## **Federal Electronic Filing Instructions**

Tax Year 2019

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of your return by going to <a href="https://www.taxact.com/ef/efile-center">https://www.taxact.com/ef/efile-center</a>. You will need to enter the entity's EIN, ZIP code and company name.

You do not need to mail any paper signature forms to the IRS. Retain the signed copy of Form 8453-EO along with a copy of your return. The return has been successfully filed once an acceptance from the IRS is received.

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)

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

Open to Public Inspection

OMB No. 1545-0047

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

Α	For t	he 2019 calen	dar year, or tax year b	eginning		and endir	ng						
В	Chec	k if applicable:	C Name of organization	on <b>Kids'</b>	Chance	Inc. of	Ill	inois		D Emplo	yer identific	ation nur	nber
X	Addre	ess change	Doing business as							16-2	239425		
Ħ	Name	change	Number and street	(or P.O. box if ma	il is not delivered	to street address)	R	Room/suite			hone number		
Ħ		return	331 Salem	Place			S	TE 260	ا	(224	392-1	606	
Ħ		eturn/terminated	City or town, state of		v and ZIP or fore	an nostal code		711 200		(221	<u>,                                    </u>	000	
H		ided return	Fairview H							C Cross	receipts \$	122	1/5
H			F Name and address						_			-	$\overline{}$
ш	Applica	tion pending							1 ` ′		eturn for subordina	=	=
_			2601 W Lake			$\overline{}$		7	1 ''		rdinates include		s No
		•	X 501(c)(3)	501(c)(	) <b>◀</b> (insert no.)	4947(a)(1)	or	527	1		h a list. (see ins	,	
			KidsChance						_ ` ′		ption number		
		f organization:		Trust Asso	ociation Other	<u> </u>	_ Year	of formation: 2	004	М	State of lega	l domicile	: IL
Р	art I	Summa	ary										
	1		ribe the organization's										
ë		Awards	college s	cholars	hips to	kids who	se	parents	hav	ze be	een ki	lled	or
Governance		seriou	sly injure	ed in wo	rk-relat	ed accid	lent	s.					
ern	2	Check this b	oox ▶ ☐ if the organ	nization disconti	nued its operatio	ns or disposed o	of more	than 25% of its	s net as	sets.			
Š	3	Number of v	oting members of the	governing body	(Part VI, line 1a	a)				. 3			14
<u>«</u>	4	Number of in	ndependent voting me	embers of the go	overning body (P	art VI, line 1b).				. 4			14
Activities &	5		er of individuals emplo										0
ξ	6		er of volunteers (estim										14
\cti	72		ted business revenue							7a			0.
•	1		d business taxable in							7b	_		0.
	<del>  ~</del>	Titel annotate	a basiliess taxable ili	CONTENTION FOR	1 330 1, 1110 03		· · ·		Year	.   10	Cu	rrent Ye	
	8	Contribution	s and grants (Part VI	II line 1h)					31,0	113		132,	
Ð	9		- :						<u> </u>	713.		132,	<del>113.</del>
Revenue	-	_	rvice revenue (Part VI										
eve	10		ncome (Part VIII, colu										
œ	11		ue (Part VIII, column					-	21 (			1 2 0	1.45
_	12		ie – add lines 8 throug						31,0			132,	
	13		similar amounts paid						93,0	000.		79,	<u>040.</u>
	14		d to or for members (										
Ş	15		ner compensation, em										
Expenses			I fundraising fees (Pa										
ф	b		ising expenses (Part										
ш	17	Other expen	ses (Part IX, column	(A), lines 11a-1	1d, 11f-24e) .					377.			<u> 289.</u>
	18	Total expens	ses. Add lines 13-17	(must equal Par	t IX, column (A),	line 25)			96,3	377.		112,	<u>329.</u>
	19	Revenue les	s expenses. Subtract	t line 18 from lin	e 12				34,6	536.		19,	<u>816.</u>
e S								Beginning of	Currer	nt Year	En	d of Yea	ır
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)						82,7	730.		102,	546.
Ass	21	Total liabilitie	es (Part X, line 26)										
E E	22	Net assets of	or fund balances. Sub	tract line 21 from	m line 20				82,7	730.		102,	<del>546.</del>
P	art II	Signatu	ıre Block							•			
Un	der pe		ıry, I declare that I have	examined this ret	urn, including acc	ompanying schedu	ules and	d statements, and	d to the b	est of my	/ knowledge a	nd belief,	it is
tru	e, corr	ect, and compl	ete. Declaration of prep	parer (other than o	fficer) is based or	all information of	which p	oreparer has any	knowled	lge.			
		<b></b>											
Si	gn	Signature	e of officer						Date				
Н	ere	▶ Jame	s P. Ulric	h, Trea	surer								
			orint name and title										
P	aid	Prin	t/Type preparer's name	)	Preparer's signat	ure		Date		Check	if PTI	N	
	repa	rer								self-en	nployed		
	se O	<b>I</b>	name 🕨					<u> </u>	Firm	's EIN ▶	L		
٠.		- 1	address >							ne no.			
May	/ the I	RS discuss th	nis return with the pre	parer shown ab	ove? (see instru	ctions)					[	Yes	No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III.
1	Briefly describe the organization's mission:
	Award college (post high-school education) scholarships to kids whose
	parents have been killed or serioiusly injured in work-related
	accidents.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	and total disposition, and total and, not start program out not reported.
42	(Code: ) (Expenses \$ 83,003. including grants of \$ 79,040.) (Revenue \$ 102,820.)
<del></del> a	Kids Chance Inc. of Illinois awards college scholarships to kids whose
	parents have been killed or seriously injured in work-place
	accidents.
	accidents.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4.1	Other program conince (Deceribe on Cahadula O.)
40	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses  83,003

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
O	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,			- 21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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 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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a		- 1 11		
12a	Schedule D. Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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 (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	Ţ,	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
b 21	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
£ I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	as mostle gettermine it on that the containing ty, into the most of complete containing the fact of the most of th			

			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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ł
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ł
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or	20		
21				ł
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity	27		v
00	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			X
	If "Yes," complete Schedule L, Part IV	28a		37
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			ĺ
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	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,			ĺ
	or IV, and Part V, line 1	34		Х
35 a	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			ĺ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	1
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🔲
	, ,		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c	х	

	Part V	Statements Regarding Other IRS Filings and Tax Compliance	(continued
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			Yes	No
2 a	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		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٥-		- T
	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?	C L		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)	40-		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
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			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
	or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 14 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 Enter the number of voting members included on line 1a, above, who are independent . . . . . . . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Х Х 6 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . Х 8a Х Each committee with authority to act on behalf of the governing body?. . . 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11 a 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. X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official................ 15a X Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.................. Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records (224)392-1606 20

James P. Ulrich 2703 W. Belmont Ave Ste. 1E Chicago, IL 60618

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

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average hours per	(do not check more than one box, unless person is both a						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			- 1		is both or/truste		from	related	other
	hours for		_		_		,	the	organizations	compensation
	related organizations	r dir	nstitu	Officer	еу є	mple	Former	organization	(W-2/1099-MISC)	from the
	below dotted	dual	Ition	Эř	mpl	st c	er	(W-2/1099-MISC)		organization and related
	line)	rtrug	al tr		Key employee	omp				organizations
		Individual trustee or director	Institutional trustee		w	Highest compensated employee				-
			Φ			ated				
(1) Sue Baxter-Pfledener	06.00									
President				Х						
(2) James P Ulrich	03.00									
Treasurer				Х						
(3) Juan Carlos Lopez	01.00									
Vice-Treasurer				Х						
(4) Ellen M Michael	02.00									
Secretary				Х						
(5) Amy Blaylock	06.00									
Fundraising Chair	01 00	X								
(6) Lisa E Ulrich	01.00									
Scholarship Chair	00 00	X								
(7) Jennifer Wright	02.00									
Director	00 00	X								
(8) David Jerome	02.00									
Director	01 00	X								
(9) Bryan R Bollendorf	01.00	٦,								
Director (10) Aaron J Chappell	01.00	Х								
Director	01.00	x								
(11) Michael F Keefe	01.00									
Director	01.00	x								
(12) Toni L Herwaldt	01.00									
Director	01.00	x								
(13) George Oliver	01.00									
Director	21.00	х								
(14) Michael Hamacher	01.00	<u> </u>								
Director		x								
LIVA	1								l .	F 000 (0040)

Section A. Officers, Directors, 110	istees, ke	y Emi	pioy	/ee	s, a	na Hi	gne	est Compensa	itea Employee	s (continuea)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, u office or direc	ot ch unles	s pe	ition more	than o is both or/trusted employee	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo oti compe fron organ and r	mated unt of her ensation n the dization elated izations
(15)						_					
(16)											
(17)											
(18)											
(19)											
(20)											
(21)				1							
(22)											
(23)											
(24)											
(25)											
1b Subtotal c Total from continuation sheets to Pa d Total (add lines 1b and 1c) 2 Total number of individuals (including be reportable compensation from the organization list any former office employee on line 1a? If "Yes," complete states or any individual listed on line 1a, is the organization and related organizations graindividual 5 Did any person listed on line 1a receive office services rendered to the organization?  Section B. Independent Contractors 1 Complete this table for your five highest of compensation from the organization. Repetax year.  (A) Name and business address	er, director Schedule J sum of represent than or accrue co	tion A ed to for si portal \$150, compe	tho tho	key ind com com tion	iste	nployerual . isationes," commany	eee, on an arromp	or highest composite Schedule	pensated ensation from t J for such exation or individual	3 he 4 dual 5	on's
2 Total number of independent contractors received more than \$100,000 of compens							se li	sted above) wl	10		

Part VIII Statement of Rev	enue/
----------------------------	-------

		Check if Schedule O contains a response or not	e to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Y, G	С	Fundraising events 1c	107,989.				
Sifts ar /	d	Related organizations 1d	-				
s, G	e	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants,					
ibut		and similar amounts not included above. 1f	24,156.				
d of the	g	Noncash contributions included in lines 1a-1f 1g					
<u>a</u> 2	h	Total. Add lines 1a–1f	🕨	132,145.			
e			Business Code				
Ven	2a						
8	b						
Š	С						
Se	d						
Jran	е						
Program Service Revenue	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
	3	Investment income (including dividends, interest,	_				
		and other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
		_ \	(ii) Personal				
	6a	Gross rents 6a 6b					
	b	Less: rental expenses  Rental income or (loss)  6b  6c					
	d d	Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
	' a	assets other than inventory <b>7a</b>	(II) GUIGI				
	b	Less: cost or other basis					
	~	and sales expenses <b>7b</b>					
	c	Gain or (loss) 7c					
	ı	Net gain or (loss)					
_		- 100 gam o (1000)					
nue	8a	Gross income from fundraising					
eve		events (not including \$					
Other Reven		of contributions reported on line 1c).					
the		See Part IV, line 18					
O		Less: direct expenses					
	С	Net income or (loss) from fundraising events	•				
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	ı	Less: direct expenses 9b					
	l	` ' " " " " " " " " " " " " " " " " " "	•				
	10a	Gross sales of inventory, less					
	١.	returns and allowances					
	ı	Less: cost of goods sold					
	С	Net income or (loss) from sales inventory	Business Code				
ns	44 -	+	Business Code				
neo	11a						
Miscellaneous Revenue	b						
isce Re	С	All other revenue					
Σ		Total. Add lines 11a-11d	<b>•</b>				
	12	Total revenue. See instructions		132,145.			

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

	Check if Schedule O contains a response or note to any	/ line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
and	10b of Part VIII.	rotal expenses	expenses	general expenses	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	79,040.	79,040.		
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				
6	Compensation not included above to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				7
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	40		4.0	
13	Office expenses	40. 1,200.		40. 1,200.	
14 15	Information technology.	1,200.		1,200.	
16	Royalties				
17	Travel.				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	500.	500.		
22	Depreciation, depletion, and amortization				
23	Insurance	1,114.		1,114.	
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.)				
	Filings State of Illinois	17.		17.	
	High School Markenting List	1,033.		1,033.	
	Federal Tax Program	60.		60.	
	Direct Fundraising Expenses	29,325.			29,325.
	All other expenses	110 222			
25	Total functional expenses. Add lines 1 through 24e	112,329.	79,540.	3,464.	29,325.
26	<b>Joint costs.</b> 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)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing	82,730.	1	102,546.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
SS(	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	82,730.	16	102,546.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20	
Liabilitie	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
jak		founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
		not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es		Organizations that follow FASB ASC 958, check here			
2		and complete lines 27, 28, 32, and 33.			
<b>Fund Balances</b>	27	Net assets without donor restrictions	82,730.	27	102,546.
Ã	28	Net assets with donor restrictions			
pu		_		28	
Fu		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	82,730.	32	102,546.
Ż	33	Total liabilities and net assets/fund balances	82,730.	33	102,546.

	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		2,1	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	2,3	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	9,8	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	2,7	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	10	2,5	46.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
_				Yes	No
1	Accounting method used to prepare the Form 990:  X   Cash       Accrual     Other				
•	· · · · · · · · · · · · · · · · · · ·				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C				7.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Comments where the organization's financial statements compiled or reviewed by an independent accountant?				
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Counting the organization's financial statements compiled or reviewed by an independent accountant?	n a separate	2a 2b		x
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Counting the organization's financial statements compiled or reviewed by an independent accountant?	n a separate			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?	n a separate			
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Computer the organization's financial statements compiled or reviewed by an independent accountant?	n a separate			
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Complete the organization's financial statements compiled or reviewed by an independent accountant?	n a separate	2b		
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Complete the organization's financial statements compiled or reviewed by an independent accountant?	n a separate			
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Counting the organization of the organization of the organization of its financial statements compiled or reviewed by an independent accountant?	n a separate	2b		
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Complete the organization's financial statements compiled or reviewed by an independent accountant?	n a separate	2b		
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?	n a separate	2b 2c		х
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?	n a separate	2b		
2 a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C Were the organization's financial statements compiled or reviewed by an independent accountant?	n a separate	2b 2c		х

#### **SCHEDULE A**

(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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization									
Kids' Chance Inc. of	Illinois				46-2239425				
Part I Reason for Public C						ons.			
The organization is not a private four		` •		•	•				
1 A church, convention of chu									
	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3 A hospital or a cooperative	•	•							
	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:								
•	_ <del>_</del>								
6 A federal, state, or local government	ernment or govern	nmental unit described	d in <b>secti</b>	on 170(b	)(1)(A)(v).				
7 An organization that normal	ly receives a subst	tantial part of its supp	ort from a	a governr	mental unit or from t	he general public			
described in section 170(b)	(1)(A)(vi). (Comp	lete Part II.)							
8 A community trust describe	d in <b>section 170(b</b>	)(1)(A)(vi). (Complete	e Part II.)						
9 An agricultural research org									
or university or a non-land-	rant college of agi	riculture (see instructi	ons). Ent	er the na	me, city, and state o	of the college or			
university:									
<ul> <li>An organization that norma receipts from activities relat support from gross investm acquired by the organization</li> <li>An organization organized a</li> </ul>	n after June 30, 19	75. See <b>section 509</b> (	( <b>a)(2)</b> . (Co	omplete F	Part III.)	ship fees, and gross 33 1/3% of its businesses			
12 An organization organized a	•	•	•			out the purposes of			
one or more publicly support	•	•				• •			
the box in lines 12a through	12d that describes	s the type of supportir	ng organi:	zation an	d complete lines 12d	e, 12f, and 12g.			
a Type I. A supporting orga	nization operated,	supervised, or control	lled by its	supporte	ed organization(s), t	ypically by giving			
the supported organization	n(s) the power to re	egularly appoint or ele	ect a majo	ority of th	e directors or trustee	es of the supporting			
organization. You must c	=								
<b>b</b> Type II. A supporting orga	•				•				
control or management of		•	ne same p	ersons tl	nat control or manaç	ge the supported			
organization(s). You must	<del>-</del>								
c Type III functionally inte its supported organization						ly integrated with,			
d Type III non-functionally	integrated. A sup	porting organization	operated	in conne	ction with its suppor	ted organization(s)			
that is not functionally inte						l an attentiveness			
requirement (see instruction	•	•		-					
e Check this box if the organ						II, Type III			
functionally integrated, or	• •	onally integrated supp	porting or	ganizatio	n.				
f Enter the number of supporte	•								
g Provide the following informa	1	1							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization'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.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,					_	
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.4	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10	(aaa imatuust	iona)			40	
12	Gross receipts from related activities, etc	•	•			12	F04(-)(0)
13	First five years. If the Form 990 is for the						
Socti	organization, check this box and stop he on C. Computation of Public Suppo						🗩 🔼
1/	Public support percentage for 2019 (line 6	6 column (f)	divided by line	11 column (f)		14	%
15	Public support percentage from 2018 Sch					15	
16a	33 1/3 % support test–2019. If the organ						
Ioa	box and <b>stop here.</b> The organization qua						
b	33 1/3 % support test-2018. If the organ	-		-			• —
~	check this box and <b>stop here.</b> The organ						
17a	10%-facts-and-circumstances test–201	-					
	10% or more, and if the organization me Part VI how the organization meets the "fa	ets the "facts-	and-circumsta	nces" test, che	ck this box an	d <b>stop here.</b> E	xplain in
	organization			•	•		
b	10%-facts-and-circumstances test–201						
	15 is 10% or more, and if the organizatio Explain in Part VI how the organization m	n meets the "f	acts-and-circu	mstances" test	, check this bo	ox and stop he	ere.
	supported organization.				-		
18	<b>Private foundation.</b> If the organization d						
	instructions						

Schedule A (Form 990 or 990-EZ) 2019 Kids' Chance Inc. of Illinois 46-2239425 Page 3

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

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

Section A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	61,883.	39,101.	34,003.	131,013.	102,546.	368,546.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	61,883.	39,101.	34,003.	<u>131,013.</u>	102,546.	368,546.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	_				_	
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						260 546
Coot:	line 6.).						368,546.
	on B. Total Support	(a) 204E	(b) 204C	(-) 2047	(4) 2010	(2) 2010	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total 368,546.
_		61,883.	39,101.	34,003.	131,013.	102,546.	300,340.
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	61,883.	39,101.	34,003.	131,013.	102,546.	368,546.
14	First five years. If the Form 990 is for the						
organization, check this box and <b>stop here</b>							
Section	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2019 (li		· / ·	•	` ' '		100.00%
16	Public support percentage from 2018			15		.   16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019			•		. 17	%
18	Investment income percentage from 201					. 18	%
19a	33 1/3 % support tests-2019. If the orga						
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support tests-2018. If the organ						
	line 18 is not more than 331/3%, check this	-	-	-			
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	uctions

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Ves," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).  3 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 "Ves," describe in Part VI when and how the organization made the determination.  5 Did the organization and supported organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization purposes? If "Yes," explain in Part VI what controls the organization was used exclusively for section 170(c)(2)(8) as 4 Was any supported organization that out the describing of the organization and supported organization and supported organization and discretion despite being controlled or supervised by or in connection with its supported organization used to ensure that all support any foreign supported organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations used to ensure that all support any foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  5 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the neares and EIN numbers of the supported organizations supported organizations and (iv) how the acinon was accomplished (such as by amendment to the organization document	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).  3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.  b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.  c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the brganization have control and discretion despite being controlled or supervised by or in connection with its supported organizations.  c Did the organization add, substitute, or remove any supported organizations was used exclusively for section 170(c)(2)(B) purposes.  5a Did the organization add, substitute, or remove any supported organization purposes and EIN numbers of the supported organization's organizing document authorizing such action; and (iv) how the action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action; was accompli	
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augusting argonizations) Q. If IIVas II anguar 40h halau		
supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4/20, to determine whether the organization had excess business holdings.)  10b	

Part	V Supporting Organizations (continued)			
			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 (b) and (c)	4.4		
	below, the governing body of a supported organization?	11a		-
b	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11b 11c		-
	on B. Type I Supporting Organizations	1110		
OCCLI	on B. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Coot:		2		
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		•	•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see	instru	ctions
2	Activities Test. Answer (a) and (b) below.		Vaa	No
2	., .,		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in <b>Part VI</b> , the role played by the organization in this regard	2h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (explain	in Part VI).
See instructions. All other Type III non-functionally integrated supporting o	rgar	nizations must complete Se	ctions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supportin	g organization (see

ran	Type in Non-1 directionally integrated 303(a)(	3) Supporting Organ	nzations (continued)	<u>'</u>
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions	•		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instr.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	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.)
	EEII E CODV

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

**Employer identification number** 

Kids' Chance Inc. of Illinois 46-2239425 Organization type (check one): Filers of: Section: Form 990 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup> % 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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Kids' Chance Inc. of Illinois

46-2239425

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kids Chance of America  354 N. Lewis Road Ste. 809  Royersford, PA 19468	\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sedgwick Corporate Giving  1900 Jefferson  Bellevue, IA 52031	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Employers - EIG Service  10375 Professional Circle  Reno, NV 89521	\$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
4	Lewis, Brisbois, Bisgaard & Smith L 633 W 5th Street Ste. 4000 Los Angeles, CA 90070	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number Kids' Chance Inc. of Illinois 46-2239425

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

Employer identification number

Name of organization

Kids'	Chance Inc. of Illinois	s		46-2239425				
Part III	Exclusively religious, charitable, et	tc., contributions to org		cribed in section 501(c)(7), (8),				
	(10) that total more than \$1,000 for							
	the following line entry. For organiza contributions of \$1,000 or less for the				e, etc.,			
	Use duplicate copies of Part III if addi	•	iation once. See	instructions.) • \$				
(a) No.	Ose duplicate copies of Fait III il addi	Tioriai space is riceded.						
from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift	is held			
Faiti								
		(e) Transfer	of gift					
	Transfered name address	and 7ID . 4	Dolotio	nahin of transferor to transfero				
-	Transferee's name, address	, and zir + 4	Relatio	nship of transferor to transfere	<del>50</del>			
(a) No. from	(b) Purpose of gift	(c) Use of (	aift	(d) Description of how gift	is held			
Part I	(4)	(7)		17				
	-							
Ī	(e) Transfer of gift							
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Burnoso of gift	(c) Use of g	nift	(d) Description of how gift	is hold			
Part I	(b) Purpose of gift (c) Us		yıı t	(a) Description of now gift				
ŀ	(e) Transfer of gift							
	(a) mandred of gift							
	Transferee's name, address	, and ZIP + 4	Relatio	nship of transferor to transfere	e			
		_						
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift	is held			
}	(e) Transfer of gift							
		(e) ITalisiel	or girt					
	Transferee's name, address,	, and ZIP + 4	Relatio	nship of transferor to transfere	е			
ļ								

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## 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

Open to Public Inspection

name of t	ne organization					Employer identification	number	
Kids	' Chance Inc. of I	llinois				46-223942	5	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
_		•			. Oh a all all that are	L.		
	Indicate whether the organization raise	ed tunds through a						
a [	Mail solicitations		e Solicitation of non-government grants					
рΓ	Internet and email solicitations		f L		n of government gran	ts		
c L	Phone solicitations		g X	Special fu	ndraising events			
d L	In-person solicitations							
	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes X No							
b I	If "Yes," list the 10 highest paid individ compensated at least \$5,000 by the or	luals or entities (fu		_		h the fundraiser is to be		
		Ŭ.						
(	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1	EE							
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tatal								
lotal .								
	all states in which the organizat stration or licensing.	ion is registered	or license	I to solicit	contributions or n	as been notified it is	exempt from	

Schedule G (Form 990 or 990-EZ) 2019 Kids' Chance Inc. of Illinois 46-2239425 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 (add col. (a) through Golf Chicag Golf Alton 3 (event type) (total number) col. (c)) (event type) Revenue Gross receipts . . . . . . . 66,784. 31,923. 9,282. 107,989. 1 2 Less: Contributions. . . . . 3 Gross income (line 1 minus 31,923. 9,282. line 2) . . . . . . . . . . . . . . 66,784. 107,989. Cash prizes . . . . . . . . . . 4 440. 440. Noncash prizes . . . . . . . 5 450. 450. **Direct Expenses** 6 Rent/facility costs. . . . . . 10,304. 5,074. 15,378. Food and beverages . . . . 8,944. 1,594. 10,538. 7 8 Entertainment. . . . . . . 337. 9 Other direct expenses . . 1,607. 576 2,520. 29,326. Direct expense summary. Add lines 4 through 9 in column (d). 10 11 Net income summary. Subtract line 10 from line 3, column (d). . . . . . 78,663. 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. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . Direct Expenses 2 Cash prizes . . . . . . . . . . 3 Noncash prizes . . . . . . . Rent/facility costs. . . . . . 4 5 Other direct expenses . . Yes % Yes Yes No No 6 Volunteer labor . . . . . No Direct expense summary. Add lines 2 through 5 in column (d) . . . . . . . . . . . . . . 7 0. Net gaming income summary. Subtract line 7 from line 1, column (d)........ 0.

Is the organization licensed to conduct gaming activities in each of these states?
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Enter the state(s) in which the organization conducts gaming activities:\_\_\_\_\_

9

scneau	le G (Form 990 or 990-Ez) 2019 Kids: Chance inc. of fillinois 46-2239425 Page 3						
11	Does the organization conduct gaming activities with nonmembers?						
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?						
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address▶						
150	Does the organization have a contract with a third party from whom the organization receives gaming						
ısa							
_	revenue?						
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
	amount of gaming revenue retained by the third party▶ \$						
С	If "Yes," enter name and address of the third party:						
	Name ▶						
	Address						
	Address						
16	Gaming manager information:						
10	Gaming manager information.						
	Name •						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer ☐ Employee ☐ Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
u							
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or						
	spent in the organization's own exempt activities during the tax year ▶ \$						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						

# SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2019

Open to Public

OMB No. 1545-0047

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

Open to Publi Inspection

Name of the organization **Employer identification number** Kids' Chance Inc. of Illinois 46-2239425 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) cash assistance noncash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)0 0

Part III Grants and Other Assistance	Inc. of Illin	nois iduals Complete i	f the organization	anguared "Vee" on Form (	46-2239425
Part III can be duplicated if add			i the organization	answered fes on Forms	990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
College Scholarships	36	79,040.			
rt IV Supplemental Information.	rovide the informat	ion required in Part	I, line 2; Part III, o	column (b); and any other	additional information.
		00	IDI	<b>V</b> /	
				Y	
				-	

#### **SCHEDULE O** (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.

OMB No. 1545-0047 **Open to Public** 

Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number Kids' Chance Inc. of Illinois 46-2239425 PartIX Line 24d In order to tie to the "Total Expenses", I needed to include PartIX Line 24d our Direct Fundraising Expenses on this form. The instructions PartIX Line 24d were not clear but when I didn't included them, Part XI -PartIX Line 24d Reconcilation of Net Asset totals were incorrect. This was the PartIX Line 24d only way I could figure out how to get KCOI Ending Net Assest PartIX Line 24d to tie out.

Name of the organization	Employer identification number						
Kids' Chance Inc. of Illinois	46-2239425						
Part VI Line 1a							
N/A							
Part VI Line 1a							
N/A							
Part VI Line 8a							
KCOI's Secretary is tasked with taking minutes as all be	pard meetings.						
Part VI Line 11b							
Form 990 is emailed and/or uploaded to a shared drive and	nd the Board is						
Part VI Line 11b	ila ciic boara ib						
asked to review and forward comments et.al. to the Treasurer.							
Part VI Line 12c	Jul 01 •						
All transactions are reviewed by the Executive Committee	e to insure						
Part VI Line 12c	e co insure						
both compliance and to flag possible conflicts.							
Part VI Line 19							
Requests are sent to KCOI's mailing address or via email	l and we respond						
Part VI Line 19	z dia no respond						
accordingly.							
<u>accordingly.</u>							