Form 9

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

OMB No 1545-0047 Open to Public

(Rev January 2020) Department of the Treasury Internal Revenue Service

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

Inspection

A	For th	e 2019 calendar year, or tax year beginning $$	nding J	<u>UN 30, 2020</u>	
В	Check if	C Name of organization		D Employer identifi	cation number
	Addr chan	ess <u>JLLINOIS DIGITAL EDUCATORS ALLIANCE</u>			
	Nam chan			36-34877	71
]Initial	De la constant de la	om/suite	E Telephone numbe	
	Final	2705 MCDONOUCH CERRET		630-628-	
	termi			G Gross receipts \$	976,562.
	Amer	nded TOTTEM TI COASC		H(a) Is this a group re	
	Appli	F Name and address of principal officer AMBER HEFFNER	_	for subordinates	o? ☐Yes X No
	pend _	^{mg} 2705 MCDONOUGH ST, JOLIET, IL 60436	2	H(b) Are all subordinates i	ncluded? Yes No
1 -	Tax-ex	tempt status X 501(c)(3)	5/27	If "No," attach a	list (see instructions)
<u>J</u> \	Vebs	te: ► HTTPS://IDEAILLINOIS.ORG/		H(c) Group exemption	n number
		f organization. X Corporation	L Year o	of formation: 1986	A State of legal domicile IL
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities THE MI	ISSIO:	N OF ILLINO	IS
Governance	l	COMPUTING EDUCATORS IS TO LEAD THE EDUCATI	LONAL	COMMUNITY	<u>IN</u>
ř	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	28
ص م	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	27
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	6
Z.	6	Total number of volunteers (estimate if necessary)		6	<u>275</u>
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990 T line 39		7b	0.
Revenue			1	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	<u> </u>
	9	Program service revenue (Part VIII, line 2g)	1611	983,265.	935,920.
ě	10	investment income (Part VIII, column (A), lines 3, 4, and (7d)		10,191.	36,695.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,654.	3,947.
<u> </u>	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	!	997,110.	976,562.
Expenses NA	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,534.	11,441.
<u> </u>	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		235,064.	287,060.
CŠ.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
SŠ	þь	Total fundraising expenses (Part IX, column (D), line 25)	<u>. </u>	<u></u>	
<u>Ω</u> -Μ	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		650,283.	749,112.
9	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		904,881.	<u>1,047,613.</u>
_	19	Revenue less expenses Subtract line 18 from line 12		92,229.	-71,051.
setter 6			Beg	inning of Current Year	End of Year
3ala Jala	20	Total assets (Part X, line 16)		1,593,703.	1,587,181.
Net Assund Brand Brand	21	Total liabilities (Part X, line 26)		8,462.	<u>72,991.</u>
		Net assets or fund balances Subtract line 21 from line 20		1,585,241.	1,514,190.
	rt II	Signature Block			
	•	ilties of perjury, I declare that I have examined this return, including accompanying schedules an		·	y knowledge and belief, it is
true,	correc	ct, and complete Declaration of preparer (other than officer) is based on all information of which	preparer l	nas any knowledge	
		Superior of afficer		<u> US/01/</u>	30 31
Sıgr	1	Signature of officer W		Date	
Her	6	AMBER HEFFNER, EXECUTIVE DIRECTOR			
		Type or print name and title	1.52	ato Tour	DTIN
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid		DANIEL A. FORTMAN		7-17-204 self-employe	
	arer	Firm's name WEISS & COMPANY LLP		Firm's EIN	36-2663249
Use	Only	Firm's address 2700 PATRIOT BOULEVARD - SUITE 40	U		
		GLENVIEW, IL 60026		Phone no 8 4	7-441-8800
May	the If	AS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1 10 (2019) ILLINOIS DIGITAL EDUCATORS ALLIANCE 36-348	<u>7771</u>	. <u>P</u>	age 3
Pa	rt IV Checklist of Required Schedules		Ι	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	l
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		ļ —	
_	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	L	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	_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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	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			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	x	
h	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
đ	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
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		Х
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?			
	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		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			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		_X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
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	1 1	1	

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domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

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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 6 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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)? Х 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) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a Х 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 Х to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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. X a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations, Enter. a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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 13b c Enter the amount of reserves on hand 13c X 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? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Х 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 Form **990** (2019)

Form 990 (2019) ILLINOIS DIGITAL EDUCATORS ALLIANCE 36-3487771 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 No Yes 28 1a 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 27 b Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a Х b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **建**种 外流 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 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 Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL 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 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request __ Own website Another's 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

22138001

2705 MCDONOUGH ST, JOLIET, IL 60436

ILLINOIS DIGITAL EDUCATORS ALLIANCE - 6306281088

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

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

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

	or arry rotaton	<u> </u>	A			٠٠		to a city carrotte company	THE STATE OF THE S	
(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		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
(1) AMBER HEFFNER	40.00									
EXECUTIVE DIRECTOR		X		X	_			89,590.	0.	0.
(2) JOHN CLOSEN	2.00	4	ĺ		ĺ	ĺ			_	_
PAST PRESIDENT		X	_	<u> </u>		<u> </u>	_	0.	0.	0.
(3) MIKE MCGOWAN	5.00	۱	1							•
PRESIDENT		X	<u> </u>		<u> </u>	├-	┢	0.	0.	0.
(4) TIM MCILVAIN	2.00	٠,								0
TREASURER	F 00	X	-	H		<u> </u>		0.	0.	0.
(5) KEN WALLACE	5.00	٠,,	ĺ						_	0
INCOMING PRESIDENT	4 00	X				-		0.	0.	
(6) DEB BALYATI	4.00	X	l				j	0.	0.	0
SECRETARY	1.00	Λ		_			-			0.
(7) MARCY BRUGGER	1.00	X						0.	0.	0.
TECH 2019 CO-CHAIR	1.00	^				-	 -			
(8) MIKE SARACINI	1.00	X						0.	0.	0.
TECH 2019 CO-CHAIR	1.00	^	_						<u> </u>	
(9) LISA BERGHOFF	1.00	X						0.	0.	0.
AWARDS CO-CHAIR	1.00	^	_					.	<u> </u>	
(10) ERIC HANSEN	1.00	Х						0.	0.	0.
AWARDS CO-CHAIR (11) DARCY O'CONNOR	1.00	Λ						0.		
ABE_LINCOLN	1.00	х						0.	0.	0.
(12) STEFANIE CRAWFORD	1.00		-			-		<u>~.</u>	<u></u>	
CENTRAL ILLINOIS VALLEY		x						0.	o.	0.
(13) MICHAEL KOSKO	1.00									
CHICAGO		х	ľ					0.	0.	0.
(14) SEAN SCANLON	1.00			-						
CHICAGO PREP		х						0.	0.	0.
(15) LISA COBURN	1.00									
ILLINI		х						0.	0.	0.
(16) TODD DUGAN	1.00									
KASKASKIA		х						_0.	0.	0.
(17) DALLAS TURNER	1.00									
KISHWAUKEE		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue ILLINOIS DIGITAL EDUCATORS ALLIANCE

			Check if Schedule O	conf	tains a re	esponse	or note to any li	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		5	1b		7	}		
Q E			Fundraising events			1c		-			
ifts ir A			Related organizations			1d		1			
ã,g			Government grants (conti	v.b4				-			
Sis			= :		· -	1e		1			
ut,		T	All other contributions, gifts,	-							
햧			similar amounts not included			1f		-			
o p		_	Noncash contributions included in	lines	1a-1f	ig \$		-			
<u>a</u>		h	Total. Add lines 1a-1f						 -		
							Business Code	0.25 0.00			
eo.	2	а	CONFERENCES				611420	935,920.	935,920.		
Program Service Revenue		b	b								
n S en		С									
e a		d									
ē,		е									
۵		f	All other program service	reve	nue		<u></u>				·
		g	Total. Add lines 2a-2f					935,920.			
	3		Investment income (include	dıng	dividend	ds, inter	est, and				
			other similar amounts)				>	36,695.	<u>36,6</u> 95.		
1	4		Income from investment of	of tax	x-exemp	t bond p	proceeds				
	5		Royalties				•				
İ					(ı) F	Real	(II) Personal				
	6	а	Gross rents	6a							j
			Less: rental expenses	6b	$\overline{}$	-					
			Rental income or (loss)	6c							
			Net rental income or (loss)	_	<u> </u>		·	<u></u> ,			·
	7		Gross amount from sales of	\Box	(ı) Sec	urities	(II) Other		•		
	'	u	assets other than inventory	7a			(,, =				
		h	Less: cost or other basis	10	<u> </u>						
စ္ခ		D	and sales expenses	76							
26		_	•	7b 7c	 		 				
ther Revenue			Gain or (loss)	/C	L		<u> </u>				<u>.</u>
7.			Net gain or (loss)		to (:	. —					
	8		Gross income from fundraising	ig ev		_					!
0			including \$			of					
			contributions reported on	line	ic) See						
			Part IV, line 18			8a					
			Less direct expenses	_		8b					
			Net income or (loss) from				<u> </u>				
	9		Gross income from gamin	g ac	tivities	See					
			Part IV, line 19			<u>9a</u>					
- 1			Less direct expenses			9b					
			Net income or (loss) from			rities					
	10	а	Gross sales of inventory, I	ess	returns						
			and allowances			10a					
- 1		b	Less cost of goods sold			10b					
\dashv		<u>c</u>	Net income or (loss) from s	sales	s of inve	ntory					
σ l							Business Code				
o o	11	а	OTHER INCOME				900099	3,947.	3,947.		
Miscellaneous Revenue		b									
Ke je		С									
ĭã ∝		d	All other revenue								
_		е	Total. Add lines 11a-11d					3,947.			
	12		Total revenue See instructio	ns				976,562.	976,562.	0.	0.

Pa	rt IX Statement of Functional Expens	ses ;			
Seci	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must co	omplete column (A)	
	Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
	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	11,441.	11,441.		;
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	267,399.	125,179.	142,220.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		2 225	10 254	
10	Payroll taxes	19,661.	9,307.	10,354.	
11	Fees for services (nonemployees)				
a					
b		0.047		0 047	
	Accounting	9,947.	<u></u>	9,947.	
	Lobbying		Nº Mag	a _k , , , , , ,	
	Professional fundraising services. See Part IV, line 17		, , , , , , , , , , , , , , , , , , , ,	* 2	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	60,602.	44,460.	16,142.	
13	Office expenses	1,841.	<u> </u>	1,841.	
14	Information technology	1,041.			
15	Royalties	<u></u>			
16	Occupancy	6,491.	<u>.</u>	6,491.	
17	Travel	7,870.	3,468.	4,402.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,386.		4,386.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	702.		702.	
23	Insurance	16,471.	8,657.	7,814.	·
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 0.)			-	·
а	CONFERENCE	516,468.	516,468.		
b	WORKSHOPS	55,330.	55,330.		
С	OTHER EXPENSES	30,429.		30,429.	
d	CREDIT CARD CHARGES	17,598.	17,598.		
е	All other expenses	20,977.	13,489.	7,488.	
<u> 25</u>	Total functional expenses Add lines 1 through 24e	1,047,613.	805,397.	242,216.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		J	j	

Form **990** (2019)

ıf following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet			-
		Check if Schedule O contains a response or note to any line in this Part X		T	
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	983,376.	1	914,145
	2	Savings and temporary cash investments	606,328.	2	630,964
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	750.	4	33,925
	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			~ -
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	5,600
- 1	10a	Land, buildings, and equipment cost or other			1
		basis Complete Part VI of Schedule D 10a 5,630.			
l	b	Less accumulated depreciation 10b 4,149.	2,183.	10c	1,481
	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	1,066.	15	1,066
—↓	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u>1,593,703.</u>	16	1,587,181
	17	Accounts payable and accrued expenses	8,462.	17	11,710
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20_	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
န္	22	Loans and other payables to any current or former officer, director,	** *. ·	4	, ,
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	· · · · · · · · · · · · · · · · · · ·		***
Liabilities		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			61 001
ı		of Schedule D	0.		61,281
	26	Total liabilities. Add lines 17 through 25	8,462.	26	72,991
S		Organizations that follow FASB ASC 958, check here ► X			
ivet Assets or Fund balances		and complete lines 27, 28, 32, and 33.	1 505 041		1 514 100
9	27	Net assets without donor restrictions	1,585,241.	27	1,514,190
<u> </u>	28	Net assets with donor restrictions		28	
5		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.			
2		Capital stock or trust principal, or current funds		29	
		Paid in or capital surplus, or land, building, or equipment fund		30	-
; ;		Retained earnings, endowment, accumulated income, or other funds	1 505 044	31	1 514 100
	-	Total net assets or fund balances	1,585,241.	32	1,514,190
ــــــــــــــــــــــــــــــــــــــ	33	Total liabilities and net assets/fund balances	1,593,703.	33	1,587,181

Form **990** (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Nan	ne of t	the organization							r identification n	
<u> </u>	l J			TAL EDUCATORS					<u> 36-348777.</u>	<u>l</u>
	rt I	Reason for Public			_ -			<u> </u>		
	organ	ization is not a private foun-							. 0	7
1	님	A church, convention of ch					1)(A)(ı).		5	l
2	\vdash	A school described in sec		•					OI	1
3	\vdash	A hospital or a cooperative	•				•	= .		
4		A medical research organizety, and state	zation operated in co	onjunction with a hospita	II describe	d in section	on 170(b)(1)(A))(iii). Enter	the hospital's nai	me,
5		An organization operated to section 170(b)(1)(A)(iv).		offege or university owne	d or opera	ted by a g	overnmental u	ınıt descri	ped in	
6		A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A))(v).			
7		An organization that norma	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from t	he genera	public described	in
		section 170(b)(1)(A)(vi). (C	Complete Part II)							
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Pai	t II)					
9		An agricultural research or	ganization described	d in section 170(b)(1)(A)	(ıx) operat	ed in conji	unction with a	land-grant	college	
		or university or a non-land- university	grant college of agri	culture (see instructions)	Enter the	name, cit	y, and state of	the collec	je or	
10	X	An organization that norma	ally receives (1) more	e than 33 1/3% of its su	pport from	contributi	ons, members	hıp fees, a	and gross receipts	s from
		activities related to its exer	mpt functions - subje	ect to certain exceptions	, and (2) no	more tha	n 33 1/3% of	its suppor	t from gross inves	stment
		income and unrelated busi	ness taxable income	e (less section 511 tax) fi	om busine	sses acqu	ured by the or	ganization	after June 30, 19	175
		See section 509(a)(2). (Co	mplete Part III)							
11		An organization organized	and operated exclus	sively to test for public sa	afety See	section 50	09(a)(4).			
12		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to ca	irry out the	e purposes of one	or
		more publicly supported or	-						Check the box in	
	_	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, and	12g.		
а	L	Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving .	
		the supported organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting	
		organization You must	complete Part IV, S	ections A and B.						
þ	L	Type II. A supporting org	janization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving	
		control or management of			same perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s) You mus	•							
С		Type III functionally into	•					ly integrat	ed with,	
	ι	its supported organization		•						
ď		Type III non-functionali								
		that is not functionally in	•	• •	•		-	an attent	iveness	
	Γ	requirement (see instruct	•	•						
е		Check this box if the org					i Type I, Type	II, Type III		
_		functionally integrated, o	• •	nally integrated support	ing organiz	zation				
T		r the number of supported	*	-d(a)					L	
g		ide the following information) Name of supported	n about the supporte	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of o	ther
	•	organization	1	(described on lines 1 10	in your governi Yes	No No	support (see in	-	support (see instru	
				above (see instructions))		110				
		•								—
-										

Schedule A (Form 990 or 990 EZ) 2019 I					36-348	7771 Page 2
Part II Support Schedule for 0	_					
(Complete only if you checked			-	on failed to qualify	under Part III If th	e organization
fails to qualify under the tests	listed below, plea	ase complete Par	t III)			
Section A. Public Support					т	
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(9) Total
1 Gifts, grants, contributions, and						/
membership fees received (Do not		Ì				
include any "unusual grants ")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			<u> </u>			
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		<u> </u>			1	
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a	•					
governmental unit or publicly		1	1		1	}
supported organization) included				/		
on line 1 that exceeds 2% of the				/	1	
amount shown on line 11,				1		
column (f)						
6 Public support. Subtract line 5 from line 4						
ection B. Total Support		Ι———				
alendar year (or fiscal year beginning in) 🕨 📙	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4			 /			
8 Gross income from interest,						
dividends, payments received on		/				
securities loans, rents, royalties,			}	}	1	
and income from similar sources	<u> </u>			<u> </u>		
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on		/		ļ		
O Other income Do not include gain	/	ľ				
or loss from the sale of capital						
assets (Explain in Part VI)						
1 Total support. Add lines 7 through 10			<u>l</u> .	<u> </u>	·	
2 Gross receipts from related activities, e	. /				12	
3 First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
organization, check this box and stop						▶L
ection C. Computation of Public					T T —	
4 Public support percentage for 2019 (lir			column (f))		14	
5 Public support percentage from 2018					15	
Sa 33 1/3% support test - 2019/If the or				14 is 33 1/3% or n	nore, check this bo	
stop here. The organization qualifies a						▶ L
b 33 1/3% support test - 2018. If the or				d line 15 is 33 1/3%	or more, check th	is pox
and stop here. The organization qualifi	· · ·					▶ ∟
7a 10% -facts-and-circumstances test	_					
and if the organization meets the "facts					rt VI how the organ	ıızatıon
meets the "facts and circumstances" to	-	-		-		▶ L
b 10% -facts and-circumstances test	•					
more, and if the organization meets the						,
organization meets the "facts and circu		_	•	· · · · · ·		>
8 Private foundation. If the organization	did not check a	box on line 13, 16	ia, 16b, 17a, or 17l	b, check this box a	ind see instruction	s ▶

(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 b	elow, please com	olete Part II)				
-	ction A. Public Support		r				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	117,345.	88,645.				205,990.
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	778,222.	851,469.	834,412.	986,919.	925,040.	4,376,062.
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus- iness 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		_	 -			
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	895,567.	940,114.	834,412.	986,919.	925,040.	4,582,052.
	Amounts included on lines 1, 2, and			· -=- ·			-,-,-,-
	3 received from disqualified persons						0.
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						0.
_	Add lines 7a and 7b	· · · ·					0.
	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support					L	4 582 052.
		(-) 001E	(L) 0016	(*) 0017	(-1) 0010	(-) 0010	(O Total
	ndar year (or fiscal year beginning in)	(a) 2015 895, 567.	(b) 2016 940,114.	(c) 2017 834,412.	(d) 2018 986, 919.	(e) 2019 925,040.	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,					_	4,582,052.
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	1,511.	1,606.	1,169.	10,190.	36,695.	51,171.
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,511.	1,606.	1,169.	10,190.	36,695.	51,171.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	897,078.	941,720.	835,581.	997,109.	961,735.	4,633,223.
	First five years. If the Form 990 is for						
	check this box and stop here		,		,	- : (-)(-) - : 3-: 112	▶ □
	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li			column (f))		15	98.90 %
	Public support percentage from 2018		•			16	99.65 %
	tion D. Computation of Inves			-		10	<u> </u>
	Investment income percentage for 20			ne 13 column (f)		17	1.10 %
	· · · · · · · · · · · · · · · · · · ·			ie 13, column (i))		17	
	Investment income percentage from 2			٠٠ الحد 14 مصاعب	15 .0	18	
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	-					, ►\X
	33 1/3% support tests - 2018. If the						ınd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	i, or 19b, check th			
932023	3 09-25-19				Sche	dule A (Form 990	or 990-FZ) 2019

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.	ΑII	Supporting	Organizations
------------	-----	------------	---------------

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

	Yes	No
-		ļ
1		
, a		
3a		
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3b		
_3c	<u> </u>	
4a	<u> </u>	
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4b	 	
4c		
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5a		
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8		
9a		
9b		
9c		
10a		
10a		
10b	ľ	
990 or 99	0-EZ)	2019

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Pai	dule A (Form 990 or 990 EZ) 2019 ILLINOIS DIGITAL EDUCAT Type III Non-Functionally Integrated 509(a)(3) Supporting			-3487771 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			rt VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	on 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	on 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)			
а	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		<u> </u>
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	_ 8		
Secti	on 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		<u></u> .
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	1000	
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 functional	lly integra	ated Type III supporting organ	ızatıon (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

36-3487771 Page 7 Schedule A (Form 990 or 990-EZ) 2019 ILLINOIS DIGITAL EDUCATORS ALLIANCE Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (iii) (ii) (1) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 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 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

22138001

e Excess from 2019

Schedule A	(Form 990 or 990-E	Z) 2019 ILI	<u> INOIS</u> DIG	ITAL EDU	<u> JCATORS</u>	<u>ALLIANCE</u>	<u> 36-3487771 Page</u>
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Information lines 1, 2, 3b, tion D, lines 2	n. Provide the ex 3c, 4b, 4c, 5a, 6, 9 and 3, Part IV, Sec	planations requi 9a, 9b, 9c, 11a, ction E, lines 1c,	red by Part II, Ii 11b, and 11c, F 2a, 2b, 3a, and	ne 10, Part II, line 17a Part IV, Section B, line	a or 17b, Part III, line 12, is 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V,
	(See instructions)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· ·		<u> </u>	
							
						<u></u>	·
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22138001

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.

Inspection

Name of the organization

Employer identification number

	ILLINOIS DIGITAL E	36-3487771						
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or <i>I</i>	Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, III							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds							
	are the organization's property, subject to the organization's	•	L Yes N					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only							
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe						
Pa	impermissible private benefit?		Yes No					
			v, line /					
1	Purpose(s) of conservation easements held by the organizat		to monthly many automated to make a construction of					
	Preservation of land for public use (for example, recrea		torically important land area					
	Protection of natural habitat	Preservation of a cert	tified historic structure					
2	Preservation of open space	find appearation contribution in the form of a c	anagration assembly as the last					
2	Complete lines 2a through 2d if the organization held a qualiday of the tax year	med conservation contribution in the form of a co	Held at the End of the Tax Yea					
_								
a	Total number of conservation easements Total acreage restricted by conservation easements		2a2b					
0	Number of conservation easements on a certified historic sti	ructure included in (a)	2c 2c					
c d	Number of conservation easements included in (c) acquired	` ,	20					
u	listed in the National Register	arter 7723700, and not on a historic structure	2d					
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by the organ						
	year	incustos, extinguismos, en terminates by the engal						
4	Number of states where property subject to conservation ea	sement is located	0					
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements it holds?							
6								
	>							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
	> \$							
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	B)(ı)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and							
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements th	hat describes the					
_	organization's accounting for conservation easements	(4) 15) 17 .	<u> </u>					
Pai	t III Organizations Maintaining Collections o		Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95	•						
	of art, historical treasures, or other similar assets held for pul		ance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items							
b	o 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 furtheranc	ce of public service,					
	provide the following amounts relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
_	(ii) Assets included in Form 990, Part X		S					
2	If the organization received or held works of art, historical tre	-	provide					
	the following amounts required to be reported under FASB A	ASC 958 relating to these items	.					
	Revenue included on Form 990, Part VIII, line 1		\$					
	Assets included in Form 990, Part X	. (. 5	\$					
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 201					

932051 10-02-19

	t III Organizations Maintaining (S DIGITAL Collections of A								Page 2
3										
	collection items (check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	change progi	ram				
b										
С	Preservation for future generations					_	_			_
4	Provide a description of the organization's c	ollections and expla	in how th	hey further t	the organizat	ion's exem	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit	or receive donations	of art, h	istorical trea	asures, or oth	ner sımılar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	inization's c	ollection?				Yes	☐ No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21		_						
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets not ir	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liabilit	12		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided or	Part XIII				
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line 10)	-		
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
	Other expenditures for facilities									
·	and programs		İ							
f	Administrative expenses	_			† 					
g	End of year balance	· —			 					
2	Provide the estimated percentage of the cur	ront year and balance	o /line 1	a column (s					L	
	,	rent year end balant	•	g, column (a	a)) Held as					
_	a Board designated or quasi-endowment ►%									
b										
С		•								
2-	The percentages on lines 2a, 2b, and 2c sho		ation the	at ara bald a	and administr	arad far the	0.000	-at-aa		
Ja	Are there endowment funds not in the posse	ission of the organiz	ation the	at are neio a	ina aaministe	ered for the	organiz	zation	Γ,	/ N-
	by Yes No									
	(i) Unrelated organizations								3a(ı)	
	(ii) Related organizations								3a(II)	
_	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Box	Describe in Part XIII the intended uses of the		<u>wment</u>	funds	-					
Fai	t VI Land, Buildings, and Equipm		0 0-41	/ bas 44= C	See Ferre 000	0 David V Iv	10			
	Complete if the organization answere							. 1		
	Description of property	(a) Cost or o			or other		umulate	ea	(d) Book	value
		basis (investr	nem()	Dasis	(other)	depre	eciation			
	Land					<u> </u>				
b	Buildings									
С	Leasehold improvements									
d	Equipment				T 600			10		404
	Other				5,630.		4,1	49.	1	<u>,481.</u>
<u>Total</u>	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	(0c)			▶.	1	<u>,481.</u>

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 ILLINOIS DI	GITAL EDUCATOR	<u>RS ALLIAI</u>	ICE		<u> 3487771 </u>	Page 4
Pai	t XI Reconciliation of Revenue per Au	dited Financial State	ments With	Revenue per R	eturn	•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	2a				
1	Total revenue, gains, and other support per audited	financial statements			1	1,020	162.
2	Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12					
а	Net unrealized gains (losses) on investments		2a				
b	Donated services and use of facilities		2b	43,600.			
С	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)		2d				
е	Add lines 2a through 2d		· · ·		2e	_43	600.
3	Subtract line 2e from line 1				3	976	562.
4	Amounts included on Form 990, Part VIII, line 12, but	it not on line 1					
a	Investment expenses not included on Form 990, Par		4a				
b	Other (Describe in Part XIII)	· · · · · · · · · · · · · · · · ·	4b				
c	Add lines 4a and 4b			-	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal in	Form 990. Part I. line 12.)			5	976	562.
Pa	t XII Reconciliation of Expenses per Au	udited Financial State	ments With	Expenses per			
	Complete if the organization answered "Yes"						
1	Total expenses and losses per audited financial stat				1	1,091	213.
	Amounts included on line 1 but not on Form 990, Pa				'	<u> </u>	
2	Donated services and use of facilities	art IX, iirie 25	2a	43,600.			
a			2b	13,000.			
b	Prior year adjustments		 				
c	Other (December 2 Part VIII.)		2c				
d	Other (Describe in Part XIII)		2d		20	13	600.
e	Add lines 2a through 2d				2e	1,047	-
3	Subtract line 2e from line 1				3	1,041	013.
4	Amounts included on Form 990, Part IX, line 25, but		1.1				
а	Investment expenses not included on Form 990, Par	rt VIII, line /b	4a				
b	Other (Describe in Part XIII)		4b				0
С	Add lines 4a and 4b			-	4c	1,047	613.
5	Total expenses Add lines 3 and 4c. (This must equal t XIII Supplemental Information.	i Form 990, Part I, line 18.)			5	1,047	013.
	de the descriptions required for Part II, lines 3, 5, and	I O: Part III. lines 1a and 4: P	Part IV lines 1h s	and 2h Part V line /	l· Part '	Y line 2 Part)	 (1
					+, rait.	A, IIIIe 2, Fait /	α,
iines	2d and 4b, and Part XII, lines 2d and 4b. Also comple	ete triis part to provide arry a	toottonal intom	ation			
							_
							
							
		<u> </u>					
_							
						·	
•					•		-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

Employer Identification number ž 36-3487771 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant ILLINOIS DIGITAL EDUCATORS ALLIANCE (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part I Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

Page 2

36-3487771

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

ILLINOIS DIGITAL EDUCATORS ALLIANCE

Schedule I (Form 990) (2019)

Part III

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 ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

ILLINOIS DIGITAL EDUCATORS ALLIANCE	36-3487771				
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:				
ENHANCING LEARNING THROUGH TECHNOLOGY. THE ORGANIZATION	IS THE LEADER				
IN SUPPORTING AND PROMOTING INNOVATIVE EDUCATION FOR ALL.					
FORM 990, PART VI, SECTION A, LINE 6:					
PER ICE CONSITUTION:					
MEMBERSHIP IS OPEN TO ANY PERSON OR ORGANIZATION THAT HAS	S AN INTEREST IN				
THE INSTRUCTIONAL USE OF COMPUTERS AND TECHNOLOGY AND WHO	O ALSO SUBSCRIBE TO				
THE STATED PURPOSE OF ICE.					
SECTION 1. CURRENT MEMBERSHIP					
ACTIVE MEMBERSHIP SHALL BE FOR A PERIOD OF FIVE CALENDAR	YEARS. THERE WILL				
BE A RE-ENROLLMENT PROCESS AT THE END OF EACH CALENDAR Y	EAR FOR THOSE				
MEMBERS WISHING TO CONTINUE AS CURRENT MEMBERS.					
SECTION 2. CHAPTERS AND LIAISONS					
1. CHAPTERS MAY BE FORMED WITHIN ICE, BUT MUST SUBSCRIBE	TO THE				
CONSTITUTION AND BYLAWS OF ICE.	*****				
2.OFFICIAL CHAPTERS MAY FORM WITH A MINIMUM OF 10 ICE MEN	MBERS AND APPROVAL				
OF THE GOVERNING BOARD					
3.OTHER PROFESSIONAL ORGANIZATIONS MAY SEND A LIAISON TO	ICE MEETINGS BY				
EITHER APPROVAL OR INVITATION OF THE EXECUTIVE BOARD.					
FORM 990, PART VI, SECTION A, LINE 7A:					
PER TOE CONSTRUCTON.					

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

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

Employer identification number 36-3487771

ARTICLE IV. GOVERNANCE

SECTION 1. OFFICERS

THE OFFICERS OF ICE SHALL BE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, SECRETARY, AND TREASURER.

SECTION 2. EXECUTIVE BOARD

THE EXECUTIVE BOARD SHALL CONSIST OF PRESIDENT, PRESIDENT-ELECT, IMMEDIATE

PAST PRESIDENT, SECRETARY, AND TREASURER. DUTIES AS ASSIGNED IN THE ICE

BYLAWS. ICE EXECUTIVE DIRECTOR AND BUSINESS MANAGER SHALL SIT ON THE

EXECUTIVE BOARD AS NON-VOTING MEMBERS.

SECTION 3. GOVERNING BOARD

A.VOTING: VOTING MEMBERS OF THE GOVERNING BOARD SHALL CONSIST OF THE EXECUTIVE BOARD, THE CHAIRPERSONS OF STANDING COMMITTEES AND CHAPTER REPRESENTATIVES.

B.NON-VOTING: NON-VOTING MEMBERS BY THE INVITATION OF THE EXECUTIVE BOARD

MAY SIT WITH THE GOVERNING BOARD.

SECTION 4. VACANCIES

A.EXECUTIVE BOARD: ANY EXECUTIVE BOARD POSITION WHICH BECOMES VACANT WILL

BE FILLED BY EXECUTIVE BOARD APPOINTMENT AND SUBJECT TO CONFIRMATION OF THE

GOVERNING BOARD.

B.GOVERNING BOARD: ANY VOTING POSITION ON THE GOVERNING BOARD, WITH THE

EXCEPTION OF EXECUTIVE BOARD MEMBERS AND CHAPTER REPRESENTATIVES, SHALL BE

APPOINTED BY THE PRESIDENT WITH THE APPROVAL OF THE EXECUTIVE BOARD.

CHAPTER REPRESENTATIVES SHALL BE REPLACED BY THEIR REGIONS.