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Form 990 Return of Organization Exempt From Income Tax											
		•	·		2019						
(Rev .	lanuary	2020) •	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found.  ▶ Do not enter social security numbers on this form as it may be made public.	ations)	Open to Bublic						
		ne Treasury	► Go to www.irs.gov/Form990 for instructions and the latest information.	100	Open to Public Inspection						
		e Service 2019 calendar	year, or tax year beginning 07-01 , 2019, and ending	06+30	, 20 20						
	neck if ap				ntification number						
	idress ch	•		4860376							
~		ress change Doing business as 45-48 ne change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number									
_ In	tial return 110 Grand Avenue (630										
F	nal returr	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipt	s						
	mended r	eturn	Waukegan, IL 60085	\$	659,804						
∐ ^	plication	pending	i ''	roup return for subord							
		<u></u>		ubordinates includ							
I Tax-exempt status   Sol(c)(3)  Sol(c)   Sol(c											
				tate of legal domic							
Par		Summary	Operation Trust Association Other Property of the State o	tate of legal domic	TT						
	~~		the organization's mission or most significant activities TO CREATE BRIGHTER FUTURE	ES FOR ST	UDENTS.						
d)		•	AND COMMUNITIES BY PREPARING STUDENTS TO ENROLL IN AND GRADUATE								
Governance											
il.											
Š	2	Check this box	▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	1 1							
	1		ng members of the governing body (Part VI, line 1a)	3	19						
<u>es</u>	1		ependent voting members of the governing body (Part VI, line 1b)	4	19						
Activities &	1		f individuals employed in calendar year 2019 (Part V, line 2a)	5	7_						
Act			f volunteers (estimate if necessary)	7a							
	1		business revenue from Part VIII, column (C), line 12	7a 7b	0						
		ivet uniferateu t	Pnor Year	10	O Current Year						
	8	Contributions a		,127	658,995						
e											
Revenue	1	_	ome (Part VIII, column (A), lines 3, 4, and 7d)	675	<u>0</u> 84						
Re	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,486	725						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)									
	1			,400	27,703						
		•	o or for members (Part IX, column (A), line 4)		0						
es	Į.			,919	386,128						
Sus	Į.		ndraising fees (Part IX, column (A), line 11e)		0						
Expenses			g expenses (Part IX, column (D), line 25) 93,365 s (Part IX, column (A), lines 11a-11d, 11f-24e)	,376	120 042						
ш		•	Add lives 42.47 (result equal Det IV episses Malays Allines Al	,695	139,043 552,874						
				,593	106,930						
es			Beginning of Curre		End of Year						
Net Assets or Fund Balances	20	Total assets (P	art X, line 16) $\cdots \cdots \cdots \cdots $	,129	702,493						
A Ba	21	Total liabilities	(Part X, line 26)	,775	72,209						
_ <u>₹</u>	22	Net assets or f	und balances Subtract line 21 from line 20	,354	630,284						
Par		Signature									
			e that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief ration of preparer (other than officer) is based on all information of which preparer has any knowledge	, it is							
			27 m	12	30/20						
Sigr	,	ELYSE Signature of	DANCKERS Clips Allerens	Date	30/20						
Here	- 1		$\nu$	Date							
11611	•		DANCKERS, EXECUTIVE DIRECTOR nt name and title								
<del></del>	1	Print/Type prepa		If PTIN							
Paid Kevin Kinnavy CPA Kevin Kinnavy CPA 12-30-2020 self-employed P00156618											
Pre	oarer	Firm's name	► EVOY KAMSCHULTE JACOBS & CO LLP Firm's EIN ►								
Use	Only	Firm's address									
	Waukegan IL 60087 847-662-8300										
			turn with the preparer shown above? (see instructions)		· 🗌 Yes 🔀 No						
	aperw	ork Reduction	Act Notice, see the separate instructions.	}	Form <b>990</b> (2019)						
FFΔ			$\gamma = \mathbf{c}$	-	1 1						

		*	
	990 (2019) WAUKEGAN TO COLLEGE NFP	45-4860376	5 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u> 🔲
1	Briefly describe the organization's mission	· · ·	
	TO CREATE BRIGHTER FUTURES FOR STUDENTS, FAMILIES AND COMMUNITIES BY PREPARI	ING STUDENTS	TO ENROL
	IN AND GRADUATE FROM COLLEGE.		
	THE ORD OF THE PROPERTY OF THE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	□ vos	X No
	·	🗀 1es	<b>E</b> 140
_	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		Π.,
	services?	· · · · 📙 Yes	X No
	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 other	ers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$378,531 including grants of \$) (Revenue	\$	)
	TUTORING AND PROGRAM SERVICES	<del>.</del>	·
	TOTOKING AND INCOME DERVICED		
		<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		-	<del></del>
		<del></del>	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		<del></del>	
4d	Other program services (Describe on Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 378,531		<del> </del>
FFA	1 0	Fo	rm <b>990</b> (2019)

9) WAUKEGAN TO COLLEGE NFP Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Ò		
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		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	<del></del>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
۰	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  complete Schedule D. Part III	8		,
0	complete Schedule D, Part III	-		X
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
10	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,			
••	VII, VIII, IX, or X as applicable			
а	D 11 D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	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			<u> </u>
_	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
е	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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,			ĺ
	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		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 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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	1
	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?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	<u> </u>

Form 990 (2019) WAUKEGAN TO COLLEGE NFP

Part IV Checklist of Required Schedules (continued)

	• • • • • • • • • • • • • • • • • • • •	-		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_ x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		x
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%	1		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			<del></del>
_	"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			<del></del>
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<del></del>
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
•	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,			<u> </u>
-	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>-</del>		<del>  ^</del> -
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Dar		- 00		<u> </u>
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check it deficable decinality a response of note to any line in this fact vicinity is	· · ·	Yes	No
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	140
1a h				
b				!
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		4
	reportable gaming (gambling) winnings to prize winners?		000 /2	1040

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х b If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . . . . . . . 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . b Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q Х h Х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? q Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? ..... а 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 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 other sources (Do not net amounts due or paid to other sources 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans С 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 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?

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 in 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 Enter the number of voting members of the governing body at the end of the tax year 19 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 Enter the number of voting members included in line 1a, above, who are independent 1b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? x Did the organization have members or stockholders? ß Х 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X Each committee with authority to act on behalf of the governing body? 86 х 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 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10a Did the organization have local chapters, branches, or affiliates? Х 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 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 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? x 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? 15a a The organization's CEO, Executive Director, or top management official х 15b **b** Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 ▶ Illinois Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 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 20 State the name, address, and telephone number of the person who possesses the organization's books and records ELYSE DANCKERS (630)306-5512, 410 GRAND AVENUE, Waukegan, IL 60085

Ξ,	orm	990	(2019)	

#### WAUKEGAN TO COLLEGE NFP

45-4860376

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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

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

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

Check this box it fletther the organization flor any relate	- Grigarii Zakio				(C)					
									ļ	
(A)	(B)	(do r	Position (do not check more than one				(D)	(E)	(F)	
Name and title	Average hours					s both ar		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	οπιο	er and	a dir	rector	/trustee)	)	from the	from related	compensation
	(list any	0 =					organization	organizations	from the	
	hours for	or dir	nstiti	Officer	(ey	ingh d	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	dual	non	۱,	mpl	est o	<u> </u>			
	organizations below	Individual trustee or director	institutional trustee		Key employee	Highest compensate employee				
	dotted line)	8	stee			ensa				
						ted				
							<b>.</b>			
(1) JOAN BOUGHTON	1.00									
TREASURER	ļ	х		х				0	0	0
(2) ELAINE EISEN	1.00									
BOARD MEMBER	ļ	х						0	0	0
(3) KAREN PAPP	1.00									
SECRETARY	ļ	х		Х				0	0	0
(4) JIM SUMMERS	1.00									
BOARD MEMBERS		х						00	0	0
(5) LIAM CONNELL	1.00									
BOARD MEMBER	<u> </u>	х	Щ				L_	0	0	0
(6) LOUISE HAYES	1.00									
BOARD MEMBER		X						0	0	0
(7) LAUREN JONHSON	1.00									
VICE PRESIDENT		х		Х			<u> </u>	00_	0	0
(8) MARY SUE WELCH	1.00									
PRESIDENT	ļ	Х		X	ļ		_	0	0	0
(9) BOB WALLACE	1.00									
BOARD MEMBER		Х						0	0_	00
(10) IAIN_LOPATA	1.00									
BOARD MEMBER		Х						0	0	0
(11) LENNY GONZALEZ	1.00									
BOARD MEMBER	ļ	х						0	<u> </u>	0
(12)BOB MONAHAN	1.00									
BOARD MEMBER	-	х	Ш			ļ <u>.</u>		0	00	00
(13)DAVID_VILLALOBOS	1.00					1				
BOARD MEMBER	<u> </u>	х	Ш			ļ <u> </u>		0	0	0
(14)JILL FORD	1.00						1			
BOARD MEMBER	<u> </u>	Х					L	0	0	0 Form <b>900</b> (2010)

Part '	VII Section A. Officers, Directors, Trustees,	Key Employe	ees, ar	nd H	ighe	st C	ompe	nsa	ted Employees (co	ntınued)				
					(	(C)								
	(A)	(B)			sition			(D)	(E)			(F)		
	Name and title	Average	(do not check more than one box, unless person is both a					,	Reportable	Reportable	,	Estima	ited amo	unt
		hours					/trustee)		compensation	compensatio			of other	
		per week							from the	from related			pensatio	n
		(list any	우 둜	5	Q	ž	ďΞ	Fc	organization (W-2/1099-MISC)	organization (W-2/1099-MIS			om the lization a	and
		hours for related	dividual t	stutur	Officer	Key employee	plo plo	Former	(,,	(	-	_	organiza	
		organizations	ctor	lon		nplo	yee a	~						
		below	Individual trustee or director	nstitutional trustee		yee	n n							
		dotted line)	%	stee			Highest compensated employee							
				•			<u>e</u>							
(15) 773	DITTED ADADDOM	1 00								<u> </u>				
	NNIFER SPARROW	1 .00	l						0		_			_
	MEMBER	1 00	X						<u> </u>		0			0
	LIANA GAYTON	1 .00	l											_
	MEMBER		<u> </u>						0		0			0
	BIN_SHAPIRO	1.00	l						_					_
	MEMBER		Х						0		0			0
	vī johnson	1 .00	ł						_					_
	MEMBER	<u> </u>	X						0		_ 0_			0_
<u>(19)</u>														
				_										
(20)														
	<del></del>													
(21)														
(22)											İ			
(23)		L												
(24)														
(25)														
											ļ			
1b	Subtotal							· •						
С	Total from continuation sheets to Part VII, Secti	on A												
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limited	d to those list	ed abo	ove)	who	rece	eived n	nore	than \$100,000 of	<u>'                                      </u>				
		•		•										c
												•	Yes	No
3	Did the organization list any former officer, director,	trustee, kev e	volam	ee. o	or hia	hesi	t comp	ensa	ated					
•	employee on line 1a? If "Yes," complete Schedule J			, -								3		×
4	For any individual listed on line 1a, is the sum of re			tion :	and i	othe	r comr	ens	ation from the					
•	organization and related organizations greater than \$													
	Individual · · · · · · · · · · · · · · · · · · ·			ر	/							4		×
5	Did any person listed on line 1a receive or accrue of			201	unro	lato	d organ		on or individual					
3	for services rendered to the organization? If "Yes," or	•		-			_	IIZal				5		<del></del>
Saction	on B. Independent Contractors	unipiete scrie	- J	101 3	ucii	pers								<u> </u>
			lant as	-1	-1	4h a			mara than \$100,000	) of				
1	Complete this table for your five highest compensa													
	compensation from the organization Report compe	ensation for t	ne care	enda	r yea	ar er	iaing w	ith c		ation's tax ye	ar			
	(A)								(B)			(C)		
	Name and business addres	s						_	Description of service	es		Compensa	ation	
								<u> </u>					_	
								_						
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	ove) w	vho		,		,		, i
	received more than \$100,000 of compensation from	n the organiz	ation	!	<u> </u>					,				
	<del></del> -			_						•		Corm C	an /20	10)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this f	Part VIII	<u></u>		<u> [</u>
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a			•		
<b>"</b>	ь	Membership dues	1b					
ants	c	Fundraising events	1c	134,841				
ည်စို့	d	Related organizations	1d	154,041				
Contnbutions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e	524,154				
<u> </u>	f	All other contributions, gifts, grants,		324,134				
Sin	'	and similar amounts not included above	1f					
per ja	g	Noncash contributions included in		<del> </del>				'
ĘŎ	9	lines 1a-1f	1g	\$ 14,273				'
ဒီ င်	h	Total. Add lines 1a-1f		<del></del>	CEO 00E			
	-"	Total. Add lines 1a-11	••	Business Code	658,995			-
	30							
<u>i</u> .	2a b							
Program Service Revenue								
n S en	_ C							
हुं <u>ब</u>	d				<del> </del>			
5	е .	All others		<del></del>				
<u>α</u>		All other program service revenue		<del></del>	<del></del>	<del> </del>	,	
		Total Add lines 2a-2f		i				,
	3	Investment income (including dividends, interestables are large and large are large ar						
	١.	other similar amounts) · · · · · · · ·		ł.	84			84
		Income from investment of tax-exempt bond p		ř				
	5	Royalties	· · ·	1	- <del></del>		<del></del>	
	_	(ı) Real		(ii) Personal				
		Gross rents · · · · · · 6a						
		Less rental expenses · · 6b						_
		Rental income or (loss) 6c						
	ď	Net rental income or (loss)		1	<del>.</del>			
	7a	Gross amount from (i) Securities	<u> </u>	(II) Other				
		sales of assets other than inventory						
au	b	Less cost or other basis						
Revenue	1	and sales expenses · · 7b						
eve	1	Gain or (loss) · · · · · [7c]		<u> </u>				
r. R	1	Net gain or (loss)	<u> </u>					
Othe	8a	Gross income from fundraising	1					,
0		events (not including \$ 134,841	İ		•	-		
		of contributions reported on line						
	١.	1c) See Part IV, line 18 · · · · · · ·	8a				'	
	1	Less direct expenses · · · · · · · ·	8b	<del></del>			,	
	1	Net income or (loss) from fundraising events	<u> </u>					
	9a	Gross income from gaming	١.					
		activities, See Part IV, line 19	9a	<del> </del>				
	1	Less direct expenses	9b	· · · ·				
	C	Net income or (loss) from gaming activities	$\vdash$					
	10a	Gross sales of inventory, less				_	· .	
	}	returns and allowances	10a	<del></del>		<u> </u>		
	1	Less cost of goods sold · · · · · · ·	10t	1				
	C	Net income or (loss) from sales of inventory	<u>· · · </u>					
	1			Business Code				
e e	11a	MISCELLANEOUS		900099	725	725		
ani	b							
Miscellanous Revenue	C							
ĨŠ.Œ	d	All other revenue						
		Total. Add lines 11a-11d		•	725			
	12	Total revenue. See instructions			659,804	725	0	84

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 27,703 27,703 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . . Compensation 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 333,494 243,784 35,350 54,360 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,158 3,765 568 825 9 922 3,004 18,331 13,405 10 Payroll taxes . . . . . . . . . 29,145 21,305 3,089 4,751 11 Fees for services (nonemployees) Legal 4,247 4,247 d Professional fundraising services See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 1,500 1,500 382 13 3,784 5,530 Office expenses . . . . . . . . . . . . 9,696 14 Information technology . . . 1,352 946 406 15 16 Occupancy . . . . . . . . . . . . 18,900 17,482 1,418 17 1,488 1,488 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,075 1,075 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . . . 22 Depreciation, depletion, and amortization 23 Insurance 1.889 1,545 3,434 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) COLLEGE VISITS 2,193 2,193 7,255 7,255 SUMMER PROGRAMS <u>IN</u>TERN 9,646 9,646 d EXPANDING HORIZONS 596 596 77,661 23,290 24,328 30,043 e All other expenses Total functional expenses. Add lines 1 through 24e · · · 25 552,874 378,531 80,978 93,365 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances ...........

Part X **Balance Sheet** 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 525,101 1 452,122 2 2 Savings and temporary cash investments 211,594 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net **Assets** 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 10c b 38,777 3,028 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 528,129 702,493 17 Accounts payable and accrued expenses ....... 17 18 18 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 63,452 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 4,775 8,757 26 Total liabilities. Add lines 17 through 25 4,775 72,209 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 483,040 27 580,999 Net assets with donor restrictions 40,314 49,285 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31

630,284

702,493

32

33

523,354

528,129

31

32

33

		<u>5-48603</u>	<u> 376</u>	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		$\cdot \square$
1	Totàl revenue (must equal Part VIII, column (A), line 12)	1		659,	804
2	Total expenses (must equal Part IX, column (A), line 25)	2		552,	874
3	Revenue less expenses Subtract line 2 from line 1	3		106,	930
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		523,	354
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		630,	284
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🔲</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 📗 Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		1 1
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		,		
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		اتنا
b	Were the organization's financial statements audited by an independent accountant?		· 2b	х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-		•
	separate basis, consolidated basis, or both				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				İ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· 2c	х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on		'		.
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				į
	Single Audit Act and OMB Circular A-133?		· 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

EEA

### **SCHEDULE A**

# **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

OMB No 1545-0047

2019 Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Inspection

WAU	KEG.	AN TO COLLEGE NFP					45-486037	6
Pa	rt I	Reason for Public Charity	Status (All org	janizations must co	mplete t	his part)	See instructions	
The	orgar	nization is not a private foundation becar	use it is (For lines 1	through 12, check only	one box )		-	1/
1	П	A church, convention of churches, or as	sociation of churche	s described in section 17	'0(b)(1)(A)	i).		$\angle X$
2	П	A school described in section 170(b)(1				•		f Y J
3	Ħ	A hospital or a cooperative hospital serv		•				
4	Ħ	A medical research organization operati	J	• • •		V6\/4\/6\/	i) Enter the	
•	Ш	•	ed in Conjunction wit	ii a nospital described iii s	section in	/(U)(1)(A)(II	i). Litter the	
_	П	hospital's name, city, and state	:					
5	П	An organization operated for the benef	-	versity owned or operate	o by a gove	ernmentai t	init described in	
		section 170(b)(1)(A)(IV). (Complete Pa	-					
6	닏	A federal, state, or local government or	~	•				
7	X	An organization that normally receives	a substantial part o	fits support from a gover	nmental ur	nit or from t	he general public	
		described in section 170(b)(1)(A)(vi).	Complete Part II)					
8		A community trust described in section	170(b)(1)(A)(vi). (C	Complete Part II)				
9		An agricultural research organization de	scribed in section 1	70(b)(1)(A)(ix) operated	ın conjunctı	on with a la	nd-grant college	
		or university or a non-land-grant colleg	e of agriculture (see	e instructions) Enter the i	name, city,	and state o	f the college or	
		university						
10		An organization that normally receives	(1) more than 33 1	/3% of its support from c	ontributions	s, members	hip fees, and gross	
	_	receipts from activities related to its ex	• •	• •				
		support from gross investment income	•	•				
		acquired by the organization after June		·		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
11	П	An organization organized and operated		* * * * * * * * * * * * * * * * * * * *	-	<b>4</b> )		
12	H	An organization organized and operate	•	•	' '		rn, out the nurnoses	
14	ш		•	•			-	
		of one or more publicly supported organ						
		Check the box in lines 12a through 12a					_	
	а	Type I. A supporting organization o	•	- · · · · ·	_			
		the supported organization(s) the p	-		of the direc	ctors or trus	stees of the	
		supporting organization You must	complete Part IV,	Sections A and B.				
	b	Type II. A supporting organization s	supervised or control	lled in connection with its	supported o	organization	(s), by having	
		control or management of the sup	porting organization	vested in the same pers	ons that co	ntrol or ma	nage the supported	
		organization(s) You must comple	ete Part IV, Section	s A and C.				
	С	Type III functionally integrated.	supporting organization	ation operated in connecti	on with, an	d functional	ly integrated with,	
		its supported organization(s) (see in	nstructions) You mu	ust complete Part IV, Se	ctions A, D	), and E.		
	d	Type III non-functionally integra	ted. A supporting or	ganization operated in cor	nection wit	h its suppoi	ted organization(s)	
		that is not functionally integrated	The organization ge	nerally must satisfy a dist	ribution red	quirement a	nd an attentiveness	
		requirement (see instructions) You		•				
	е	Check this box if the organization	·				e II. Type III	
	•	functionally integrated, or Type III i					· · · · · · · · · · · · · · · · · · ·	
	f	Enter the number of supported organiz	•				<i></i>	
	g	Provide the following information about						<u> </u>
		) Name of supported organization	(II) EIN	(III) Type of organization	(iv) Is the o	ragorzation	(v) Amount of monetary	(vi) Amount of
	,,	) Name of supported organization	(II) EIN	(described on lines 1-10	4 * *	r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
								!
					Yes	No		
(A)								
(B)								
(C)								
				· · · · · · · · · · · · · · · · · · ·				
(D)								
, <i>U)</i>								
(E)						]		
(E)								
Tota	al							

990.or 990-EZ) 2019 WAUKEGAN' TO COLLEGE NFP 45-4860376
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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)

	ction A. Public Support		,,,				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	Τ					
	membership fees received (Do not	[					
	ınclude any "unusual grants ")	409,043	448,157	490,091	690,127	658,995	2,696,413
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	409,043	448,157	490,091	690,127	658,995	2,696,413
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)	1		•			216,674
6	Public support. Subtract line 5 from line 4	,					2,479,739
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	409,043	448,157	490,091	690,127	658,995	2,696,413
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	22	1,421	497	675	84	2,699
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )			1,358	2,486	725	4,569
11	Total support. Add lines 7 through 10				•		2,703,681
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the org	janization's first.	, second, third,	fourth, or fifth	tax year as a se	ection 501(c)(3)	•
	organization, check this box and stop here						▶ [
Se	ction C. Computation of Public Suppor	rt Percentage	)	<del>-</del>	*		
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, c	olumn (f)) · ·		14	91.72 %
	Public support percentage from 2018 Sched					15	96.93 %
	33 1/3% support test - 2019. If the organization					or more, check t	his
	box and stop here. The organization qualifies						
ı	33 1/3% support test - 2018. If the organizat	ion did not chec	k a box on line	13 or 16a, and	l line 15 is 33 1	/3% or more, ch	ieck
	this box and stop here. The organization qua						,
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets th						
	Part VI how the organization meets the "fact	s-and-circumsta	ances" test Th	ne organization	qualifies as a	publicly suppor	ted
	organization						▶ □
ı	0 10%-facts-and-circumstances test - 2018.						_
	15 is 10% or more, and if the organization me	ets the "facts-a	nd-circumstand	ces" test, check	this box and s	top here.	
	Explain in Part VI how the organization meet						cly
	supported organization						
18	Private foundation. If the organization did no						_
	instructions						▶ □

45-4860376 WAUKEGAN TO COLLEGE NFP 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 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge ..... 6 Total. Add lines 1 through 5 . . . . . . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b ..... Public support. (Subtract line 7c from Section B. Total Support (c) 2017 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 / (d) 2018 9 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 13 Total support. (Add lines 9, 10c, 11, 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ...... Section C. Computation of Public Support Percentage % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 16 % 16 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, Inhe 17 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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#### 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 S	Supporting	Ora	anizations

eci	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	Γ. ·	163	-
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u>                                   </u>	<u> </u>	
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	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	3a	<del></del>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			<u> </u>
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the		·	
	organization made the determination	3b		
С	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	3c		
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	4a		
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		·	ļ
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	···.	٠ ، ا	١.
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			l
	purposes	4c		
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 <b>Part VI</b> , 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	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		ــــــــــــــــــــــــــــــــــــــ	<u>-</u>
	designated in the organization's organizing document?	5b		ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		·	١.
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			٠.
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	<u> </u>		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		<u> </u>
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)	8		
Уa	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			
L	In section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		<del>                                     </del>
b	, , ,	9b		
_	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b>	90	<del> </del>	<del> </del>
С	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 <b>Part VI</b>	9c	<u> </u>	
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	30	<del> </del>	-
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	Totally (regarding certain Type in supporting organizations, and air Type in non-functionally integrated	1	I _	ı

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings )

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

10a

	ule A (Form 990 or 990-EZ) 2019 WAUKEGAN TO COLLEGE NFP	45-4860376	Р	age <b>5</b>
Pai	rt IV Supporting Organizations (continued)	<del></del>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and	1(0)		
a	below, the governing body of a supported organization?	11a	·	<del></del>
<b>h</b>	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in	<b></b>	$\overline{}$	
	tion B. Type I Supporting Organizations	7 47.07	<u> </u>	!
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the control of			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised	J, 01		
	controlled the organization's activities. If the organization had more than one supported organization,	norted		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the sup-	ported	_	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Part		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		.	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the d		'	Ì
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con		•	
	or management of the supporting organization was vested in the same persons that controlled or management	aged		· 
	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations		154	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month		-	
	organization's tax year, (i) a written notice describing the type and amount of support provided during	the prior tax	-	٠,
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) co		-	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided the state of the state		<u> </u>	ļ <u>.</u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pai		-	
_	the organization maintained a close and continuous working relationship with the supported organization	on(s) 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization.		-	
500	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	voor (coo instruction	) C)	
' a		year (see mstruction	13)	
b	<b>高</b>			
C		nment entity (see instr	uctions	e)
2	Activities Test Answer (a) and (b) below.	michi chiny (see man	Yes	No
a		noses of	1.00	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI ident</b>			
	those supported organizations and explain how these activities directly furthered their exempt purp	-	-	
	how the organization was responsive to those supported organizations, and how the organization deter		-	
	that these activities constituted substantially all of its activities	2a	-  <del></del>	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part</b> V			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
a		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 "Yes," describe in Part VI the role played by the organization in this regard

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Pai	rt VType III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	ust on I	Nov 20, 1970 (explain in	Part VI) See
	instructions. All other Type III non-functionally integrated supporting organization	tions m	nust complete Sections A	through E
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	tion A - Adjusted Net Income		(A) Filor real	(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			,
co	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	structions for short tax year or assets held for part of year)	l		
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			•
fa	ctors (explain in detail in Part VI)	_ [	· · · · · ·	<i>,</i>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e 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		
Sec	tion 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		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			1
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting of	organization (see
	instructions)	-	_	

Par	t v   1 ype iii Non-Functionally integrated 509(a)(3)	Supporting Organiza	itions (continued)						
Sec	Section D - Distributions								
1	Amounts paid to supported organizations to accomplish exem								
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes	ons							
	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI) See instructions								
7	Total annual distributions. Add lines 1 through 6								
8	Distributions to attentive supported organizations to which the	organization is responsi	ve						
	(provide details in Part VI) See instructions								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	ī							
s	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
_1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required - explain in Part VI) See								
	ınstructions								
	Excess distributions carryover, if any, to 2019		•						
	From 2014								
	From 2015								
	From 2016		•						
	From 2017								
	From 2018								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
<del>_</del> :	Carryover from 2014 not applied (see instructions)			•					
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		,						
4	Distributions for 2019 from								
	Section D, line 7 \$								
	Applied to underdistributions of prior years		•						
	Applied to 2019 distributable amount	<u> </u>							
	Remainder Subtract lines 4a and 4b from 4	<del> </del>		· · · · · · · · · · · · · · · · · · ·					
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 <b>Part VI</b> See instructions			,					
-6	Remaining underdistributions for 2019 Subtract lines 3h								
О									
	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			·					
	5								
	F ( 0040								
	F 6 0047								
	Excess from 2017 Excess from 2018			·					
	Excess from 2019	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
_									

## SCHEDULÉ D (Form 990)

**Supplemental Financial Statements** 

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name	of the organization Emi	oloyer identification number
WAU.	KEGAN TO COLLEGE NFP	45-4860376
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	.=
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	Tyes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	- 105   105   105   105   105   105   105   105   105   105   105   105   105   105   105   105   105   105
0	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	•	· · · · · · · · · · · · · Yes · · No
Da	conferring impermissible private benefit?	
Га		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	A
		storically important land area
		rtified historic structure
_	Preservation of open space	•
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
đ	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	n during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easeme	nts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)( $\mathfrak{u}$ )?	· · · · · · · · · · · · 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 footnote to the organization's financial statements that design the design of the footnote to the organization of the statements and the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote to the organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization of the footnote organization org	cribes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	fpublic
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	ublic 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	· · · · ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	
	following amounts required to be reported under FASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	· · · · ▶ \$
þ	Assets included in Form 990, Part X	

	collection items (check all that apply)										
а	Public exhibition		d		Loan o	r exchange p	orograms	<b>;</b>			
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain hov	w they fu	rther	the org	anization's ex	kempt pu	rpose in Part			
	XIII										
5	During the year, did the organization solicit or re	ceive donations of art	t, historic	cal tre	easures,	or other sim	ular				
	assets to be sold to raise funds rather than to be	e maintained as part o	of the org	ganız	ation's c	ollection?			Ye:	s 🗌	No
Pai	rt IV Escrow and Custodial Arran	•						•			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21										
1a	Is the organization an agent, trustee, custodian								_		
	ıncluded on Form 990, Part X?	<i></i>							TYe	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	ng table								_
							<u> </u>	Am	nount		
С	Beginning balance										
d	radinone danning the year										
e	Distributions during the year							·			
f	Ending balance						·   <u>1f</u>				
2a	Did the organization include an amount on Form	n 990, Part X, line 21,	for escr	ow o	r custod	ial account li	ability?		· Ye	s 🔃	No
	If "Yes," explain the arrangement in Part XIII Cr	neck here if the explar	nation ha	s be	en provi	ded on Part.	XIII		<u></u>	<u>. L</u>	
Pai	rt V Endowment Funds.		_								
	Complete if the organization a	answered "Yes" c	n Forr	n 99	30, Pa	rt IV, line	10		·		
		(a) Current year	(b) F	rior ye	ear	(c) Two years	back	(d) Three years back	(e) Fou	r years b	ack
1a	Beginning of year balance							-			
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
0	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance	<u></u> _l							<u> </u>		
2	Provide the estimated percentage of the current	t year end balance (lir	ne 1g, co	lumr	ı (a)) he	ld as	`				
a	Board designated or quasi-endowment	%									
b	Permanent endowment • %	0									
С	Term endowment • %										
_	The percentages on lines 2a, 2b, and 2c should										
3 <b>a</b>	Are there endowment funds not in the possessi	on of the organization	that are	held	and ad	ministered fo	r the				
	organization by								(a ()	Yes	No
	(i) Unrelated organizations · · · · · · ·								· 3a(ı)		ļ
	(II) Related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organization	=			κ, .				. 3b		L
Pai	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipr		ent lungs	<u> </u>							١
Pa	Complete if the organization a		n For	m 00	an Da	rt IV line	11a S	ae Form 990 I	Dart Y li	na 10	1
				$\neg \neg$							
	Description of property	(a) Cost or other		(		other basis other)		Accumulated epreciation	(d) Boo	ok value	
	Load	/myesuner	",	+	,,	ai j		Sp. Colation			
1a	Land	• •		+		<del></del>					
b	Buildings	• •			· · · · · · · · · · · · · · · · · · ·						
C	Leasehold improvements	• •		+		38,777				38,	177
d	Equipment	• •	<del></del>	+-							
е	Other	• •		- 1			!	I			

WAUKEGAN TO COLLEGE NFP

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

Schedule D (Form 990) 2019

38,777

Part VII	. Investments - Other Securitie Complete if the organization ar		m 990. Par	IV line 11b S	See Form 990	Part X line 12
•	(a) Description of security or category		(b) Book va		(c) Meth	od of valuation
(4) Francis	(including name of security)				Cost or end-of-	year market value
(1) Financial (						
•	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)		· · · · · · · · · · · · · · · · · · ·			····	
(G) (H)			<del> </del>			
	n (b) must equal Form 990, Part X, col (B) li	00.121				·
Part VIII	Investments - Program Relat					
i ait viii	Complete if the organization ar		m 990 Par	HV line 11c S	see Form 990	Part X line 13
	(a) Description of investment	1000000	(b) Book va		(c) Meth	od of valuation
(4)		<del>.</del>	<del> </del>		Cost or end-of-	year market value
(1)			<del></del>			
(2)			-			
(3)						
(4)			<u> </u>			
(5)			<del>                                     </del>			
(6)			<u> </u>			
(7)		<del></del>			<del></del>	
(8)			-			
(9) T. 414 (Cature	- (h)	421 <b>-</b>				•
Part IX	n (b) must equal Form 990, Part X, col (B) li Other Assets.	ne 13 ) · · · · · ▶	l			<u> </u>
Tartix	Complete if the organization ai	nswered "Yes" on For	m 990 Par	t IV line 11d S	See Form 990	Part X line 15
	Complete if the organization at	<del>,</del>	111 000, 1 41	(14, IIII) 114 C	1	
(1)		(a) Description		<del></del>		(b) Book value
(1)						
(2)						
(3)						
(4)		(* <del>    *   *   *   *   *   *   *   *   *</del>				
(5)						
(6)						
(7)						
(8)						
(9)	(b) (B) b	45 \				
	n (b) must equal Form 990, Part X, col (B) li Other Liabilities.	ne 15)	• • • • • • •			
Part X	Complete if the organization as	newered "Vee" on For	m 000 Par	t IV/ line 11e o	r 11f See For	m 000 Part X
		nswered les on o	111 990, Fai	tiv, mie rie o	1111 366 1 01	11 330, 1 att X,
	line 25			T		
1.	(a) Description of liability	(b) Book	value		•	•
	income taxes			4		•
(2)DEPOSI			5,805	-		
	L LIABILITIES		2,952	-		
(4)				4		
(5)			<del></del>	┥ ,		
(6)				- ·	•	•
				<del>-</del> .'		•
(8)		- 1		4 .	•	
(9)			<del></del>	ļ , , ,	•, •	
Total (Column	(b) must equal Form 990, Part X, col (B) line 25	) • ▶	8,757	L	•	<del></del>
2. Liability for	uncertain tax positions. In Part XIII, provide		•		•	

		5-4860376	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	r Keturn.	
1	Tôtal revenue, gains, and other support per audited financial statements	T 1 T	659,804
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del>                                     </del>	039,004
	Net unrealized gains (losses) on investments	1	
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	659,804
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		039,004
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	659,804
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	000,001
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	552,874
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses · · · · · · · · · · · · · · · · · ·	1	
d	Other (Describe in Part XIII )	1 .	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	552,874
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		•
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	11	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	552,874
Par	rt XIII Supplemental Information.		
Provid	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part	X, line	
2, Pai	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			<del></del>
	•		
	•		
		<del></del>	

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

2019

**Open to Public** 

OMB No 1545-0047

Department of the Treasury

Department of the Treasury Internal Rèvenue Service			structions and	ਰੇਬਹ-ਛਟ. d the latest informatioi	ո.	Inspection
Name of the organization					Employer id	entification number
WAUKEGAN TO COLLEGE NFP					45-48	860376
Part I Fundraising Activitie	s. Complete if the	ne organiz	ation ansv	wered "Yes" on F	orm 990, Part IV,	line 17
Form 990-EZ filers are n	ot required to con	nplete this p	oart			
1 Indicate whether the organization ra	ised funds through a	_	_			
a 🔲 Mail solicitations				f non-government gra	nts	
b Internet and email solicitations		_		f government grants		
c Phone solicitations		g ∐	Special fundr	aising events		
d In-person solicitations				<b>.</b>		
2a Did the organization have a written of					_	v
or key employees listed in Form 990 b If "Yes," list the 10 highest paid indiv	· · · · · · · · · · · · · · · · · · ·				_	Yes ∐ No
compensated at least \$5,000 by the		iuraisers) pui	Suarii iu agre	ements under which	the fullulaiser is to be	
compensated at least \$5,000 by the	organization					•
		(m) Did fun	dragar haya		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or cristly (randraiser)		contril	outions?		col (i)	organization
		Yes	No			
1						
2						
3						
		<del>                                     </del>	<del> </del>	1		+
4						
5				<u> </u>		<del></del>
3						
6		1				
7						
8						
9						
			<del> </del>	-		
10						
Total			. 🍆			
Total				ns or has been notifie	d it is even nt from	
registration or licensing	artis registered or not	JIISCU TO SOIIC	ar contribution	is or mas occir notine	a tela exemperioni	
regionation of moentaing						
					<u>.</u> .	<del></del>
			-			
		-				·············
						<del></del>
						<del></del>

Part II

		than \$15,000 of fundraising		gross income on Form	990-EZ, lines 1 and 6b	List events with			
	•	gross receipts greater than	(a) Event #1 OCTOBER FEST	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through col (c))			
Revenue	1	Gross receipts · · · · · · · ·	(event type)	(event type)	(total number)	ω (c)/			
	2	Less Contributions				·			
		line 2)							
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs · · · · · · ·							
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment	······						
	9	Other direct expenses							
	10	Direct expense summary Add lines			-				
Da	11 rt II	Net income summary Subtract line 1  Gaming. Complete if the or		os" on Form 000 Port IV		o than			
		\$15,000 on Form 990-EZ, I	•	es offi offi 550, i artiv	, line 15, or reported mor	Culan			
		\$15,000 OH 1 OHH 300 E2,1		(b) Pull tabs/instant		(d) Total coming (odd			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
Rev	1	Gross revenue	<u>-</u>						
ses	2	Cash prizes							
ect Expenses	3	Noncash prizes	······						
Direct 6	4	Rent/facility costs · · · · · ·							
	5	Other direct expenses							
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No				
	7	Direct expense summary Add lines 2	2 through 5 in column (d)			*****			
	8	Net gaming income summary Subtra	act line 7 from line 1, colum	n (d)		***			
	9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?								
10a		ere any of the organization's gaming lid Yes," explain	censes revoked, suspended	l, or terminated during the ta	x year?	· · · · D Yes D No			

#### SCHEDULE'O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number WAUKEGAN TO COLLEGE NFP 45-4860376 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW 02. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD DISCUSSED DURING THEIR MONTHLY MEETINGS 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS MONITORS PERFORMANCE AND APPROVES COMPENSATION 04. Other officer or key employee compensation (Part VI, line 15b BOARD OF DIRECTORS APPROVES COMPENSATION. 05. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST. 06. List of other expenses (Part IX, line 24e) THE ORGANIZATION HIRED A PROFESSIONAL CONSULTANT TO HELP ADVANCE THEIR PROGRAMS