense	27,927.	27,927.								
c		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	15,157,884.	12,368,065.	1,545,705.	1,244,114.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					Earm 990 (2020)						

Form 990 (2020) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			673,754.	1	239,012.
	2	Savings and temporary cash investments			2,345,797.	2	4,685,078.
	3	Pledges and grants receivable, net			863,802.	3	770,162.
	4	Accounts receivable, net			501,322.	4	421,705.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	rsons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B			223,542.	9	404,288.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,544,180.			
	b	Less: accumulated depreciation	10b	8,893,354.	10,378,843.	10c	10,650,826.
	11	Investments - publicly traded securities			1,150,578.	11	1,469,540.
	12	Investments - other securities. See Part IV, line 1	265,298.	12	343,206.		
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15	10.000		
	16	Total assets. Add lines 1 through 15 (must equa			16,402,936.	16	18,983,817.
	17	Accounts payable and accrued expenses			1,276,621.	17	1,679,203.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
ia;		controlled entity or family member of any of these			2,463,072.	22	2 210 624
_	23	Secured mortgages and notes payable to unrelat				23	2,310,634.
	24	Unsecured notes and loans payable to unrelated			1,942,972.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	178,226.	25	661,108.
	06	-			5,860,891.	25 26	4,650,945.
	26	Organizations that follow FASB ASC 958, chec			3,000,031.	20	4,030,343.
S		and complete lines 27, 28, 32, and 33.	K HEI				
ĕ	27				8,505,775.	27	12,160,495.
sala	28	Net assets without donor restrictions Net assets with donor restrictions			2,036,270.	28	2,172,377.
Ā	20	Organizations that do not follow FASB ASC 95			2,000,2,01		2/2/2/3//
Ţ		and complete lines 29 through 33.	, one				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,542,045.	32	14,332,872.
2	33	Total liabilities and net assets/fund balances			16,402,936.	33	18,983,817.
					,,		,-,-,-,-

Form **990** (2020)

Ра	rt 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)	1	18	3,72	4,6	86.
2	15					
3	Revenue less expenses. Subtract line 2 from line 1	3	3	3,56	6,8	02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,54	2,0	45.
5	Net unrealized gains (losses) on investments	5		22	4,0	25.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14	1,33	2,8	72.
Pa	rt 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	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	tit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed auc	lit			
	or guidits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number **-***4558 Aspire of Illinois Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi						
14	Public support percentage for 2020 (li					14	<u>%</u>
15	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the facts		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	_	•	* *	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	ind see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020 Aspire of Illinois Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	ciew, piedoc cemp	1010 1 411 11.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not			, ,		• •	
	include any "unusual grants.")	2522998.	2710648.	2621474.	2537764.	5850556.	16243440.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7845011.	7495297.	7724601.	13280495.	12759119.	49104523.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	10368009.	10205945.	10346075.	<u> 15818259.</u>	18609675.	65347963.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	62,651.	58,500.	92,730.	67,944.	78,880.	360,705.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	62,651.	58,500.	92,730.	67,944.	78,880.	360,705.
	Public support. (Subtract line 7c from line 6.)						64987258.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	10368009.	10205945.	10346075.	<u> 15818259.</u>	18609675.	65347963.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	433.	16,350.	21,365.	28,560.	27,342.	94,050.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	433.	16,350.	21,365.	28,560.	27,342.	94,050.
	regularly carried on	199,643.	228,340.	75,268.	123,759.	0.	627,010.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			22,455.	1,953.	6,314.	30,722.
13	Total support. (Add lines 9, 10c, 11, and 12.)	10568085.	10450635.	10465163.	<u> 15972531.</u>	<u> 18643331.</u>	<u>66099745.</u>
14	First 5 years. If the Form 990 is for the	•		•		. , . ,	· —
0-	check this box and stop here	- O					>
	ction C. Computation of Publi			. (6)		Г. _ Т	00 22 ~
	Public support percentage for 2020 (I		•			15	98.32 % 98.05 %
	Public support percentage from 2019 ction D. Computation of Inves					16	98.05 %
	Investment income percentage for 20			ne 13 column (f))		17	.14 %
	Investment income percentage from					18	•13 %
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2019. If the	=	-				
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
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	20		
	3a		
	٥-		
	3b		
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	4a		
	4b		
	4c		
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19	90 or 99	,∪- ⊏ ∠)	ZUZU

Pa	rt IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	t V Type III Non Eurotionally Integrated 500	(a)(2) Supporting Orga	ni-otiono .		4 550 Page 7
Par		(a)(s) Supporting Orga	inizations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior I	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part III, Line 12, Explanation for Other Income:
Insurance Proceeds
2018 Amount: \$ 21,300.
Other Income
2018 Amount: \$ 1,155.
2019 Amount: \$ 1,953.
2020 Amount: \$ 6,314.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
Adam and Jen					
Beringer	0.	12,500.	22,757.	14,057.	11,170.
Alaily Household	0.	0.	947.	0.	0.
Amanda and Larry Hartley	0 500	0.	0.	0.	0
Amrit and Gurpreet	9,500.	0.	0.	0.	0.
Singh	8,484.	6,000.	10,907.	0.	0.
Dingn	0,404.	0,000.	10,307.	•	•
Bernie Lacayo	7,675.	5,000.	0.	0.	0.
Bob and Meg Aikens	6,155.	10,000.	5,100.	5,060.	6,325.
Brown Household	0.	0.	7,500.	0.	0.
Cathorall Household	0.	0.	2 222	0.	0.
Catherall Household Christensen (Curry)	0.	0.	2,232.	0.	0.
Household	0.	0.	4,470.	7,500.	0.
llouselloiu	0.	0.	4,470.	7,500.	<u> </u>
Deputy Household	0.	0.	3,532.	0.	0.
Evan Karnes and	<u> </u>	• •	7,00=1	<u> </u>	
Janet Pioli	6,625.	0.	0.	0.	0.
Heiser Household	0.	0.	3,000.	0.	0.
Jeff and Susan					
Miller	0.	0.	11,952.	8,659.	13,727.
Jo Ann and Brad Weir	0.	0.	0.	7,758.	8,858.
	-	-	-	,	- ,
John McGuire	0.	0.	0.	5,660.	7,000.
Wales Household	0.	0.	2 074	0.	7 500
Kales Household Kate Marchi and Luke	0.	0.	2,074.	0.	7,500.
Cutkomp	0.	0.	0.	8,500.	0.
_					
Lukasik Household	0.	0.	450.	0.	0.
Mr. and Mrs. Gary				4.4	
Kobus	0.	25,000.	7,351.	10,750.	9,000.
Nagaraj Household	0.	0.	2,520.	0.	0.
Nahumyk Household	0.	0.	1,132.	0.	0.
Nancy and John				_	_
Buchanan	6,659.	0.	0.	0.	0.
Dogo and Tim Waller	7 402	_	•	_	^
Rose and Jim Kallas Sainte-Rose	7,483.	0.	0.	0.	0.
Household	0.	0.	2,290.	0.	0.
	0.	0.	4,430.	0.	0.
Total to Schedule A, Part III, Line 7a					

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
Sharon and Dan Moceri	10,070.	0.	0.	0.	0.
Simmons Household	0.	0.	205.	0.	0.
Vitale Household	0.	0.	4,311.	0.	0.
Mark Boutelle	0.	0.	0.	0.	9,500.
Jeff Josephs	0.	0.	0.	0.	5,800.
Total to Schedule A, Part III, Line 7a	62,651.	58,500.	92,730.	67,944.	78,880.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Aspire of Illinois

-*4558

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, 0	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	rume, address, and 2n + 4	\$1,955,936.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$620,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$509,861.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$186,729.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 8	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ <u>18,317.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$14,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 25	Name, address, and ZIP + 4	\$ 13,727.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 26	Name, address, and ZIP + 4	\$ 13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$11,150.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 31	Name, address, and ZIP + 4	Total contributions \$ 10,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 32	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Aspire of Illinois **-***4558

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$8,858.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Aspire of Illinois **-**4558

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$8,828.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$8,566.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$7,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$7,500.	Person X Payroll

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No. 49	Name, address, and ZIP + 4	* 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51_		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$6,675.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53_		\$6,325.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$6,017.	Person X Payroll

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 55	Name, address, and ZIP + 4	\$ 6,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 5,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,799.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>59</u>		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$5,250.	Person X Payroll

Aspire of Illinois

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No. 61	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 62	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Aspire of Illinois

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Equipment Purchase		
6			
		\$	02/08/21
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Part I	Event Auction Items		
24	Event Auction Items		
		_{\$} 500.	04/13/21
		[#]	01/15/21
(a)		,.	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(Gee instructions.)	
	Event Auction Items		
29			
			04/00/01
		\ \ \ \ \ \ \ \ \ \ \ \	04/20/21
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	Event Auction Items		
30			
	-		
		\$ 900 .	04/09/21
(a)	4.	(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	Supplies for Homes		
52			
		\$ 175 .	03/05/21
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(===	
_	Supplies for Homes		
54	-		
		_{\$ 267.}	07/00/20
	5.20		07/09/20

Name of organization **Employer identification number** Aspire of Illinois **-***4558 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Aspire of Illinois

Employer identification number **-***4558

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m)		. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assats included in Form 900 Part V		

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

Land, Buildings, and Equipment.

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

		·, · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,755,443.		1,755,443.
b Buildings		14,903,533.	7,368,847.	7,534,686.
c Leasehold improvements		164,664.	141,767.	22,897.
d Equipment		1,446,806.	813,994.	632,812.
e Other		1,273,734.	568,746.	704,988.
Total. Add lines 1a through 1e. (Column (d) must equa	<u> </u>	10,650,826.		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Aspire of I	Illinois	**	<u>-***4558</u>	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market va	.lue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market va	lue
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15		
	Description	Tru. Gee Form 390, Fart X, line 13.	(b) Book valu	ue
(1)	, 2 - 3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		(2) 2001. (2.1)	
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book valu	<u>ue</u>
(1) Federal income taxes			154	400
(2) 457(b) Liability			154,	
(3) Leases Payable - LT Oblig	ation			635.
(4) Capital Lease Liability			462,	<u>984.</u>
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		661,	108.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D	(Form 990	2020	Aspire	of	Illino
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Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements		1	19,006,681.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	224,025.			
b	Donated services and use of facilities	2b	99,353.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-27,927.			
е	Add lines 2a through 2d			2e	295,451.	
3	Subtract line 2e from line 1			3	18,711,230.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	nvestment expenses not included on Form 990, Part VIII, line 7b 4a 13,456.				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	13,456.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater	· <u>··</u> ······	5	18,724,686.		
Pa			Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements					
2				1	15,215,854.	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	15,215,854.	
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	99,353.	1	15,215,854.	
а	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	15,215,854.	
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	15,215,854.	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	99,353.	1		
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	99,353.	2e	99,353.	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	99,353.			
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	99,353.	2e	99,353.	
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	99,353.	2e	99,353.	
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	99,353.	2e	99,353. 15,116,501.	
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	99,353. 13,456. 27,927.	2e	99,353.	

Part XIII Supplemental Information.

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

Part V, line 4:

Aspire's Board of Directors established a Board restricted fund (endowment) for the purpose of providing an alternative source of income for Aspire's operations which would ultimately benefit its participants. Aspire's Board may determine whether income, if any, will be distributed from the Board restricted fund (endowment), and maintains broad discretion to direct such funds to current operations, capital expenditures or new programs. Under extraordinary circumstances, the endowment fund's corpus also may be designated by the Board to fund any part of Aspire's operations. No such transfers have been authorized since the fund's inception.

Part X, Line 2:

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements.

Under this guidance, Aspire may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of Aspire and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the reporting periods presented in the financial statements.

Aspire files Form 990 in the U.S. federal jurisdiction and the State of Illinois.

Part XI, Line 2d - Other Adjustments:

Bad Debt Expense -27,927.

Part XII, Line 4b - Other Adjustments:

Bad Debt Expense 27,927.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Aspire	of Illinois					**-***4	558
Part I Fundraising Activities.	· Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments.	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		1					
Total List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration

Schedule G (Form 990 or 990-EZ) 2020 Aspire of Illinois **-***4558 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Big City Miles for (add col. (a) through Masks Night Gala col. (c)) (event type) (event type) (total number) 424,863. 11,731. 7,175. 443,769. 1 Gross receipts 411,444. 11,731. 7,175. 430,350. 2 Less: Contributions 13,419. **3** Gross income (line 1 minus line 2) 13,419. 4 Cash prizes 41,148. 5 Noncash prizes 41,148. Direct Expenses 6 Rent/facility costs 8,579. 8,579. 7 Food and beverages <u>2,</u>600. <u>2,</u>600. 8 Entertainment 43,822. 43,822. 9 Other direct expenses 96,149. **10** Direct expense summary. Add lines 4 through 9 in column (d) -82,730.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 ASPITE OI IIIINOIS	^ ^ 4	: D D 0	Pag	ge 3
11	Does the organization conduct gaming activities with nonmembers?		Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes		No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
<u> </u>	retain the state gaming license?		Yes		No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				110
U	organization's own exempt activities during the tax year > \$				
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	+ III liz	200	ah 10	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. 111, 111	165 9,	90, 10	υ,

Schedule G	G (Form 990 or 990-EZ)	Aspire of	Illinois		**-***4558	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)				<u> </u>

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Aspire of Illinois

Questions Regarding Compensation

Employer identification number **-**4558

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ū	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) James P. Kales	(i)	230,118.	80,000.	6,000.	13,516.	26,059.	355,693.	0.	
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Serena Alaily	(i)	142,366.	18,563.	0.	4,132.	28,738.	193,799.		
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 7:
The Board reviews the performance of the CEO annually and has the
discretion to award a performance bonus. Bonuses are awarded to employees
performance evaluation. The Finance Committee evaluates the available pool
based upon both the performance of the organization and their individual of
funds and the distribution is at the discretion of the CEO.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Aspire of Illinois

Employer identification number **-***4558

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one of the contribution of the contr	, determin	_	s
1	Art - Works of art			-				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Event Prizes)	X	82		Estimated 1	FMV		
26	Other (Supplies)	X	45	8,251.				
27	Other (Equipment)	X	1	300.	Cost			
28	Other (
29	Number of Forms 8283 received by the organize						^	
	for which the organization completed Form 826	83, Part V, D	onee Acknowledg	ement 29			0	г <u></u>
	5						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•		00-		Х
	exempt purposes for the entire holding period?	·				30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance of	ooliev that re	auiros tha raviou	of any ponetandard contribut	ione?	24	Х	
31		•	•	•	ions?	31	- 22	
s∠a	Does the organization hire or use third parties contributions?			•		32a		х
h	If "Yes," describe in Part II.					32d		-23
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is che	rked			
-	describe in Part II	S.S.T.T. (0 <i>)</i> 101	a type of property	13. Which coldini (a) is offer	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Aspire of Illinois

Employer identification number **-**4558

Form 990, Part I, Line 1, Description of Organization Mission:
disabilities, strengthen their families and build embracing
communities.
Form 990, Part III, Line 3, Changes in Program Services:
Aspire discontinued its Mental Health program services effective March
31, 2021.
Form 990, Part III, Line 4a, Program Service Accomplishments:
Living: Provides support in community group homes and personal
apartments assisting residents to develop life skills, promote
independent living, empower people through life experiences and allow
residents to interact within their communities. Currently up to 165
individuals can reside in our community homes or receive support while
living in apartments.
Form 990, Part III, Line 4b, Program Service Accomplishments:
Learning: Provides curriculum based learning and exploration of life
and career topics to support the success of people with disabilities.
Since the launch of the Harry and Jeanette Weinberg Career Academy in
2017, well over 100 people have participated in the Academy. Since
opening, 63 people have secured community-based employment earning well

Form 990, Part III, Line 4c, Program Service Accomplishments:

Innovation: Provides comprehensive services to support diversity in the

over minimum wage.

Name of the organization **Employer identification number** Aspire of Illinois **-***4558 workplace and communities, independent living, alternatives to traditional employment, and job training and placement in collaboration with community partners. During 2021, 38 people were served in the Life On My Own Program with 22 living independently. The Inclusive Consulting program has measurably impacted 23 workplace communities and directly impacted 415 employees through multi-part training and consultation. The Art360 program had 15 artists participating in the program with 5 artists earning revenue from the sale of their original works of art. Form 990, Part III, Line 4d, Other Program Services: Mental Health/Behavioral Health: Provides assessment, intervention and development of positive strategies and techniques for improved social interactions, relationships and communication. Currently 110 individuals receive behavior support services by our Behavior Therapists and Board Certified Behavior Analyists. Expenses \$ 697,673. including grants of \$ 0. Revenue \$ 669,682. CoffeeWorks: A social enterprise and dynamic partnership with Metropolis Coffee Company and Canteen-Vending to employ adults with disabilities to roast and ship coffee across the country. All net proceeds benefit Aspire. Expenses \$ 189,074. including grants of \$ 0. Revenue \$ 55,183. Form 990, Part VI, Section B, line 11b: The Board Treasurer performs a detailed review of Form 990 with management and provides a copy to the Board of Directors for their review prior to

filing with the IRS.

Employer identification number **-**4558

Form 990, Part VI, Section B, Line 12c:

Conflict of Interest statements are submitted by all Board members annually and reviewed by the Chair of the HR/Finance Committee. The Committee Chair consults with the Board Chair if an apparent or potential conflict of interest is identified. Board members are also expected to disclose conflicts as they arise during the year. In the event an apparent or potential conflict of interest arises, that board member will recuse his/herself from discussion and voting on all matters that pertain to the conflict of interest.

Form 990, Part VI, Section B, Line 15:

The Executive Committee of the Board of Directors approves executive compensation for the President & CEO. The Chief People Officer assists by compiling survey data to use as benchmarks from other similarly situated local organizations within the industry and the greater non-profit industry. The Executive Committee also considers performance measures when determining President & CEO compensation. Documentation of the deliberation and decision regarding the President & CEO's compensation is maintained.

The President & CEO determines the Executive's compensation with the advice of the Executive Committee. In June 2021, Aspire conducted a compensation study using an outside consulting firm to review the compensation of all managerial and executive staff.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Aspire of Ill		**-***4558						
Part I Identification of Disregarded Entities. Comp	elete if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct c	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
NorthPointe Resources Inc 36-2409058 3441 Sheridan Road	Provide services to those with disabilities and/or				Aspire			
Zion, IL 60099	mental illness	Illinois	501(c)(3)	Line 10	Illino	ois	X	
	\rightarrow	1	1	1	1		1	

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

		· ,							•		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir	Percentage ownership
ğ .		foreign	,	(related, unrelated, excluded from tax under sections 512-514)		assets		allocations? 20 of Schedu		partner	<u>'</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
	1										
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·	·		·	·		•					<u> </u>

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a	X
					1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
	, , , , , , , , , , , , , , , , , , , ,					
f	Dividends from related organization(s)				1f	Х
	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
	Performance of services or membership or fundraising solicitations for related orga				11	X
	Performance of services or membership or fundraising solicitations by related organ				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	X
					10	Х
р	Reimbursement paid to related organization(s) for expenses				1p	Х
q	Reimbursement paid by related organization(s) for expenses				1q	X
·	. ,					
r	Other transfer of cash or property to related organization(s)				1r	Х
s					1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.		
	(a)	(b)	(c)	(d)		
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved	
		type (a-s)				
(1)						
(2)						
(3)						
					_	
(4)						
(5)						
(6)						
		•				
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000