

COUNTY OF KENDALL, ILLINOIS
ECONOMIC DEVELOPMENT COMMITTEE
KENDALL COUNTY HISTORIC COURTHOUSE
3rd Floor Courtroom; 109 W. Ridge Street; Yorkville

Friday, January 29, 2021 at 9:00a.m.
MEETING AGENDA

- 1. Call to Order**
- 2. Roll Call – Dan Koukol (Chair), Amy Cesich, Scott Gryder, Matt Kellogg, Robyn Vickers**
- 3. Approval of Agenda**
- 4. Approval of November 20, 2020 Meeting Minutes**
- 5. Committee Business**
 - *Discussion and Approval of Kendall County Fair Association Revolving Loan Application*
 - *Discussion and Approval Grace Holistic Center for Education Revolving Loan Application*
- 6. Updates and Reports**
- 7. Chair's Report**
- 8. Public Comment**
- 9. Executive Session**
- 10. Adjournment**

[Microsoft Teams Meeting](#)

[Click here to join the meeting](#)

Or call in (audio only)

1 309-248-0701

Phone Conference ID: 705 103 654#

If special accommodations or arrangements are needed to attend this County meeting, please contact the Administration Office at (630) 553-4171, a minimum of 24-hours prior to the meeting time

**COUNTY OF KENDALL, ILLINOIS
ECONOMIC DEVELOPMENT COMMITTEE
Special Meeting Minutes for Friday, November 20, 2020**

Call to Order

The meeting was called to order by Committee Member Amy Cesich at 8:31a.m.

Roll Call

Attendee	Status	Arrived	Left Meeting
Amy Cesich	Present		
Scott Gryder	ABSENT		
Audra Hendrix	Here		
Matthew Prochaska		8:44a.m.	
Robyn Vickers	Here		

Others Present: County Administrator Scott Koeppel, Terri Grace, Grace Holistic Center for Education Owner, and Ashley Dickerson, Grace Holistic Center for Education Board Member

Approval of Agenda – Member Hendrix made a motion to approve the agenda, second by Member Vickers.

Attendee	Vote
Amy Cesich	Yes
Audra Hendrix	Yes
Robyn Vickers	Yes

With three members present voting aye, the motion carried by a vote of 3-0.

Approval of October 30, 2020 Meeting Minutes – Member Vickers made a motion to approve the October 30, 2020 meeting minutes, second by Member Hendrix.

Attendee	Vote
Audra Hendrix	Yes
Robyn Vickers	Yes
Amy Cesich	Yes

With three members present voting aye, the motion carried by a vote of 3-0.

Committee Business

- ***Discussion and Approval of Kendall County Fair Association Revolving Loan Application*** – Mr. Koeppel updated the committee on the application from the Kendall Fair Association, and said that he has forwarded the application to Thomas P. Miller & Associates for review. **Mr. Koeppel will communicate with the Fair Association regarding the \$500.00 deposit required at the start and then continue with the approval process once that has been received.**

- *Discussion and Approval of Grace Holistic Center for Education Revolving Loan Pre-Application* – Mr. Koeppel reviewed his summary of the pre-application with the committee. The plan is to utilize the loan as a down-payment for the purchase the Club 47 location, to eliminate the high cost of rent they are currently paying. The school has no other loans at this time. If the County is able to proceed with the RLF, the school will have their attorney negotiate with the building owner to extend their current lease until the loan is approved, and they can move forward.

There was consensus by the committee to move forward with a full application and the approval process once the full application has been submitted.

Committee Vice Chair Prochaska joined the meeting, and assumed the chairing of the meeting at 8:44a.m.

- *Discussion of C-PACE Program* – Mr. Koeppel reviewed the fees and cost proposal. Discussion of the *Ordinance* establishing a property assessed clean energy (“PACE”) Program and a PACE area to Finance and/or Refinance the Acquisition, Construction, Installation, or Modification of Energy Projects; Providing for the Issuance of not to exceed \$500,000,000 Taxable PACE Revenue Notes of the County to Finance Projects Pursuant to the County’s said notes, authorizing the sale of said notes to the Purchaser thereof; and Other Matters Related thereto; and where fund revenue fees would be deposited.

Mr. Koeppel disclosed the areas he had questions on, the Program Administrator section; the bonding piece, and who would review the RFP applications when received.

Mr. Koeppel recommended sending to the State’s Attorney’s Office for legal review once he has modified the documents to the specifications of the County, including processing requirements from the County Clerk and the County Treasurer.

There was consensus by the Committee to proceed with making the changes to the documents, and then forwarding the documents to the State’s Attorney’s Office for legal review.

Updates and Reports – Mr. Koeppel reported that the Oswego Best Western informed the committee that they would be tabling their loan request due to the potential grant funding through the CARES fund program.

Mr. Koeppel reported the State’s Attorney’s Office has provided a legal opinion that the County can authorize *The Law Office* and *Dearborn Café* to make interest only payments at this time during the pandemic. **There was consensus by the committee to send letters to The Law Office and Dearborn Café regarding interest only payment on current RLF loans; and then forwarding those letters for approval at the November 30, 2020 County Board meeting.**

Chairs Report – None

Items for the November 30, 2020 County Board Meeting - None

Items for the December 17, 2020 Committee of the Whole Meeting - None

Public Comment – None

Executive Committee – Not needed

Adjournment - Member Cesich made a motion to adjourn, second by Member .

Attendee	Vote
Audra Hendrix	Yes
Matthew Prochaska	Yes
Robyn Vickers	Yes
Amy Cesich	Yes

With four members present voting aye, the motion carried by a vote of 4-0. There being no objection, the Economic Development Committee meeting was adjourned at 9:32a.m.

Respectfully submitted,

Valarie McClain
Administrative Assistant & Recording Secretary

Kendall County Economic Development Commission
Loan Status
12/31/2020

Account Name	Last Pymt Loan Date	A		B		C	D	E
		Monthly Payment Principal	Interest Rate	Total Paid		Interest	Principal Balance	Bank Totals
				Principal	Interest			Bank Balance includes I earned
Surplus - EDC BB #815-535								1,696,732.08
<u>Law Office Corporation</u> Payment: #38	12/14/2020	579.05				118.94		
Loan Status: Midland State Bank	3/11/2015	450.56						
		120,000.00						
		120,450.56	1.50%	25,298.53	7,826.26		95,152.03	33,225.02
<u>Civilian Force Arms</u> Payment: #53	9/30/2020	1,700.00		5,052.64	0.00			
Loan Status: First National Bank	8/6/2015	90,000.00	2.90%	90,000.00	6,791.14		0.00	96,932.06
<u>Dearborn Café</u> Payment: #63	12/22/2020	1,024.93		986.25	38.68			
Loan Status: FNB #2920	9/1/2015	80,000.00	2.10%	58,885.58	5,685.05		21,114.42	64,760.20
<u>Lucky's Beef 'N Dogs</u> Payment: #27	11/23/2020	225.00		157.01	67.99			
Loan Status: BB 286	5/23/2017	32,086.20	2.90%	4,109.02	1,965.98		27,977.18	7,966.96
Total Loan Statuses		322,536.76		170,293.13	23,268.43		144,243.63	1,899,616.32

Total Assets (D +E) 2,043,859.95

Kendall County Economic Development Commission
Loan Status
11/30/2020


Account Name	Last Pymt Loan Date	A		B		C	D	E		
		Monthly Payment Principal	Interest Rate	Total Paid				Principal Balance	Bank Totals	
				Principal	Interest				Interest Earned	Bank Balance includes I earned
Surplus - EDC BB #815-535								434,940.22	1,696,593.19	
<u>Law Office Corporation</u> Payment: #57	3/2/2020	579.05		459.54	119.51					
Loan Status: Midland State Bank	3/11/2015	450.56								
		120,000.00								
		120,450.56	1.50%	25,298.53	7,707.32	95,152.03		98.56	33,104.41	
<u>Civilian Force Arms</u> Payment: #53	9/30/2020	1,708.00		5,852.64	0.00					
Loan Status: First National Bank	8/6/2015	90,000.00	2.90%	90,000.00	6,791.14	0.00		136.80	96,927.94	
<u>Dearborn Café</u> Payment: #61	11/6/2021	1,024.93		982.81	42.12					
Loan Status: FNB #2920	9/1/2015	80,000.00	2.10%	56,914.80	5,605.95	23,085.20		186.88	62,707.63	
<u>Lucky's Beef N Dogs</u> Payment: #27	11/23/2020	225.00		157.01	67.99					
Loan Status: BB 286	5/23/2017	32,086.20	2.90%	4,109.02	1,965.98	27,977.18			7,966.96	
Total Loan Statuses		322,536.76		176,322.35	22,070.39	146,214.41		435,362.46	1,897,302.13	

Total Assets (D+E) 2,043,516.54

TECHNICAL MEMORANDUM

DATE: January 15, 2021

TO: County of Kendall
Office of Administrative Services
111 West Fox Street, Room 316
Yorkville, IL 60560

FROM: Matt Rueff, CRE, CEDF 
Director, Economic Development & Community Resiliency
Thomas P. Miller & Associates

SUBJECT: Revolving Loan Fund Pre-Application, Kendall County Fair Association, Inc.

Kendall County Economic Development Committee:

The Revolving Loan Fund Program Application for Kendall County Fair Association, Inc. has been assessed for completeness and alignment with the goals and objectives outlined in the 2019 Revolving Loan Fund Recapture Strategy.

Kendall County Fair Association, Inc. (KCFA) is a non-profit organization seeking funding to make facility improvements to the Kendall County Fairgrounds which would result in expanded services. These facilities are exempt from property tax requirements. Therefore, the application does not meet the goal of the Revolving Loan Fund Recapture Strategy to increase the Kendall County property and sales tax base.

The estimates provided for these facility improvements do not seem to include funding from KCFA or from traditional lending sources. The application is also missing cost estimate documentation from vendors for labor and materials necessary for the projects. Additionally, KCFA does not document any job retention or growth related to any of the projects. There is no documentation or rationale for the selected "rate of return" justification.

The community interests of the improved facilities are worth consideration. KCFA promotes and supports the 4-H program throughout Kendall County, which provides education for agriculture, home economics, arts, sciences, and more. Meeting and event spaces may have increased demand as population has increased in the county and if social distancing requirements ease. Tourism may also be a factor as events may attract visitors who may stimulate the local economy.

LOAN REQUEST:

KCFA is requesting \$139,000 for enhancements to facilities at the Fairgrounds. KCFA has not identified other funding sources or ways to collateralize the loan.

RECOMMENDATION:

It is recommended that the Kendall County Board's Economic Development Committee deny the KCFA application for funding. The application does not meet the general requirements of

the 2019 Revolving Loan Fund Recapture Strategy. We understand the Committee may wish to approve the application as they may have knowledge and understand a broader importance of this project to Kendall County.

COUNTY OF KENDALL
REVOLVING FUND PROGRAM
APPLICATION



Kendall County
Office of Administrative Services
111 West Fox Street, Room 316
Yorkville, IL 60560
Phone: 630.553.4171
Fax: 630.553.4214
kendalledc@co.kendall.il.us

Revised: June 2016

Kendall County Fair Association, Inc.

Profit & Loss

January 1 through October 30, 2020

	Jan 1 - Oct 30, 20
Income	
40000 · Grant Funding	3,000.00
44600 · State Funding	
44630 · Rehabilitation	27,105.39
44660 · Covid-19 Funds	31,600.00
44600 · State Funding - Other	16,838.38
Total 44600 · State Funding	75,443.75
46000 · Event Income	
46001 · DrawDown Income	
46002 · Drawdown Dinner Tickets	10,180.00
46001 · DrawDown Income - Other	15,899.08
Total 46001 · DrawDown Income	26,169.08
46303 · Alcoholic Beverage Sales	4,981.98
46315 · Auction Sales	4,855.91
46432 · Seed Money/Change for Events	2,625.00
46803 · Commercial Booth Rent	
47404 · Food Vendor Rent	1,550.00
47617 · - Craft Show / Farmers Market	837.91
46803 · Commercial Booth Rent - Other	1,503.00
Total 46803 · Commercial Booth Rent	3,690.91
47106 · Donations	3,982.00
48006 · Other Income	5,110.53
48000 · Event Income - Other	11,035.42
Total 46000 · Event Income	62,230.83
46500 · Rental of Fairgrounds	
47630 · Building Rentals	175.00
47531 · Smith 4-H Hall Rentals	28,845.68
47632 · Education Building Rentals	4,568.00
47633 · Stagecoach Pavilion Rentals	1,990.00
47640 · Grounds Rental Fees	125.00
47690 · Set-up Fees for Rentals	60.00
46500 · Rental of Fairgrounds - Other	15,849.58
Total 46500 · Rental of Fairgrounds	51,213.26
46996 · Raffles	1,103.00
46997 · Gun Raffle	3,460.00
47200 · Sponsorships	
47220 · Fair Sponsorship	
47223 · Performance Sponsorship 2500	2,500.00
47224 · Event Sponsorship \$250 or more	1,250.00
47229 · Trophy/Prize Sponsorships	55.00
47220 · Fair Sponsorship - Other	2,177.00
Total 47220 · Fair Sponsorship	5,982.00
47200 · Sponsorships - Other	1,820.00
Total 47200 · Sponsorships	7,802.00
47280 · Banners	3,350.00
47800 · Insurance and Licensing	643.00
48005 · Drawdown Split	11,654.00
Total Income	219,899.84
Gross Profit	219,899.84

Kendall County Fair Association, Inc.

Profit & Loss

January 1 through October 30, 2020

	Jan 1 - Oct 30, 20
Expense	
62100 · Contract Services	
62110 · Legal and Accountant Fees	5,715.00
62120 · State Filing Fees	15.00
62121 · Licensing and Permits	1,080.00
62880 · Mortgage Interest	1,365.42
62870 · Property Insurance	11,754.00
65120 · Insurance	
65122 · Directors and Officers	1,549.00
65123 · Property & Liability	50.00
65120 · Insurance - Other	7,043.00
Total 65120 · Insurance	8,642.00
65126 · Alcohol Insurance/Taxes	527.00
62100 · Contract Services - Other	1,000.00
Total 62100 · Contract Services	30,108.42
62800 · Facilities and Equipment	
62810 · Janitorial Supplies & Non Rehab	732.04
62840 · Equip Rental and Maintenance	2,187.43
62850 · Janitorial Services	8,472.10
66901 · Building Maint. & Supplies	883.79
66905 · Grounds Improvement -Capitalize	1,329.28
66907 · Maint. & Repairs	3,472.22
66908 · Fuel	804.94
66909 · Grounds Maint. and Supplies	1,749.29
62800 · Facilities and Equipment - Other	4,554.91
Total 62800 · Facilities and Equipment	23,998.00
62890 · Utilities	
62891 · Garbage	1,079.16
62893 · LP Gas	3,391.09
62894 · Electric	3,085.01
62895 · Phone	1,750.61
62896 · Port o Let	210.00
62897 · Internet Service	600.00
62890 · Utilities - Other	318.87
Total 62890 · Utilities	10,314.74
65000 · Sponsorship Expenses	
65030 · Printing and Copying	201.83
65000 · Sponsorship Expenses - Other	20.00
Total 65000 · Sponsorship Expenses	221.83
65100 · Other Types of Expenses	
65150 · Memberships and Dues	600.00
65161 · Interest and Fees	1,763.88
65162 · Square & PayPal Processing Fees	63.17
Total 65100 · Other Types of Expenses	2,427.05
65115 · Seed Money Withdrawal	1,000.00
65169 · Rental Expenses	7,272.70
65170 · Ice Expense	146.80
65200 · Marketing	
65110 · Advertising Expenses	1,132.28
65205 · Website Expenses	696.62
65200 · Marketing - Other	130.15
Total 65200 · Marketing	1,959.25

Kendall County Fair Association, Inc.
Profit & Loss
January 1 through October 30, 2020

	<u>Jan 1 - Oct 30, 20</u>
65400 · Draw Down Split	
65410 · Office Supplies & Printing	72.50
65400 · Draw Down Split - Other	23,308.00
Total 65400 · Draw Down Split	<u>23,380.50</u>
65900 · Fair Expense	13,209.84
66000 · Payroll Expenses	41,065.90
66001 · Payroll taxes	221.30
66100 · Events Expenses	
65001 · Event Supplies	1,885.80
66002 · Food and Drink	11,075.98
65003 · Alcohol	2,248.11
65171 · Seed Money/Change for Events	1,825.00
66111 · Entertainment	1,100.00
66113 · Contest Prizes and Costs	387.29
66114 · Sactioning and Judging Fees	-750.00
66807 · Raffle/Auction Expense	4,375.00
66100 · Events Expenses - Other	15,245.45
Total 66100 · Events Expenses	<u>37,172.61</u>
66700 · Machinery Auction	
66712 · Summer Advertising	386.21
Total 66700 · Machinery Auction	<u>386.21</u>
66800 · Office Expense	
66801 · Equipment	281.86
66804 · Postage	149.40
66806 · Office Supplies	341.11
66800 · Office Expense - Other	1,158.29
Total 66800 · Office Expense	<u>1,910.46</u>
66999 · Reconciliation Discrepancies	1,000.00
Total Expense	<u>195,763.21</u>
Net Income	<u>24,136.63</u>

Kendall County Fair Association, Inc.

Balance Sheet

As of October 31, 2020

	Oct 31, 20
ASSETS	
Current Assets	
Checking/Savings	
10101 · Allied First Operating Account	12,831.88
10102 · Allied Events Account	2,571.25
10103 · Allied Bonus Account	0.00
10400 · KCF/Newark FFA Drawdown	1,119.27
10401 · Swine Committee Heartland Bank	10,559.79
10423 · O2 Savings	1,880.38
10900 · Petty Cash	1,519.75
Total Checking/Savings	<u>30,062.28</u>
Total Current Assets	<u>30,062.28</u>
Fixed Assets	
15003 · Building and Improvements	1,048,921.74
Total Fixed Assets	<u>1,048,921.74</u>
TOTAL ASSETS	<u><u>1,078,984.02</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	19,482.50
Total Accounts Payable	<u>19,482.50</u>
Total Current Liabilities	<u>19,482.50</u>
Long Term Liabilities	
27200 · Other Liabilities	
27201 · Mortgage Education Building	68,011.34
Total 27200 · Other Liabilities	<u>68,011.34</u>
Total Long Term Liabilities	<u>68,011.34</u>
Total Liabilities	<u>87,473.84</u>
TOTAL LIABILITIES & EQUITY	<u><u>87,473.84</u></u>

Date	Space	Event Type	Amount Paid	Amount Owed
3/6/21	The Hall	Polar Plunge		\$1,600
4/21-4/25/21	Whole Grounds	Bugaboo		\$3,000
5/8/21	Pavillion	Wedding	\$800	\$800
5/29/21	Gallery	Reception Only	\$150	\$225
6/4/21	The Hall	Wedding	\$500	\$3,300
6/18/21	The Hall	Wedding	\$500	\$3,300
6/26/21	The Hall	Wedding	\$1,820	\$1,880
6/27/21	Grounds	Car Show		\$4,000
7/2/21	The Hall	Quince	\$500	\$3,300
7/17/21	The Hall	Wedding	\$500	\$3,500
8/14/21	The Hall	Reception	\$500	\$2,700
9/3/21	The Hall	Wedding	\$500	\$3,800
9/15-9/19/21	The Hall	Bugaboo		\$3,000
9/23-9/26/21	The Hall	Alumni Event	\$500	\$740
9/27-10/2/21	Whole Grounds	FarmHers		\$4,000
				\$39,045

Kendall County Fair Association, Inc.
Unpaid Bills Detail
As of November 4, 2020

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Due Date</u>	<u>Aging</u>	<u>Open Balance</u>
Bob's Best Septic, Inc.					
Bill	08/19/2020	5233	08/29/2020	67	1,800.00
Bill	10/07/2020	5350	10/17/2020	18	180.00
Total Bob's Best Septic, Inc.					1,980.00
First Insurance Group of IL					
Bill	08/28/2020		09/05/2020	60	7,422.00
Total First Insurance Group of IL					7,422.00
HD Backhoe Service, LLC					
Bill	06/05/2019	13816	08/15/2019	508	6,383.50
Total HD Backhoe Service, LLC					6,383.50
TOTAL					15,785.50

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Kendall County Fair Association**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 149
 City or town, state or province, country, and ZIP or foreign postal code
Yorkville Illinois 60550

D Employer identification number
36-3678444

E Telephone number
630-553-2860

F Name and address of principal officer:
MIKE DRENDEL

G Gross receipts \$ **401,742**

H (a) Is this a group return for subordinates? Yes No
 (b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)(1) 501(c)(29) (insert no.) 4947(a)(1) or 527

J Website ▶ **WWW.KENDALLCOUNTYFAIR.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1998** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FURTHER EDUCATIONAL OBJECTIVES OF 4-H PROGRAMS AND THE COMMUNITY IN AGRICULTURE AND HOME ECONOMICS. STIMULATE STUDY OF ARTS AND SCIENCES. HOLD ANNUAL FAIR TO DISPLAY SUCH ITEM AND DO OTHER THINGS TO FURTHER THE FAIR.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VII, line 2g)	92,589	97,516
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)	2	
	11 Other revenue (Part VIII, column (A), lines 5, 8d, 8e, 9c, 10c, and 11e)	89,433	187,728
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	349,080	414,038
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	
	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)	16,664	28,563
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	345,753	395,248	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	362,617	424,811	
19 Revenue less expenses. Subtract line 18 from line 12	-13,527	-10,773	
Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,058,333	1,025,439
	22 Net assets or fund balances. Subtract line 21 from line 20	102,487	83,516

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/type preparer's name: **OLIVER NICHOLS** Preparer's signature: *O. Nichols* Date: **11/15/17** Check if self-employed PTIN: **PO 597295**

Firm's name: **Nichols & Associates** Firm's EIN: **47-4935528**

Firm's address: **215 Forest, Park Forest, IL 60460** Phone no.: **708-270-3551**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.
 Go to www.irs.gov/form990 for instructions and the latest information.

Department of the Treasury
 Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Kendall County Fair Association
 Doing business as:
 Number and street for P.O. box if mail is not delivered to street address: PO Box 148
 Room/suite:
 City or town, state or province, county, and ZIP or foreign postal code: Yorkville, IL 60550

D Employer identification number: 26-3876444
E Telephone number: 815-653-2950
F Gross receipts \$: 509,476

G Has this group return for subsidiaries? Yes No
H Are all subsidiaries included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) 4 (insert no.) 4947(a)(1) 527

J Website: www.KendallCountyFair.org

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1986 **M** State of legal domicile: IL

Part I Summary

1. Briefly describe the organization's mission or most significant activities: (To further objectives of 4-H programs and the community in agriculture and home economics; stimulate study of arts and science; hold annual fair to display such items and do other things to further the fair.)			
2. Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3. Number of voting members of the governing body (Part VI, line 1a)	9	24	
4. Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
5. Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9	
6. Total number of volunteers (estimate if necessary)	6	190	
7a. Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b. Net unrelated business taxable income from Form 990-T, line 38	7b	0	
		Prior Year	Current Year
8. Contributions and grants (Part VIII, line 1h)	62,542	96,588	
9. Program service revenue (Part VIII, line 2g)	178,266	147,466	
10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	141,086	208,544	
12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	381,874	453,577	
		Prior Year	Current Year
13. Grants and similar amounts paid (Part IX, column (A), lines 1-9)			
14. Benefits paid to or for members (Part IX, column (A), line 4)			
15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	51,825	68,889	
16a. Professional fundraising fees (Part IX, column (A), line 11a)			
b. Total fundraising expenses (Part IX, column (D), line 25) 5,500			
17. Other expenses (Part IX, column (A), lines 11b-11d, 11f-24a)	290,613	357,703	
18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	342,438	426,692	
19. Revenue less expenses. Subtract line 18 from line 12	39,436	26,885	
		Beginning of Current Year	End of Year
20. Total assets (Part X, line 16)	1,025,430	1,040,388	
21. Total liabilities (Part X, line 26)	93,516	93,402	
22. Net assets or fund balances. Subtract line 21 from line 20	931,914	946,986	

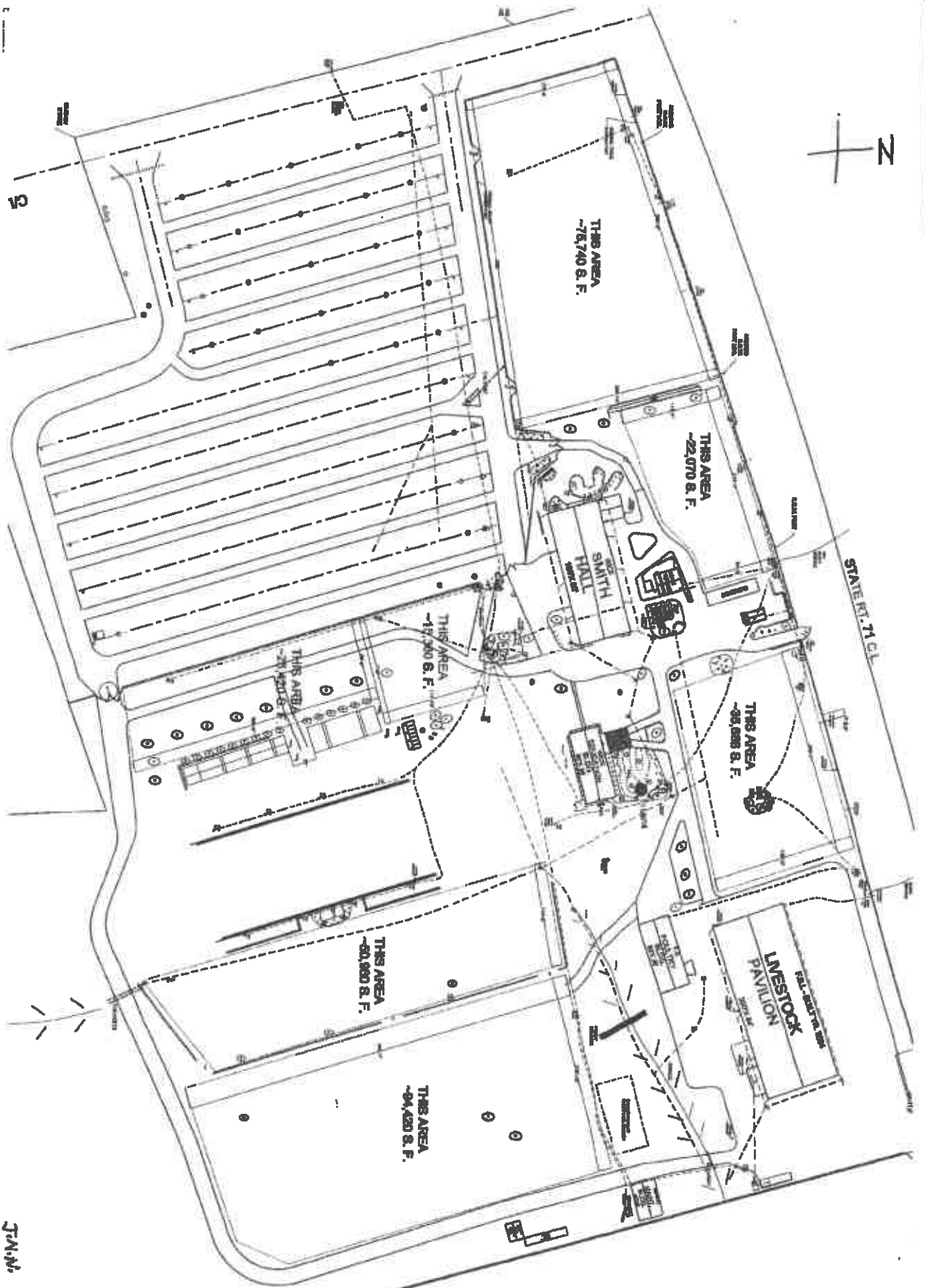
Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *Oliver R. Nichols* Signature of officer, Date: 11/15/18
Lisa Olah, Treasurer Type of print name and title

Paid Preparer Use Only
 Preparer's name: Oliver R. Nichols, CPA
 Preparer's signature: *Oliver R. Nichols*
 Date: 11/15/18
 Check self-employed PPT: PO1897295
 Firm's name: Oliver R. Nichols, CPA
 Firm's address: 218 Forest Park Forest, IL 60168
 Firm's EIN #: 47-4899821
 Phone no.: 708-270-3551

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Cit. No. 112021 Form 990 (2018)



TOWN 3/20/19

Project #1 The Hall
150' x 60'
Strip, treat, stain &
seal the floor

Project #2
The Watering Hole
Outdoor bar

Project #3 Storage
Building 80' x 36'
Concrete floor,
currently limestone

Project #4 The Pavilion
200' x 84'
Enclosure screen
or curtain

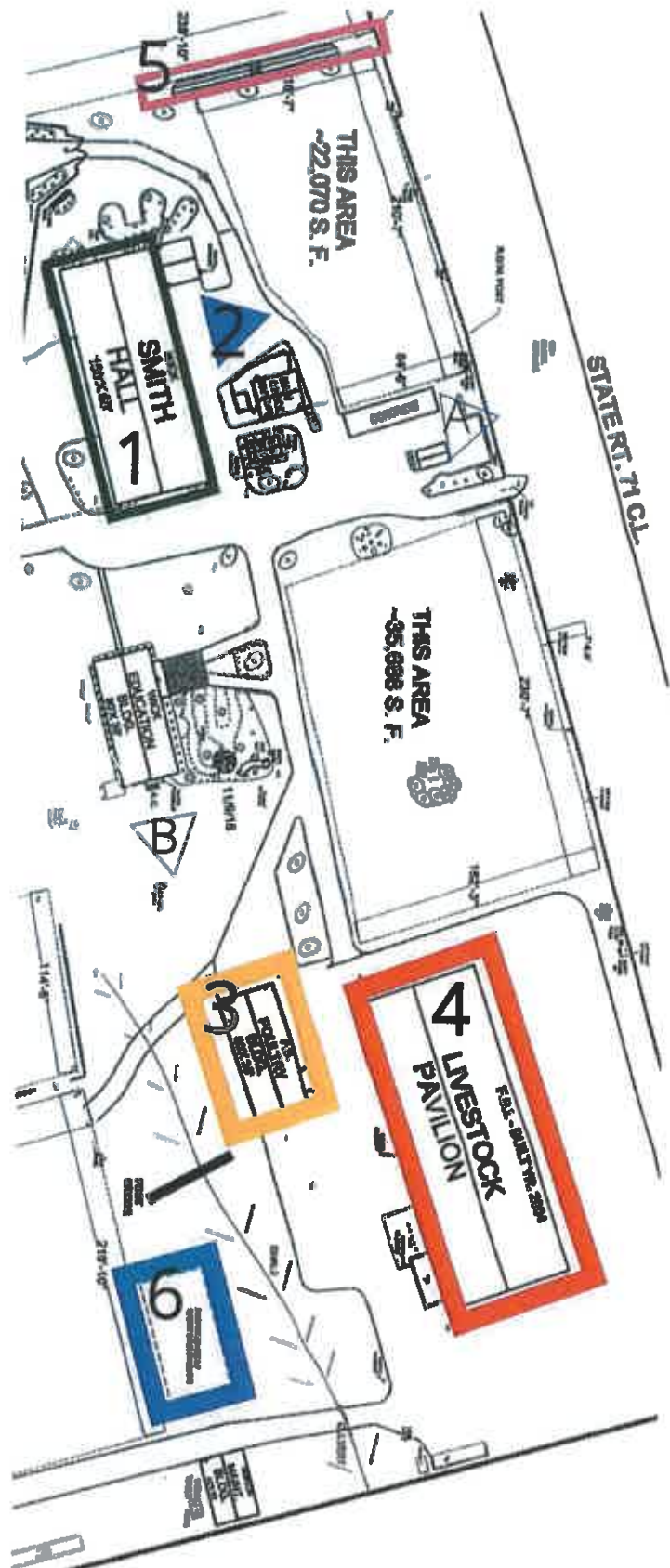
Project #5 The Rose Wall
Repair the stairs & wall

Project #6 The Picnic
Pavillon 60' x 30'



Project #A
The Corn Crib / Beef Barn

Project #B
The Porch
Stage



Additional Projects on the Fairgrounds

A: This is a project that will be entirely new to the fairgrounds as a serving station and storage area for the Kendall County Corn Growers for use during the fair. They will also be incurring all the costs for this project. The Kendall-Grundy Beef Assn. is planning to update their current building as well.

The Corn Crib
2021 Project

Kendall County Corn Growers are planning to put in a structure to sell their sweet corn out of for the fair in this spot.




Photo credit: Kendall County Beef Assn. Photo credit: Kendall County Beef Assn.

The Porch
2021 Project



Proposed for area above



something similar to the left

B: This is our current wish list item. We are looking for donations of all kinds for this one. The doors needed are already on site. We have the old stages that will be converted to the platform. This will also give opportunity for rental to have as a back drop for a small wedding, small band or performance, and be a semi-permanent structure.

KENDALL COUNTY FAIR BRIEF HISTORY:

THE KENDALL COUNTY FAIR OFFICIALLY BEGAN IN 1841. THE FIRST KENDALL COUNTY AGRICULTURAL FAIR WAS HELD IN OSWEGO IN 1854. ONLY IN 1856, DID THE FAIR TAKE PLACE IN PLANO. BEGINNING IN 1857, THE KENDALL COUNTY FAIR SPENT THE REMAINDER OF ITS ORIGINAL 53 YEARS IN BRISTOL AND YORKVILLE VICINITY. THE FAIR WAS CELEBRATED FOR FOUR DAYS IN SEPTEMBER AND APPEARED TO BE ONE OF THE BEST COUNTY FAIRS IN THE STATE OF ILLINOIS.

ENTERTAINMENT INCLUDED HORSE RACES, CHARIOT RACES, MUSICAL ENTERTAINMENT, GAMES OF CHANCE, GREASED POLE COMPETITIONS, MULE RACES, FOOT RACES, AND AN ICE CREAM STAND. EXHIBITS CONSISTED OF HORTICULTURE, FLORICULTURE, LIVESTOCK, NEEDLEWORK, AND MACHINERY. IN 1894 THE KENDALL COUNTY FAIR BEGAN AS A JOINT STOCK COMPANY AND BECAME AN ASSOCIATION. ENTERTAINMENT AT THE TIME INCLUDED AMERICA'S GREAT PASTIME, BASEBALL. IN 1904, THE DECISION WAS MADE TO SHORTEN THE FAIR TO ONLY TWO DAYS DUE TO STRUCTURAL EXPENSES AND SLOW TICKET SALES. DESPITE EVERY ATTEMPT TO INCREASE TICKET SALES DURING THE NEXT FEW YEARS, THE FAIR ASSOCIATION WAS UNABLE TO MEET ITS DEBTS. THE DECISION WAS MADE TO END THE FAIR AND IN AUGUST 1907 THE HEADLINE READ: "DIED IN 53RD YEAR, KENDALL COUNTY OLD FAIR IS A GONER."

AFTER WORKING DILIGENTLY SINCE 1988, THE FAIR OPENED AGAIN IN 1993 AS A DREAM BECOMES A REALITY FOR MANY DEDICATED INDIVIDUALS. THE KENDALL COUNTY FAIR IS ON ROUTE 71 LESS THAN A MILE WEST OF ROUTE 47 JUST SOUTH OF YORKVILLE IN A TRUE COUNTRY SETTING. THE CURRENT KENDALL COUNTY FAIR BOARD CONSISTS OF 30 MEMBERS AND IS SUPPORTED BY MANY VOLUNTEERS. LEAANN KOCH IS THE CURRENT PRESIDENT OF THE BOARD. BEFORE LEAANN, MIKE DRENDEL HELD THE TITLE OF PRESIDENT OF THE BOARD FROM 1991 TO 2019.

THE OBJECTIVES OF THE KENDALL COUNTY FAIR IS TO FURTHER THE EDUCATION OBJECTIVES OF THE 4-H PROGRAM IN AGRICULTURE AND HOME ECONOMICS; TO IMPROVE AND ENCOURAGE THE BREEDING OF FINE STOCK AND POULTRY; TO STIMULATE THE STUDY OF ARTS AND SCIENCES; TO HOLD AND GIVE AN ANNUAL FAIR WHERE THE PRODUCTS OF THE SAME MAY BE EXHIBITED, AND TO DO ANY AND ALL OTHER THINGS THAT ARE NECESSARILY INCIDENT THERETO.

THE KENDALL COUNTY FAIR ALWAYS TAKES PLACE OVER THE FIRST WEEKEND IN AUGUST AND RUNS FOUR DAYS: THURSDAY, FRIDAY, SATURDAY SUNDAY. ENTERTAINMENT USUALLY INCLUDES A TRUCK AND TRACTOR PULL, COUNTRY WESTERN BAND, DEMOLITION DERBY, AND RODEO. ALSO, A PETTING ZOO, PONY RIDES, MUD VOLLEYBALL TOURNAMENT, COMMERCIAL EXHIBITS, HAND CRAFTERS' MARKET, GREAT FOOD, CONTESTS, GOOD COMPANY AND MORE, ARE WHAT DRAW COMMUNITY MEMBERS FROM KENDALL COUNTY AND NEIGHBORING COUNTIES TO GATHER EVERY YEAR!

Kendall County Fair Association, Inc.

P.O. Box 149
Yorkville, Illinois 60560
(630) 553-2860
office.kcf@gmail.com
www.kendallcountyfair.org



November 5, 2020

To Whom It May Concern,

We are applying for an RF Kendall County Loan. In doing so we are looking forward to the improvements proposed. The improvements will help us in our pursuit to give back to the community, provide more options by way of rental opportunities, and have a beautiful place where family and friends can meet.

We are committed to giving back to the community. There are opportunities for rentals of the grounds for weddings, car shows, quinceaneras, showers, graduation parties, and most importantly the fair. These rentals bring people into the community that would not normally be here. Their attendance means hotel stays, shopping, rentals and catering for the party and meals at our many great restaurants.

Cooperation and partnerships with the local businesses are important to us and we have some of them already set up and look forward to more in 2021.

Thank you for your consideration,

Lea Ann Koch
Kendall County Fair Board President
leaannkoch@aol.com

Lisa Olah
Kendall County Fair Board Treasurer
treasurer.kcf@gmail.com

Employment Detail

Tracy Modaff	Office Manager, year round	Hourly
Kesa Provancher	Rentals Coordinator, year round	Hourly
Mark Salisbury	Grounds Keeper, year round	Hourly
Open	Assistant Rentals Coordinator, seasonal	Hourly
Open	Grounds Help, seasonal	Hourly
Open	Grounds Help, seasonal	Hourly

A. Activity Detail

1. Property Acquisition

Applicable to Project? Yes ___ No

If "Yes", complete items below.

Address (If Different From Business Address): 10826 State Route 71, Yorkville, IL 60560 Phone

Number (If Different From Business Phone): 630/553-2860

Applicant: Owns ___ Leases Business Property

If Leased, Owner's Name: _____ Owner's

Address: _____ Terms of

Lease: _____ (Attach Copy of Lease)

Property Size: 35 acres (Sq.Ft./Acreage)

Existing Buildings: Total Square Footage Occupied: 32,792

Approximate Year Constructed: 1988 incorporated

Proposed Buildings/Expansions: 1800 Sq.Ft.

Assessed Valuation of Property: \$ 1,500,000.00 (Most Recent Year) we do not have assessments done, this is just an estimated amount.

Real Estate Taxes Paid: \$ 0.00 2020 We are a Non-Profit

2. Description of Machinery / Equipment Acquisition for Project

Applicable to Project? Yes ___ No

If "Yes", Complete items below.

Item Description _____

Estimated Cost \$ _____

3. Description of Working Capital Expenditures (inventory, payroll, etc.)

Applicable to Project? Yes No _____

If "Yes", Complete items below.

Activity Description Payroll

Estimated Cost \$ 1700.00 bi-weekly

B. Total Estimated Project Cost

TOTAL \$_139,000.00_

Estimated Target Dates

Begin Project _ASAP_

Complete Project _ASAP_

Occupancy/Start Up _ASAP_

Project Financing

Approached Lending Institution? Yes _____ No _x_

If Checked "No", Please Explain _We want to keep the interest rate as low as possible and going with the RF Funds seems to be the best option._

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

Contact Person/Title _____

Phone Number _____

Please State the Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)

2021 Project List - estimated amounts 10/30/2020

1)	Smith Hall/The Hall - refurbishing the floor	\$12,000.00
2)	Grain Bin/The Watering Hole - restoration	\$5,000.00
3)	Poultry Building - concrete floor	\$20,000.00
4)	Stagecoach Pavilion/The Pavilion - enclosure	\$9,000.00
5)	Rose Garden - repair steps & wall	\$8,600.00
6a)	NEW Enclosed Building - without bathroom only run plumbing lines	\$60,000.00
6b)	NEW Enclosed Building - with bathroom	<u>\$85,000.00*</u>
		\$139,000.00*

B - 1. Estimated Project Cost - The Hall, floor refinishing

Site Acquisition \$ 0.00_

Site Improvements \$ 0.00_

New Construction \$ 0.00_

Building Renovations \$ 6082.00 product costs_

Capital Equipment \$ 0.00_

Inventory/Working Capital \$ 0.00_

Other Associated Project Costs \$ 3500.00_

TOTAL \$ 9882.00_

Estimated Target Dates

Begin Project ASAP_

Complete Project APRIL 30, 2021_

Occupancy/Start Up MAY 1, 2021_

Project Financing

Approached Lending Institution? Yes _____ No x_

If Checked "No", Please
Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

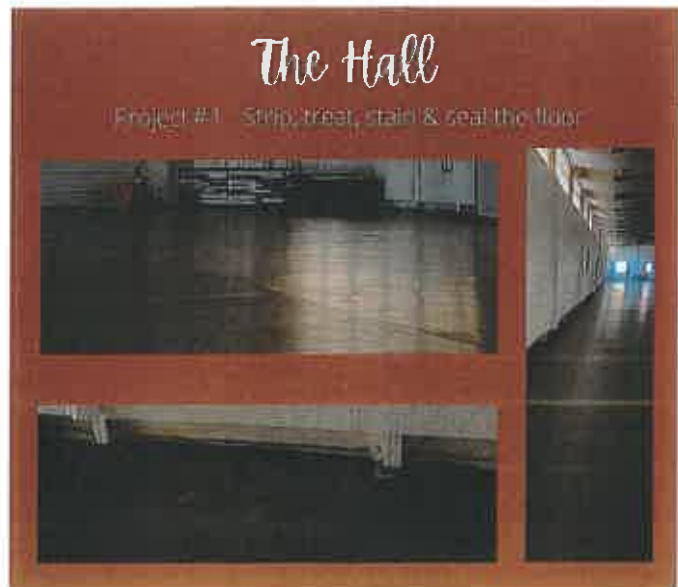
Contact Person/Title _____ Phone _____

Number _____ Please State the

Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)



B - 2. Estimated Project Cost - Watering Hole, outdoor bar

Site Acquisition \$ _0.00_

Site Improvements \$ _5000.00_

New Construction \$ _0.00_

Building Renovations \$ _0.00_

Capital Equipment \$ _0.00_

Inventory/Working Capital \$ _0.00_

Other Associated Project Costs \$ _0.00_

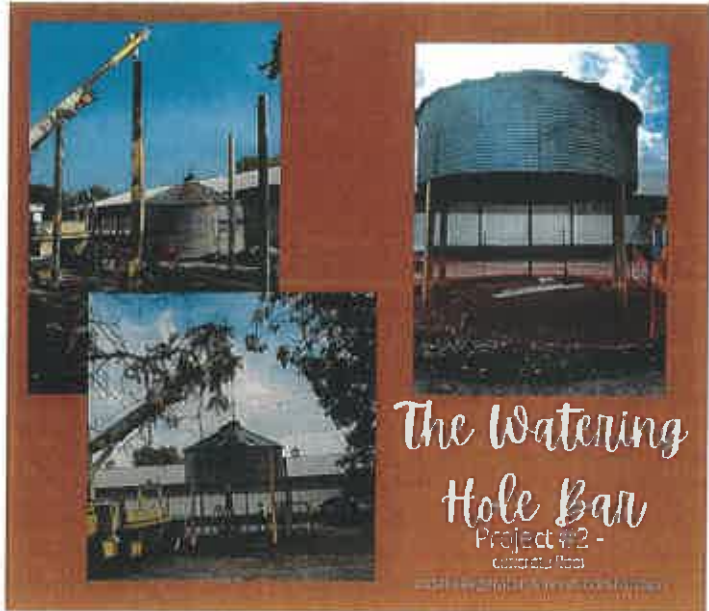
TOTAL \$ _5000.00_

Estimated Target Dates

Begin Project _Started Fall 2020_

Complete Project _May 1, 2021_

Occupancy/Start Up _____



Project Financing

Approached Lending Institution? Yes _____ No _

If Checked "No", Please Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

Contact Person/Title _____

Phone Number _____

Please State the Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)

B - 3. Estimated Project Cost - Storage Building, concrete floor

Site Acquisition \$ _0.00_

Site Improvements \$ _18,720.00 if completed entirely by contractor_

New Construction \$ _0.00_

Building Renovations \$ _0.00_

Capital Equipment \$ _0.00_

Inventory/Working Capital \$ _0.00_

Other Associated Project Costs \$ _5400.00 if product only and volunteers for labor, forms, etc._

TOTAL \$ _18,720.00_

Estimated Target Dates

Begin Project _ASAP_

Complete Project _ASAP_

Occupancy/Start Up _ASAP_

Project Financing

Approached Lending Institution? Yes _____ No _

If Checked "No", Please Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

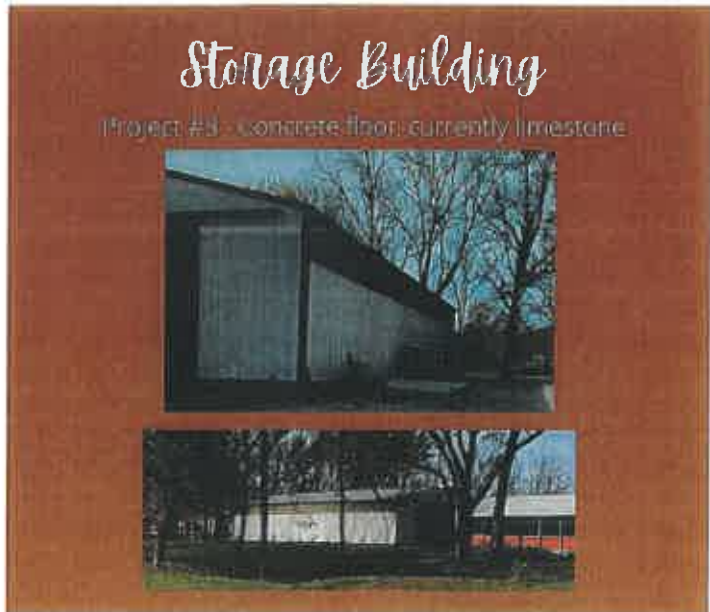
Contact Person/Title _____

Phone Number _____

Please State the Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)



B - 4. Estimated Project Cost - The Pavilion, enclosure screens

Site Acquisition \$ _0.00_

Site Improvements \$ _10,000.00_

New Construction \$ _0.00_

Building Renovations \$ _0.00_

Capital Equipment \$ _0.00_

Inventory/Working Capital \$ _0.00_

Other Associated Project Costs \$ _0.00_

TOTAL \$ _12,000.00_

Estimated Target Dates

Begin Project _February 2021_

Complete Project _April 2021_

Occupancy/Start

Up _____

Project Financing

Approached Lending Institution? Yes _____ No _

If Checked "No", Please

Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

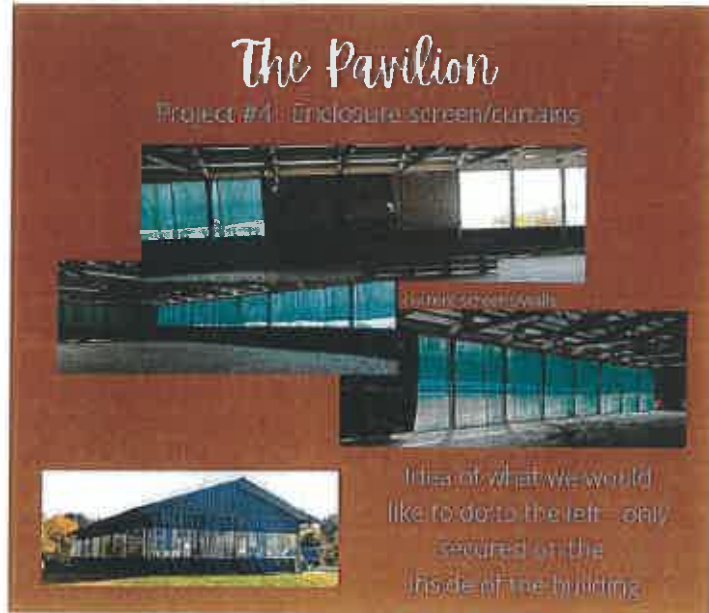
Contact Person/Title _____

Phone Number _____

Please State the Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)



B - 5. Estimated Project Cost - The Rose Wall, repair stairs

Site Acquisition \$ _0.00_

Site Improvements \$ _8600.00_

New Construction \$ _0.00_

Building Renovations \$ _0.00_

Capital Equipment \$ _0.00_

Inventory/Working Capital \$ _0.00_

Other Associated Project Costs \$ _?????_

TOTAL \$ _8600.00_

Estimated Target Dates

Begin Project _May 2021_

Complete Project _July 2021_

Occupancy/Start

Up _____

Project Financing

Approached Lending Institution? Yes _____ No **x** _____

If Checked "No", Please

Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

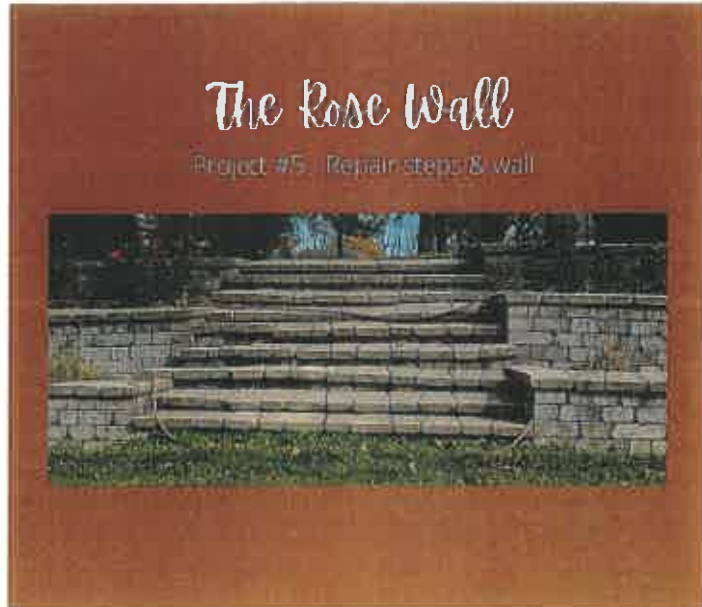
Contact Person/Title _____

Phone Number _____

Please State the Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)



B - 6. Estimated Project Cost - NEW The Picnic Pavilion 30x60

Site Acquisition \$ _0.00_

Site Improvements \$ _0.00_

New Construction \$ _85,000.00_

Building Renovations \$ _0.00_

Capital Equipment \$ _0.00_

Inventory/Working Capital \$ _0.00_

Other Associated Project Costs \$ _?????_

TOTAL \$ _85,000.00_

Estimated Target Dates

Begin Project _September 2021_

Complete Project _November 2021_

Occupancy/Start

Up _____

Project Financing

Approached Lending Institution? Yes _____ No _

If Checked "No", Please

Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution _____

Address _____

Contact Person/Title _____

Phone Number _____

Please State the Amount, Interest Rate, and Term of the lender's loan: _____

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)



Selecting one of the following, provide detailed justification on an attached sheet for the need for RF funds:

{ } FINANCING GAP – This argument will demonstrate that a business can raise only a portion of the financing necessary to complete the project. Reference the documentation within the application which supports this argument.

{x} RATE OF RETURN – This assumes that full financing is available but the rate of return is insufficient to induce development. Provide the rationale and cite supporting documentation.

{ } LOCATIONAL – This argument is used when firm is considering multi-state location options. CDAP funds are needed to equalize cost factor variations between sites. This requires disclosures for each site under consideration. This application must contain this supporting documentation.

C. Requested Use and Loan Amount Through Kendall County Economic RF:

Use: Improvements (unit of government) Amount: \$ 139,000.00

Listed Other Financing, Use and Amount, Required For Project:

Bank Loan Use: _____ Amount \$ _____

SBA Loan Use: _____ Amount \$ _____

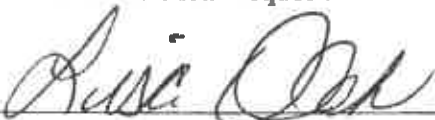
Other Use: _____ Amount \$ _____

Total \$ 139,000.00

CERTIFICATION

AGREEMENT

The agreement applied for the loan indicated in this application to be used in connection with the project described herein. All statements made in this application are true and are made for the purpose of obtaining this loan. Verification may be obtained from any source named in this application. The applicant agrees to abide by all Kendall County Economic Development Commission RF Requirements. The Applicant agrees to furnish any additional information to the County of Kendall, Illinois as needed to review and consider this loan request.



11/11/2020

Signature of Applicant Date

**** ONLY COMPLETE FOR CONSTRUCTION LOANS****

**CDAP REVOLVING FUND
ENVIRONMENTAL REVIEW CHECK LIST**


Kendall County Economic Development Commission Revolving Fund Projects are generally subject to Environmental Reviews by certain state and federal agencies. In order for them to clear your project for development, we need for you to submit the following information listed below (please put a check mark to the left of the item that is attached):

1. Map showing geographical location of project area-in relation to County boundaries;
2. A U.S. Geological Survey Quad (USGS) Map showing the precise location of the project (i.e., county/township/ range and section);
3. Site plan map(s) showing specifics of proposed undertaking;
4. Current photos of all standing structures within the project area;
5. Project address (es);
6. Total acres to be acquired, if applicable;
7. Current land use of property to be acquired;
8. County/City zoning designation of the site;
9. Steps to be taken to rectify any disturbances of surface and subsurface drainage systems which could accelerate erosion problems;
10. Identification of the materials, production processes and products;
11. Anticipated production rates;
12. Anticipated water use and wastewater discharge;
13. Anticipated quality of waste water (characteristics);
14. Volume of solvents or degreasers used in the process;
15. Air emission sources and control equipment;
16. Volumes and types of hazardous or solid waste generated;
17. Determination of whether sewer or water main extensions will be required;
18. Name and telephone number of manufacturer's representative (plant manager or environmental engineer).

TECHNICAL MEMORANDUM

DATE: January 15, 2021

TO: County of Kendall
Office of Administrative Services
111 West Fox Street, Room 316
Yorkville, IL 60560

FROM: Matt Rueff, CRE, CED 
Director, Economic Development & Community Resiliency
Thomas P. Miller & Associates

SUBJECT: Revolving Loan Fund Pre-Application, Grace Holistic Center for Education

Kendall County Economic Development Committee:

The Revolving Loan Fund Program Application for Grace Holistic Center for Education (GHCFE) has been assessed for completeness and alignment with the goals and objectives outlined in the 2019 Revolving Loan Fund Recapture Strategy.

GHCFE is a non-profit organization seeking funding to bridge a financial gap in purchasing a new facility to expand their school. As a non-profit educational institution, GHCFE's facility would be exempt from property tax requirements. Real estate taxes paid on the property in 2019 totaled \$22,717.96. Therefore, GHCFE does not meet the goal of the Revolving Loan Fund Recapture Strategy to increase the Kendall County property and sales tax base.

However, with Kendall County's population growth at 12% and a growing number of individuals under the age of 18, the demand for quality education has increased. Education is critical to economic development and the cultivation of the future workforce. In addition to the services provided at GHCFE, the organization may help attract and retain workforce as young families are searching for quality education for their children. In order to accommodate demand, GHCFE will need to expand capacity to accept additional students and hire additional staff. GHCFE is committed to retaining six (6) and creating four (4) full-time jobs with 51% of those jobs going to individuals meeting the low-to-moderate income standard. These jobs will be retained and created within two years of an approved application. This information aligns with the Revolving Loan Fund Recapture Strategy to assist new or existing Kendall County businesses in creating and retaining jobs.

The community interests of expanding GHCFE are also worth consideration. The center provides support groups for mental health, grief, trauma, foster/adopted families, and social workers. There are self-care and wellness activities for social work providers, women's empowerment groups, teen groups, free yoga classes, social skills groups for children, and a variety of other community-building events and activities.

LOAN REQUEST:

GHCFE is requesting a \$100,000 loan to fill the financing gap for the down payment on the property, while contributing \$200,000 of its own funds toward the \$300,000 requirement. If the loan is approved, Kendall County would be in second position to Heartland Bank for the building as collateral.

RECOMMENDATION:

It is recommended that the Kendall County Board's Economic Development Committee approve the GHCFE application to move forward, contingent upon receipt of a satisfactory appraisal of the property.

COUNTY OF KENDALL
REVOLVING FUND PROGRAM
APPLICATION



Kendall County
Office of Administrative Services
111 West Fox Street, Room 316
Yorkville, IL 60560
Phone: 630.553.4171
Fax: 630.553.4214
kendalledc@co.kendall.il.us

Revised: June 2016



Illinois' First & Only Whole Child-Focused School



Our class sizes are purposefully small, so space is limited. Contact us today to set up a tour or to reserve your spot.

COUNTY OF KENDALL RF APPLICATION

Please attach the following:

- Project Budget Summary with detailed Source and Uses breakdown
- Project Profit and Loss Projections for next 3 years
- Company Profit and Loss Statement
- Company Balance Sheet
- Company Profit and Loss Projections
- Current Indebtedness and Tax Statements
- Personal Financial Statements
- Land and Building Information
- Brief History of Company and Marketing Information
- Letter of Commitment for Leveraging and Job Creation
- Listing Of Job Classifications, Salary Ranges, And Number of Positions as a Separate Attachment)

***NOTE:** At least 51 percent of all jobs created and/or retained must be filled by individuals meeting low-to-moderate income guidelines as established by the Illinois Department of Commerce and Community Affairs (Please see attached "Employer Job Certification" Form at back of this application).

A. Activity Detail

1. Property Acquisition

Applicable to Project? Yes No

If "Yes", complete items below.

Address (If Different From Business Address): _____

Phone Number (If Different From Business Phone): _____

Applicant: _____ Owns Leases Business Property

If Leased, Owner's Name: JK Holdings, LLC - Kevin S. Calder

Owner's Address: 2378 Plainfield Road, Crest Hill, IL 60403

Terms of Lease: Attached (Attach Copy of Lease)

Property Size: 9 900 (Sq.Ft./Acreage)

Existing Buildings: Total Square Footage Occupied: 9,900

Approximate Year Constructed: 2010

Proposed Buildings/Expansions: n/a Sq.Ft.

Assessed Valuation of Property: \$Waiting on appraisal (Most Recent Year)


Real Estate Taxes Paid: \$ 22,717.96 20 19

2. Description of Machinery / Equipment Acquisition for Project

Applicable to Project? Yes ___ No X


If "Yes", Complete items below.

**Interested in an education
that covers more than just the basics?**



Grace Holistic could be the right fit for your family.

WWW.GHCFE.ORG



3. Description of Working Capital Expenditures (inventory, payroll, etc.)

Applicable to Project? Yes ___ No X

If "Yes", Complete items below.

**Looking for a more
mindful approach to learning?**



Grace Holistic could be the right fit for your family.

WWW.GHCFE.ORG

B. Total Estimated Project Cost

Site Acquisition	\$ 100,000
Site Improvements	\$ -
New Construction	\$ -
Building Renovations	\$ -
Capital Equipment	\$ -
Inventory/Working Capital	\$ -
Other Associated Project Costs	\$ -
TOTAL	\$ 100,000

Estimated Target Dates

Begin Project ASAP

Complete Project ASAP

Occupancy/Start Up ASAP

Project Financing

Approached Lending Institution? Yes No

If Checked "No", Please

Explain _____

If Checked "Yes", Please Complete the Following:

Name of Lending Institution Heartland Bank

Address 11500 US 34, Plano, IL 60545

Contact Person/Title Zack Stolbom - Commercial Lender

Phone Number 630-552-1414

Please State the Amount, Interest Rate, and Term of the lender's loan: The bank will not supply a commitment letter until the appraisal on the building has been completed.

Commitment

Please attach lender commitment letter (must indicate that RF funds are needed)

Selecting one of the following, provide detailed justification on an attached sheet for the need for RF funds:

- FINANCING GAP** – This argument will demonstrate that a business can raise only a portion of the financing necessary to complete the project. Reference the documentation within the application which supports this argument.
- RATE OF RETURN** – This assumes that full financing is available but the rate of return is insufficient to induce development. Provide the rationale and cite supporting documentation.
- LOCATIONAL** – This argument is used when firm is considering multi-state location options. CDAP funds are needed to equalize cost factor variations between sites. This requires disclosures for each site under consideration. This application must contain this supporting documentation.

C. Requested Use and Loan Amount Through Kendall County Economic RF:


Use: Acquisition of property (unit of government) Amount: \$ 100,000
Listed Other Financing, Use and Amount, Required For Project:

Bank Loan	Use: _____	Amount \$ _____
SBA Loan	Use: _____	Amount \$ _____
Other	Use: _____	Amount \$ _____

Total \$ 100,000

CERTIFICATION AGREEMENT

The agreement applied for the loan indicated in this application to be used in connection with the project described herein. All statements made in this application are true and are made for the purpose of obtaining this loan. Verification may be obtained from any source named in this application. The applicant agrees to abide by all Kendall County Economic Development Commission RF Requirements. The Applicant agrees to furnish any additional information to the County of Kendall, Illinois as needed to review and consider this loan request.



 Signature of Applicant

December 7, 2020

 Date

EMPLOYER JOB CERTIFICATION FORM

Name of Firm: Grace Holistic Center of Education

I/We hereby certify that we will retain/create jobs, at least 51 percent of which will go to persons of low-to-moderate income. The number of Full Time Equivalent (FTE) jobs we intend to retain = 6; the number of Full Time Equivalent (FTE) jobs we intend to create= 4. Of the figure(s) previously indicated, at least 51 percent or 4 Full Time Equivalent (FTE) jobs will go to low-to-moderate income persons as documented by complete Employee Certification Forms. I/We further certify that these jobs will be retained and/or created within two (2) years of the applicants approved Kendall County Economic Development Commission Revolving Fund (RF) Application.

Signed: 

Owner

Owner

Owner

Owner

December 7, 2020

Date

Project Budget with detailed Source and Uses breakdown
(Not applicable)

Project Profit and Loss Projections for the next 3 years

(Not applicable)

Company Profit and Loss Statement

Grace Holistic Center for Education

PROFIT AND LOSS

July 2019 - June 2020

	TOTAL
Income	
4010 Direct Donations	73,273.98
5010 Revenue from Tuition	242,948.48
5400 Fundraisers	22,730.71
5510 Other Income	5,291.03
Total Income	\$344,244.18
GROSS PROFIT	\$344,244.18
Expenses	
7200 Payroll Expenses	
7220 Salary and Wages	210,448.98
7250 Payroll taxes	16,727.94
7260 Contracted Workers (1099)	30,576.35
7270 Payroll Service Fee	1,565.00
Total 7200 Payroll Expenses	259,318.27
7400 Programs	6,927.02
7500 Legal & Professional Fees	1,890.00
7800 Fundraising Expenses	17,174.88
7900 Advertising & Marketing	1,428.97
7915 Charitable Contributions	424.30
7920 Car & Truck	1,185.32
7960 Bank Charges & Fees	72.16
7980 Insurance-General Liability	8,036.99
8030 Meals & Entertainment	77.44
8050 Job Supplies	124.78
8080 Copier Rental	2,861.28
8070 Office Supplies & Software	1,886.00
8090 Other Business Expenses	8,846.93
8110 Rent & Lease	39,787.00
8120 Utilities	16,870.13
8130 Repairs & Maintenance	1,078.20
8150 Taxes & Licenses	57.26
8180 Teacher Professional Development	9.95
Total Expenses	\$367,846.86
NET OPERATING INCOME	\$ -23,602.68
Other Income	
9100 Early Lease Termination	50,000.00
Total Other Income	\$50,000.00
NET OTHER INCOME	\$50,000.00
NET INCOME	\$26,397.32

Company Balance Sheet

Grace Holistic Center for Education

BALANCE SHEET

As of June 30, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	\$154,839.49
Other Current Assets	\$2,200.00
Total Current Assets	\$157,039.49
Fixed Assets	
1630 Leasehold Improvements	88,957.61
1640 Furniture & Fixtures	60.00
1650 Vehicles	1,500.00
Total Fixed Assets	\$90,517.61
TOTAL ASSETS	\$247,557.10
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable (A/P)	149.58
2100 Wages Payable	96.17
2200 Payroll Taxes Payable	16,988.66
Total Accounts Payable	\$17,234.41
Other Current Liabilities	
2300 Other Current Liabilities - PPP Loan	43,700.00
2301 SBA EIDL Loan	149,900.00
AP - Adjustments	8,420.00
Prepaid Tuition	17,620.00
Total Other Current Liabilities	\$219,640.00
Total Current Liabilities	\$236,874.41
Long-Term Liabilities	
2730 Notes Payable	56,218.29
Total Long-Term Liabilities	\$56,218.29
Total Liabilities	\$293,092.70
Equity	
3010 Opening Balance Equity	22,072.27
3220 Retained Earnings	-94,005.19
Net Income	26,397.32
Total Equity	\$ -45,535.60
TOTAL LIABILITIES AND EQUITY	\$247,557.10

Company Profit and Loss Projections

**Grace Holistic Center for Education
Budgeted and Projected Income Statement
For Fiscal Years 2020, 2021, 2022**

Fiscal Year	2020	2021	2022
Revenues			
Tuition	240,000	352,500	465,000
Donations	30,000	50,000	80,000
Fundraising	15,000	30,000	50,000
Total Revenues	285,000	432,500	595,000
Expenditures			
Payroll	215,000	265,000	315,000
Rent	84,000	96,000	108,000
Utilities	7,000	8,000	9,000
Insurances	7,000	8,000	9,000
Supplies	10,000	13,000	16,000
Professional Services	2,000	3,000	4,000
Office Expenses	8,000	10,000	12,000
Total Expenditures	333,000	403,000	473,000
Net Income	(48,000)	29,500	122,000

Current Indebtedness and Tax Statements

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Grace Holistic Education Center NFP	Taxpayer identification number (TIN) 81-3212344
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 210 Beaver St	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Yorkville, IL 60560	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Talri Grace

Telephone No. ▶ 630-723-8562 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20____ or
 ▶ tax year beginning July 1, 2019, and ending June 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Extended to May 15, 2020

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Grace Holistic Education Center NFP		D Employer identification number 81-3212344
	Doing business as		E Telephone number 630-723-8562
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 417968.
	210 Beaver St		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Yorkville, IL 60560		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: Tairi Grace 210 Beaver St, Yorkville, IL 60560		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no. <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ GHCPE.com			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2016
M State of legal domicile: IL			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide holistic educational programming	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 6
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 38	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 105391. Current Year 133744.
	9 Program service revenue (Part VIII, line 2g)	143081. 244365.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 10.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77644. 12142.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	326116. 390261.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		188472. 227601.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 724.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		132173. 145838.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	320645. 373439.	
19 Revenue less expenses. Subtract line 18 from line 12	5471. 16822.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 95236. End of Year 96490.
	21 Total liabilities (Part X, line 26)	184013. 168445.
	22 Net assets or fund balances. Subtract line 21 from line 20	-88777. -71955.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name James R Hauser	Preparer's signature <i>James R Hauser</i>	Date 5/11/2020	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00412976
	Firm's name ▶ Hauser Financial Group	Firm's EIN ▶	Phone no. 630-858-3712		
	Firm's address ▶ 146 N Lambert Rd Glen Ellyn, IL 60137				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
To provide holistic educational programming

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 344377 Including grants of \$) (Revenue \$ 246496.)
Providing holistic educational programming alternatives not available in public schools.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ Including grants of \$) (Revenue \$)
4e Total program service expenses 344377

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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?		
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
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	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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.	16	X

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
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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?	16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 8104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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 **Tairi Grace Kearns - 630-723-8562**
210 Beaver St, Yorkville, IL 60560

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	133744.			
	g	Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f				133744.			
Program Service Revenue	2 a	Tuition and fees	Business Code 611600	244365.	244365.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		244365.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10.			10.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	37718.			
Less: direct expenses		b	27707.				
Net income or (loss) from fundraising events			10011.			10011.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
11 a	Other	Business Code 611600	2131.	2131.			
	b						
	c						
	d	All other revenue					
e Total. Add lines 11a-11d				2131.			
12 Total revenue. See instructions				390261.	246496.	0.	10021.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 18				
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	209047.	209047.		
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18554.	18554.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1500.		1500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	37106.	32806.	4300.	
12 Advertising and promotion	724.			724.
13 Office expenses	5971.	1587.	4384.	
14 Information technology				
15 Royalties				
16 Occupancy	56868.	56868.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8833.	8833.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other administrative	18154.		18154.	
b Programming costs	9566.	9566.		
c Supplies	4727.	4727.		
d Vehicle expenses	1627.	1627.		
e All other expenses	762.	762.		
25 Total functional expenses. Add lines 1 through 24e	373439.	344377.	28338.	724.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4078 .	1	3772 .
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 90518 .		
	b Less: accumulated depreciation	10b 0 .	88958 .	10c 90518 .
	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	2200 .	15	2200 .
16 Total assets. Add lines 1 through 15 (must equal line 34)	95236 .	16	96490 .	
Liabilities	17 Accounts payable and accrued expenses	8420 .	17	8570 .
	18 Grants payable		18	
	19 Deferred revenue	17620 .	19	17620 .
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	118967 .	22	113667 .
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	26700 .	24	5500 .
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12306 .	25	23088 .
	26 Total liabilities. Add lines 17 through 25	184013 .	26	168445 .
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	-88777 .	27	-71955 .
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-88777 .	33	-71955 .
34 Total liabilities and net assets/fund balances	95236 .	34	96490 .	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	390261.
2	Total expenses (must equal Part IX, column (A), line 25)	2	373439.
3	Revenue less expenses. Subtract line 2 from line 1	3	16822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-88777.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-71955.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (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's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2018	(III) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Grace Holistic Education Center NFP

Employer identification number

81-3212344

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See Instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Grace Holistic Education Center NFP

81-3212344

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mark Brown & Associates 2728 Forgue Dr #100 Naperville, IL 60564	\$ 11000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Richard D Wetzel Trust 1715 N Mohawk St Chicago, IL 60614	\$ 15000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Grace Holistic Education Center NFP

81-3212344

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization Grace Holistic Education Center NFP	Employer identification number 81-3212344
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Grace Holistic Education Center NFP

Employer identification number
81-3212344

Part 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 (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. 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):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/08, 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 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?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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 satisfy the requirements of section 170(h)(4)(B)(i) 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 footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 118 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 118 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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, provide the following amounts required to be reported under SFAS 118 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (I) unrelated organizations | 3a(I) | |
| (II) related organizations | 3a(II) | |
| b If "Yes" on line 3a(I), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88958.		88958.
d Equipment		1560.		1560.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				90518.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll taxes withheld	23088.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Grace Holistic Education Center NFP

Employer identification number

81-3212344

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>Racial nondiscriminatory policy is disclosed in website and brochure materials available for prospective students.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 2018

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Various events (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	37718.			37718.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	37718.			37718.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	27707.			27707.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				27707.
	11 Net income summary. Subtract line 10 from line 3, column (d)				10011.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public
Inspection

Name of the organization

Grace Holistic Education Center NFP

Employer identification number

81-3212344

Form 990, Part VI, Section B, line 11b:

Board members are provided a copy of Form 990 prior to issuance.

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

Board members required to disclose conflicts, if any, at each meeting as
scheduled.

Form 990, Part VI, Section C, Line 18:

Copies of Forms 1023 and 990 are made available to the public upon request.

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

Copies of organizational documents, policies and Form 990 are made
available to the public upon request.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. Grace Holistic Education Center NFP	Employer identification number (EIN) or 81-3212344
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 210 Beaver St	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Yorkville, IL 60560	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Tairi Grace Kearns

- The books are in the care of ▶ **210 Beaver St - Yorkville, IL 60560**
Telephone No. ▶ **630-723-8562** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Personal Financial Statements

**PRESIDENTIAL TAX SERVICES
104 BEKELMAN
ROSELLE, IL 60172
630.393.3680**

Invoice for 2019 Tax Year

650
1654 WALSH DRIVE
YORKVILLE, IL 60580

Invoice Date: April 20, 2020

Statement of Charges

TOTAL 0.00

Department of the Treasury
Internal Revenue Service

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

2019

Submission Identification Number (SID) ▶ 3637882020095bcdjpru

Taxpayer's name TAIRI P GRACE	Social security number 320-62-1203
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	24,148
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	3,662
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	0
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	4,621
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	0

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize PRESIDENTIAL TAX SERVICES to enter or generate my PIN 32062 as my signature on my tax year 2019 electronically filed income tax return. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2019 electronically filed income tax return. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 36378815588 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ JAMES E SMITHY Date ▶ 4/20/2020

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

2019 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

TAIRI P GRACE 320-62-1203
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
1654 WALSH DRIVE
Mailing address
YORKVILLE IL 60560
City State ZIP
(630) 881-1095
Daytime phone number

Step 2: Complete information from tax return

Table with 2 columns: Line number and Amount. Line 1: Net income from Form IL-1040, Line 11 (17,323.00). Line 2: Tax from Form IL-1040, Line 12 (857.00). Line 3: Illinois Income Tax withheld from Form IL-1040, Line 25 only (0.00). Line 4: Overpayment from Form IL-1040, Line 35 (130.00). Line 5: Total amount due from Form IL-1040, Line 39 (0.00). Line 6: Filing status: Single, Married filing jointly, Married filing separately, Widowed, Head of household (X).

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 271975566
8 Account no. (AN): 0004010330019
9 Type of account: X Checking Savings
10 Date the payment is to be electronically withdrawn:
11 Electronic funds withdrawal amount: 0.00
12 Name on account: TERRE KEARNS

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2019 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

JAMES E SMITHY 4/20/2020
ERO's signature Date
PRESIDENTIAL TAX SERVICES
Firm's name or your name if self-employed
104 BEKELMAN
Mailing address
ROSELLE IL 60172
City State ZIP
Check if paid preparer: X (See instructions.)
P00053984
Your PTIN
20-3430517
Federal employer identification number (FEIN)
630.393.3580
Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial TAIRI	P	Last name GRACE	Your social security number 320-62-1203
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
1654 WALSH DRIVE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
YORKVILLE IL 60560

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

If more than four dependents, see instructions and ✓ here ▶

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
GALVIN	KEARNS	342-04-5820	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KAEIGH	KEARNS	319-08-5025	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	25 916
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	25 979
8a Adjustments to income from Schedule 1, line 22	8a	1 831
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	24 148
9 Standard deduction or itemized deductions (from Schedule A)	9	18 350
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	18 350
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	5 798

Standard Deduction tax—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	578	
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	578	
13a	Child tax credit or credit for other dependents ▶	13a	578	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	578	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	3,662	
16	Add lines 14 and 15. This is your total tax ▶	16	3,662	
17	Federal income tax withheld from Forms W-2 and 1099	17		
18	Other payments and refundable credits:			
a	Earned income credit (EIC) ▶	18a	5,483	
b	Additional child tax credit. Attach Schedule 8812 ▶	18b	2,800	
c	American opportunity credit from Form 8863, line 6 ▶	18c		
d	Schedule 3, line 14 ▶	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	8,283	
19	Add lines 17 and 18e. These are your total payments ▶	19	8,283	
20	If line 19 is more than line 16, subtract line 18 from line 19. This is the amount you overpaid	20	4,621	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	21a	4,621	
b	Routing number <u>271975566</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <u>0004010330019</u>			
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22		
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	0	
24	Estimated tax penalty (see instructions) ▶	24		

- If you have a qualifying child, attach Sch. EIC.
- If you have non-taxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name ▶ **JAMES SMITHY** Phone no. ▶ **630620-6560** Personal identification number (PIN) ▶ **15588**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. (630) 881-1095

Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JAMES E SMITHY	JAMES E SMITHY	4/20/2020	P00053984	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ PRESIDENTIAL TAX SERVICES	Phone no. 630.393.3580	<input type="checkbox"/> Self-employed		
Firm's address ▶ 104 BEKELMAN, ROSELLE, IL 60172	Firm's EIN ▶ 20-3430517			

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

TAIRI P GRACE

Your social security number

320-62-1203

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	25 916
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	25 916

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1 831
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	1 831

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

HTA

SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

TAIRI P GRACE

320-62-1203

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	3 662
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15	10	3 662

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

HTA

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor TAIRI P GRACE		Social security number (SSN) 320-62-1203
A Principal business or profession, including product or service (see instructions) THERAPEUTIC SERVICES		B Enter code from instructions 621330
C Business name. If no separate business name, leave blank. TAIRI KEARS LCSS		D Employer ID number (EIN) (see instr.) 36-1236610
E Business address (including suite or room no.) 801 NORTH BRIDGE STREET City, town or post office, state, and ZIP code YORKVILLE IL 60560		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/>
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	52 184
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	52 184
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	52 184
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	52 184

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	499	18	Office expense (see instructions)	18	1 972
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicle, machinery, and equipment	20a	12 400
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	282
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	814	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	1 450	25	Utilities	25	5 790
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	4 744
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.			b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			28		28	27 951
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			29		29	24 233
				30		30	
				31		31	24 233

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

HTA

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	0
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶		
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:		
	a Business _____ b Commuting (see instructions) _____ c Other _____		
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

SIMPLE PRACTICE LLC	972
WEBSITE HOSTING WIX	96
POSTAGE	255
BIZ MEETING	1 250
CONTINUING EDUCATION UNITS LCSW	250
CHAMBER DUES	250
APPLE TUNES MEDITATION	171
PET ROOM THERAPY SUPPLIES	1 500
48 Total other expenses. Enter here and on line 27a	48 4 744

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor TAIRI P GRACE		Social security number (SSN) 320-62-1203
A Principal business or profession, including product or service (see instructions) YOGA		B Enter code from instructions 541990
C Business name. If no separate business name, leave blank. SENCE OF SAMADNI		D Employer ID number (EIN) (see instr.) 80-0533691
E Business address (including suite or room no.) 202 SOUTH BRIDGE STREET City, town or post office, state, and ZIP code YORKVILLE IL 60560		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/>
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	34 870
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	34 870
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	34 870
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6	<input type="checkbox"/>	7	34 870

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	972
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	8 400
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	282
15	Insurance (other than health)	15	814	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	450	25	Utilities	25	5 790
18	Office expense (see instructions)			26	Wages (less employment credits)	26	12 149
19	Pension and profit-sharing plans			27a	Other expenses (from line 48)	27a	4 330
20	Rent or lease (see instructions):			27b	Reserved for future use	27b	
a	Vehicles, machinery, and equipment			28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	33 187
b	Other business property			29	Tentative profit or (loss). Subtract line 28 from line 7	29	1 683
21	Repairs and maintenance			30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	
22	Supplies (not included in Part III)			31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1 683
23	Taxes and licenses			32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 8198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
24	Travel and meals:			32b	<input type="checkbox"/> Some investment is not at risk.	32b	<input type="checkbox"/> Some investment is not at risk.
a	Travel						
b	Deductible meals (see instructions)						
25	Utilities						
26	Wages (less employment credits)						
27a	Other expenses (from line 48)						
27b	Reserved for future use						
28	Total expenses before expenses for business use of home. Add lines 8 through 27a						
29	Tentative profit or (loss). Subtract line 28 from line 7						
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.						
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 8198. Your loss may be limited.						

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

HTA

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	0
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
 - a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47a Do you have evidence to support your deduction? Yes No
 - b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Foster care payments and Medicaid waiver payments	189
TSYS TRANS FIRS CC PROCESSING	2 052
MINBODY BILLING SOFTWARE	1 620
RYT DESIGNATION	189
RYTE DESIGNATION	280
48 Total other expenses. Enter here and on line 27a	4 330

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

TAIRI P GRACE

320-62-1203

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations — Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	GHCFC CORPORATION	S	<input type="checkbox"/>	81-3221693	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29 a Totals				
b Totals				
30	Add columns (h) and (k) of line 29a			30
31	Add columns (g), (i), and (j) of line 29b			31
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31.			32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34 a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36
37	Total estate and trust income or (loss). Combine lines 35 and 36.		37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 6 or Form 1040-NR, line 18	41 0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1085), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
TAJRI P GRACE

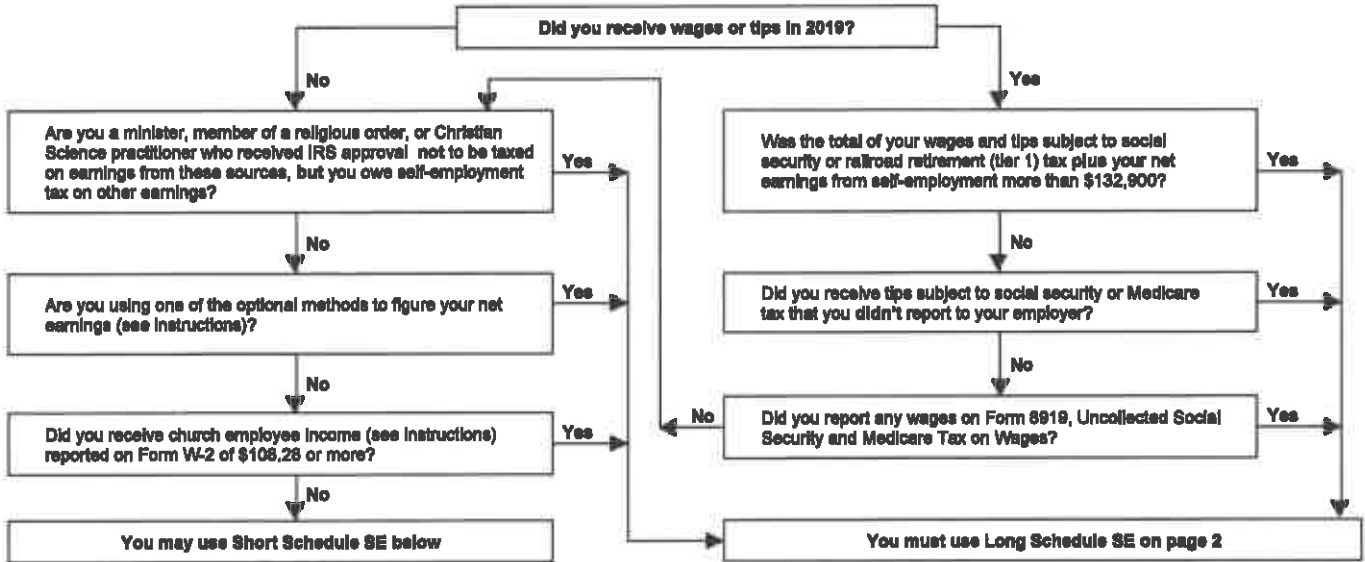
Social security number of person
with self-employment income ►

320-62-1203

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	25 916
3 Combine lines 1a, 1b, and 2	3	25 916
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	23 933
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	3 682
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	1 831

For Paperwork Reduction Act Notice, see your tax return instructions.
HTA

Schedule SE (Form 1040 or 1040-SR) 2019

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))

Department of the Treasury
 Internal Revenue Service

▶ **Go to www.irs.gov/Form4797 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return TAIRI P GRACE	Identifying number 320-62-1203
---	--

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1
---	---

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
							0
							0
							0
							0

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	0
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>		
8 Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	
	0
	0
	0
	0

11 Loss, if any, from line 7	11	
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	0
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<p>a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions</p>		
<p>b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR) Part I, line 4</p>		
	18a	
	18b	0

Alternative Minimum Tax—Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

TAIRI P GRACE

320-62-1203

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

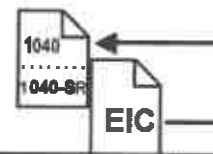
1	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	5,798
2a	If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9	2a	18,350
b	Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	()
d	Depletion (difference between regular tax and AMT)	2d	()
e	Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount	2e	()
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	()
h	Qualified small business stock, see instructions	2h	()
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	()
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	()
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	()
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	()
m	Passive activities (difference between AMT and regular tax income or loss)	2m	()
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	()
o	Circulation costs (difference between regular tax and AMT)	2o	()
p	Long-term contracts (difference between AMT and regular tax income)	2p	()
q	Mining costs (difference between regular tax and AMT)	2q	()
r	Research and experimental costs (difference between regular tax and AMT)	2r	()
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	()
3	Other adjustments, including income-based related adjustments	3	()
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.)	4	24,148

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2019, see instructions.) IF your filing status is AND line 4 is not over THEN enter on line 5 Single or head of household \$ 510,300 \$ 71,700 Married filing jointly or qualifying widow(er) 1,020,600 111,700 Married filing separately 510,300 55,850 If line 4 is over the amount shown above for your filing status, see instructions.	5	71,700
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	0
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.	7	()
8	Alternative minimum tax foreign tax credit (see instructions)	8	()
9	Tentative minimum tax. Subtract line 8 from line 7	9	0
10	Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions)	10	()
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1	11	0

SCHEDULE EIC
(Form 1040 or 1040-SR)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (999)

- ▶ Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
- ▶ Go to www.irs.gov/ScheduleEIC for the latest information.

Attachment
Sequence No **43**

Name(s) shown on return
TAIRI P GRACE

Your social security number
320-62-1203

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	GALVIN	KEARNS	KAEIGH	KEARNS	KAIA	KEARNS
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	342-04-5820		319-08-5025		341-08-6190	
3 Child's year of birth	Year <u>2005</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2008</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2009</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		Daughter		Daughter	
6 Number of months child lived with you in the United States during 2019 • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

For Paperwork Reduction Act Notice, see your tax return instructions.

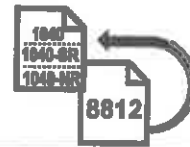
Schedule EIC (Form 1040 or 1040-SR) 2019

HTA

SCHEDULE 8812
(Form 1040 or 1040-SR)

Additional Child Tax Credit

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2019

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return
TAIRI P GRACE

Your social security number
320-62-1203

Part I All Filers

Caution: If you file Form 2555, stop here; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	4,000
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	578
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	3,422
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2,800
5	Enter the smaller of line 3 or line 4	5	2,800
6 a	Earned income (see instructions)	6a	24,085
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	21,585
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	3,238

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 80.	10	
11	Add lines 9 and 10	11	0
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	0

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,800
-----------	--	-----------	--------------



Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information.

Attach to your tax return.

OMB No. 1545-0191

2019

Attachment
 Sequence No. **51**

Name(s) shown on return

TAIRI P GRACE

Identifying number

320-62-1203

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2019 (see instructions)	1	
2	Disallowed investment interest expense from 2018 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	0

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	63		
b	Qualified dividends included on line 4a	4b			
c	Subtract line 4b from line 4a			4c	63
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	63
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	63

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2020. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	0

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2019)

HTA

Qualified Business Income Deduction Simplified Computation

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

TAIRI P GRACE

320-62-1203

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
I			
II			
III			
IV			
V			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	0	
3	Qualified business net (loss) carryforward from the prior year	(0)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	(0)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		0
11	Taxable income before qualified business income deduction	5,798	
12	Net capital gain (see instructions)	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	5,798	
14	Income limitation. Multiply line 13 by 20% (0.20)		1,160
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

HTA

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

2019

Department of the Treasury
Internal Revenue Service

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Attachment
Sequence No. **70**

▶ Go to www.irs.gov/Form8867 for Instructions and the latest information.

Taxpayer name(s) shown on return

Taxpayer identification number

TAIRI P GRACE

320-62-1203

Enter preparer's name and PTIN

JAMES E SMITHY

P00053984

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

	<input checked="" type="checkbox"/> EIC <input checked="" type="checkbox"/> CTC/ACTC/ODC <input type="checkbox"/> AOTC <input checked="" type="checkbox"/> HOH		
	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. <u>SCHOOL RECORDS</u> _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Illinois Department of Revenue
2019 Form IL-1040
 Individual Income Tax Return



or for fiscal year ending _____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

A Enter personal information and Social Security numbers. You must provide the entire Social Security number for you and your spouse. Do not provide a partial Social Security number.

TAIRI P Your first name and initial	GRACE Your last name	1975 Year of birth	320-82-1203 Your Social Security number
Spouse's first name and initial 1654 WALSH DRIVE Mailing address (See Instructions if foreign address)	Spouse's last name	Spouse's year of birth	Spouse's Social Security number
YORKVILLE City		IL State	60560 ZIP or Postal Code

Foreign Nation, if not United States (do not abbreviate)

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
- C** Check if someone can claim you, or your spouse if filing jointly, as a dependent. See Instructions. You Spouse
- D** Check the box if this applies to you during 2019: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 8b.	1 24,148.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 0.00
3 Other additions. Attach Schedule M.	3 0.00
4 Total income. Add Lines 1 through 3.	4 24,148.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 0.00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 0.00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 0.00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 0.00
9 Illinois base income. Subtract Line 8 from Line 4.	9 24,148.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See Instructions.	a 2,275.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse 0 # of checkboxes X \$1,000 =	b 0.00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse 0 # of checkboxes X \$1,000 =	c 0.00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 4,550.00
Exemption allowance. Add Lines a through d.	10 6,825.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 17,323.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 857.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 0.00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 857.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 0.00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 0.00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 0.00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 857.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 0.00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 857.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23. 24 857.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WT. 25 0.00
 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 0.00
 27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 0.00
 28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 987.00
 29 Total payments and refundable credit. Add Lines 25 through 28. 29 987.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 130.00
 31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 0.00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 0.00
 a Check if at least two-thirds of your federal gross income is from farming.
 b Check if you or your spouse are 65 or older and permanently living in a nursing home.
 c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
 d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
 33 Voluntary charitable donations. Attach Schedule G. 33 0.00
 34 Total penalty and donations. Add Lines 32 and 33. 34 0.00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 130.00
 36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 130.00
 37 I choose to receive my refund by
 a direct deposit - Complete the information below if you check this box.

Routing number	271975566	<input checked="" type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account number	0004010330019		

 b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.
 c paper check.
 38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 0.00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or - If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 0.00

Step 13: If this is a joint return, both you and your spouse must sign below.
 Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	(630) 881-1095
	JAMES E SMITHY		JAMES E SMITHY	04/20/2020	<input type="checkbox"/> Check if self-employed P00053984
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	PRESIDENTIAL TAX SERVICES				
	Firm's name		Firm's FEIN		20-3430517
	104 BEKELMAN ROSELLE IL 60172		Firm's phone		630.393.3580
Third Party Designee	Designee's name (please print)		Designee's phone number		<input checked="" type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	JAMES SMITHY		630820-8560		

Refer to the 2019 IL-1040 Instructions for the address to mail your return.



Illinois Department of Revenue

2019 IL-4562 Special Depreciation

For tax years ending on or after December 31, 2019.
Attach to your Form IL-1120, IL-1120-ST, IL-1065, IL-1041, or IL-1040.

Year ending
12 2019
Month Year
IL Attachment No. 11

Step 1: Provide the following information

TAIRI P GRACE

Enter your name as shown on your return.

320-62-1203

Enter your Social Security number (SSN) or federal employer identification number (FEIN).

Note You must read the instructions before completing Form IL-4562. Do not use negative figures.

Step 2: Figure your Illinois special depreciation addition

1	Enter the total amount claimed as a special depreciation allowance on federal Form 4562, Depreciation and Amortization, Line 14 or Line 25, for property acquired after September 10, 2001.	1	<u>0.00</u>
2	<i>Individuals only:</i> Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses.	2	<u>0.00</u>
3	<i>Last year of regular depreciation:</i> Enter the total amount of all Illinois depreciation subtractions claimed on prior year IL-4562 forms, Step 3, Line 8, for each property.	3	<u>0.00</u>
4	Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition.	4	<u>0.00</u>

Step 3: Figure your Illinois special depreciation subtraction

5 a	Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 30 percent of your basis in the property.	5a	<u>0.00</u>
b	<i>Individuals only:</i> If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 30 percent of your basis in the property.	5b	<u>0.00</u>
c	Add Lines 5a and 5b.	5c	<u>0.00</u>
6	Multiply Line 5c by 42.9% (0.429).	6	<u>0.00</u>
7 a	Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 50 percent of your basis in the property.	7a	<u>0.00</u>
b	<i>Individuals only:</i> If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 50 percent of your basis in the property.	7b	<u>0.00</u>
c	Add Lines 7a and 7b.	7c	<u>0.00</u>
8	Add Lines 6 and 7c.	8	<u>0.00</u>
9	<i>Last year of regular depreciation:</i> Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for each property. See instructions.	9	<u>0.00</u>
10	Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction.	10	<u>0.00</u>

→ Attach this form to your Illinois return. ←

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



2019 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

Read this information first - We encourage you to let us figure your penalties and send you a bill instead of completing this form yourself.

We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information

TAIRI P GRACE

320-62-1203

Your name as shown on Form IL-1040

Your Social Security number

Note: If your prior year tax return was filed using a different Social Security number than the number above, enter that number here.

Step 2: Figure your required installments

	A This year	B Last year				
1 Enter your total income tax, compassionate use of medical cannabis, and sale of assets by gaming licensee surcharges from each tax return. See instructions.	1 857.00	969.00				
2 Enter the amount of credits from each tax return. See instructions.	2 987.00	1,171.00				
3 Subtract Line 2 from Line 1. If the result is a negative number, enter "0."	3 0.00	0.00				
4a Enter the total amount of this year's Illinois withholding from your W-2 and 1099 forms.	4a 0.00					
4b Enter the total amount of pass-through withholding made on your behalf.	4b 0.00					
4c Add Lines 4a and 4b and enter the result here.	4c 0.00					
5 Subtract Line 4c from Line 3.	5 0.00					
6 Multiply Column A, Line 3, by 90% (.9).	6 0.00					
7 If Line 5 is \$1,000 or less or if you are not required to make estimated tax payments, enter "0," and go to Step 3. Otherwise, enter the lesser of Column A, Line 6, or Column B, Line 3.	7 0.00					
8 Divide the amount entered on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.)	8 0.00					
	Quarter 1 15th day of 4th month of tax year	Quarter 2 15th day of 6th month of tax year	Quarter 3 15th day of 9th month of tax year	Quarter 4 15th day of 1st mo. after end of tax year		
9a Enter the installment due date for each quarter. See instructions.	04/15/2019	06/15/2019	09/15/2019	01/15/2020		
9b Enter the required installment. See instructions.	0.00	0.00	0.00	0.00		
10a Enter the amount of tax withheld.	0.00	0.00	0.00	0.00		
10b Enter the amount of pass-through.	0.00	0.00	0.00	0.00		
10c Add Lines 10a and 10b in each column.	0.00	0.00	0.00	0.00		
11 Subtract Line 10c from Line 9b. If the amount is negative, use brackets.	0.00	0.00	0.00	0.00		
12 If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	Skip this line for Quarter 1.	0.00	0.00	0.00		
13 Subtract Line 12 from Line 11. If the amount is negative, use brackets.	0.00	0.00	0.00	0.00		

Continue with Step 3 on Page 2 →

Step 3: Figure your unpaid tax



14	Enter the amount from Column A, Line 3.	14	0.00
15	Enter the amount of household employment tax from Form IL-1040, Line 20.	15	0.00
16	Enter the amount of use tax from Form IL-1040, Line 21.	16	0.00
17	Add Lines 14 through 16. Enter the total amount here.	17	0.00
18	Calculate the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see Instructions), your total estimated payments made this year, Form IL-505-I payments, the pass-through withholding made on your behalf, and your withholding as shown on your W-2 and 1099 forms. Compare that total to the total of Line 9b, Quarters 1 through 4, and enter the greater amount here.	18	0.00
19	Subtract Line 18 from Line 17. If the amount is • positive, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4. • zero or negative, enter that amount here and, if negative, use brackets.	19	0.00

Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.
 Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

Note You must follow the instructions in order to properly complete the penalty worksheets.

20 Enter the amount and the date of each payment you made. Include any credit(s) carried forward from a prior year. See instructions.

	Amount	Date paid		Amount	Date paid		Amount	Date paid
a	_____	_____	e	_____	_____	l	_____	_____
b	_____	_____	f	_____	_____	j	_____	_____
c	_____	_____	g	_____	_____	k	_____	_____
d	_____	_____	h	_____	_____	l	_____	_____

Penalty rates

Number of days late	Penalty rate
1 - 30.....	.02
31 or more.....	.10

Penalty Worksheet 1 – Late-payment penalty for underpayment of estimated tax

Note If you paid the required amount from Line 13 by the payment due date for each quarter, do not complete this worksheet.

21 Enter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Qtr 1		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
Qtr 2		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
Qtr 3		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
Qtr 4		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00

22 Add Column I, Quarters 1 through 4. This is your late-payment penalty for underpayment of estimated tax.

Enter the total amount here and on your Form IL-1040, Line 32 (round to whole dollars).

22 0.00

Note You may apply any remaining overpayment from Quarter 4, Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.



Penalty Worksheet 2 – Late-payment penalty for unpaid tax

23 Enter any positive amount from Line 19 on the first line of Column C below.

A	B	C	D	E	F	G	H	I
Return	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See Page 2)	Penalty
	04/15/2020	0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00
		0.00		0.00		0	0.00	0.00

24 Add Column I. This is your late-payment penalty for unpaid tax.

Enter the total amount here and on Step 5, Line 34.

24 0.00

Step 5: Figure your late-filing penalty and the amount you owe

Note Figure your late-filing penalty only if

- you are filing your tax return after your extended due date, and
- your tax was not paid on or before your original due date.

Figure your late-filing penalty.

25 Enter the amount from Form IL-1040, Line 14.	25	0.00
26 Enter the amount of household employment tax from Form IL-1040, Line 20.	26	0.00
27 Enter the amount of use tax from Form IL-1040, Line 21.	27	0.00
28 Enter the amount of compassionate use of medical cannabis and sale of assets by gaming licensee surcharges from Form IL-1040, Line 22.	28	0.00
29 Add Lines 25 through 28. Enter the total amount here.	29	0.00
30 Enter the total amount of credits and payments made on or before your original due date.	30	0.00
31 Subtract Line 30 from Line 29.	31	0.00
32 Multiply the amount on Line 31 by 2% (.02).	32	0.00
33 Enter the lesser of Line 32 or \$250. This is your late-filing penalty.	33	0.00

Figure the amount you owe.

34 Enter any late-payment penalty for unpaid tax from Line 24.	34	0.00
35 Enter any late-filing penalty from Line 33.	35	0.00
36 If you have an overpayment on Form IL-1040, Line 35, enter that amount as a <negative number>. If you have an amount due on Form IL-1040, Line 39, enter that amount as a positive number.	36	(130.00)
37 Add Lines 34 through 36. If the result is a negative number, this is the amount you are overpaid. If the result is a positive number, this is the amount you owe. See Form IL-1040, Line 39, instructions for your payment options.	37	(130.00)

Continue to Step 6 on Page 4, if annualizing your income. →



Step 6: Complete the annualization worksheet for Step 2, Line 9b

Complete this worksheet only if your income was not received evenly throughout the year and you choose to annualize your income. Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.

	A First 3 months	B First 5 months	C First 8 months	D All 12 months
38 Enter your Illinois base income for each period. See instructions.	38			0.00
39 Annualization factors.	39 4	2.4	1.5	1
40 Multiply Line 38 by Line 39. This is your annualized income.	40 0.00	0.00	0.00	0.00
41 Exemptions. See instructions.	41 0.00	0.00	0.00	0.00
42 Subtract Line 41 from Line 40. This is your Illinois net income.	42 0.00	0.00	0.00	0.00
43 Multiply Line 42 by 4.95% (.0495). See instructions.	43 0.00	0.00	0.00	0.00
44 Compassionate use of medical cannabis and sale of assets by gaming licensee surcharges. See instructions.	44			
45 Add Lines 43 and 44.	45 0.00	0.00	0.00	0.00
46 For each period, enter the amount you entered on Step 2, Line 2, Column A.	46 0.00	0.00	0.00	0.00
47 Subtract Line 46 from Line 45. If less than zero, enter "0."	47 0.00	0.00	0.00	0.00
48 Applicable percentage.	48 22.5% (.225)	45% (.450)	67.5% (.675)	90% (.900)
49 Multiply Line 47 by Line 48. This is your annualized installment.	49 0.00	0.00	0.00	0.00
50 Add the amounts on Line 56 of each of the preceding columns and enter the total here.	50 Skip this line for Column A.	0.00	0.00	0.00
51 Subtract Line 50 from Line 49. If less than zero, enter "0."	51 0.00	0.00	0.00	0.00
52 Enter the amount you would have entered in Step 2, Line 9b, if you were not annualizing.	52 0.00	0.00	0.00	0.00
53 Enter the amount from Line 55 of the preceding column.	53 Skip this line for Column A.	0.00	0.00	0.00
54 Add Lines 52 and 53.	54 0.00	0.00	0.00	0.00
55 If Line 54 is greater than Line 51, subtract Line 51 from Line 54. Otherwise, enter "0."	55 0.00	0.00	0.00	Skip this line for Column D.
56 Enter the lesser of Line 51 or Line 54 here and on Step 2, Line 9b. This is your required installment.	56 0.00	0.00	0.00	0.00

Illinois Department of Revenue

2019 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O		

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

TAIRI P GRACE

320-62-1203

Your name as shown on Form IL-1040

Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1		\$.00	\$.00	\$.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 0.00

→ **Attach all Schedules IL-WIT to your IL-1040.** ←

Illinois Department of Revenue
2019 Schedule ICR



Illinois Credits

Attach to your Form IL-1040

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- **Illinois Property Tax Credit** - See *Publication 108*.
- **K-12 Education Expense Credit** - See *Publications 112, 119, and 132*.

- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax.

Step 1: Provide the following information

TAIRI P GRACE

Your name as shown on your Form IL-1040

320-62-1203

Your Social Security number

Step 2: Figure your nonrefundable credit

1	Enter the amount of tax from your Form IL-1040, Line 14.	1	857 .00
2	Enter the amount of credit for tax paid to other states from your Form IL-1040, Line 15.	2	0 .00
3	Subtract Line 2 from Line 1.	3	857 .00

Section A - Illinois Property Tax Credit (See instructions for directions on how to obtain your property number)

4 a	Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.	4a	0 .00
b	Enter the county and property number of your principal residence. See instructions.		
4b	<u>KENDALL</u> County <u>0505401009</u> Property number		
c	Enter the county and property number of an adjoining lot, if included in Line 4a.		
4c	_____ County _____ Property number		
d	Enter the county and property number of another adjoining lot, if included in Line 4a.		
4d	_____ County _____ Property number		
e	Enter the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even if you did not take the federal deduction.	4e	0 .00
f	Subtract Line 4e from Line 4a.	4f	0 .00
g	Multiply Line 4f by 5% (.05).	4g	0 .00
5	Compare Lines 3 and 4g, and enter the lesser amount here.	5	0 .00
6	Subtract Line 5 from Line 3.	6	857 .00

Section B - K-12 Education Expense Credit

Note You must complete the *K-12 Education Expense Credit Worksheet* on the back of this schedule and attach any receipt(s) you received from your student's school to claim an education expense credit.

7 a	Enter the total amount of K-12 education expenses from Line 11 of the worksheet on the back of this schedule.	7a	0 .00
b	You may not take a credit for the first \$250 paid.	7b	250.00
c	Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c	0 .00
d	Multiply Line 7c by 25% (.25). Compare the result and \$750, and enter the lesser amount here.	7d	0 .00
8	Compare Lines 6 and 7d, and enter the lesser amount here.	8	0 .00

Section C - Total Nonrefundable Credit

9	Add Lines 5 and 8. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.	9	0 .00
---	--	---	-------



K-12 Education Expense Credit Worksheet

Note You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

10 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A	B	C	D	E	F	G
Student's name	Social Security number	Grade (K-12 only)	School name (IL K-12 schools only or enter "home school," if applicable)	School city (IL cities only)	School type (check only one) P = Public N = Non-public H = Home school	Total tuition, book/lab fees
a _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
b _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
c _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
d _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
e _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
f _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
g _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
h _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
i _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____
j _____	_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H	_____

11 Add the amounts in Column G for Lines 10a through 10j (and the amounts from Column G of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Enter this amount here and on Step 2, Line 7a of this schedule.

→ 11 _____ 0 .00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

Illinois Department of Revenue
2019 Schedule IL-E/EIC
 Attach to your Form IL-1040



Illinois Exemption and Earned Income Credit
 IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

TAIRI P GRACE

320-62-1203

Your name as shown on your Form IL-1040

Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent Information

Complete the table for each person you are claiming as a dependent. *Note: If you are claiming more than ten dependents, complete and attach additional Dependent information tables.*

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
GALVIN	KEARNS	342-04-5820	Son	04/05/2005	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
KAEIGH	KEARNS	319-08-5025	Daughter	02/02/2008	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,275. 2 X \$2,275 1 4,550.00
 Enter the result here and on Form IL-1040, Line 10d.

Continue to Page 2 to calculate Illinois Earned Income Credit





Illinois Earned Income Credit

Complete this section only if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Note If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are not included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
KAIA	KEARNS	341-08-6190	Daughter	02/20/2009	<input type="checkbox"/>	<input type="checkbox"/>	12
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. 1 0 .00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3. 2 25,916 .00
 If you report an amount on Line 2, you must answer the question in Line 2a below.
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? 2a Yes No
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number
DEPARTMENT RELATIONS	22222

- 3 If you are filing your 2019 federal return as married filing jointly but are filing your 2019 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 8b. 3 0 .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. 3a _____
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? 4 Yes No

Step 4: Figure your Illinois Earned Income Credit

- 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 18a. 5 5,483 .00
- 6 Multiply the amount on Line 5 by 18% (.18). 6 987 .00
- 7 Illinois residents: Enter 1.0.
 Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 7 1.000
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.
 Enter this amount here and on your Form IL-1040, Line 28. 8 987 .00

Remember: intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

Land and Building Information



Office/Tech
 Status: CTG
 Area: 560
 Address: 201 Garden St, Yorkville, IL 60580
 Directions: South from Historic Downtown Yorkville on Rte. 47 to Garden Street or North of 71 to Garden Street West to Building

MLS #: 10765933
 List Date: 07/01/2020
 List Dt Rec: 07/01/2020

List Price: \$1,199,000
 Orig List Price: \$1,199,000
 Sold Price:

Closed:
 Off Mkt:
 CTGF: FIN
 County: Kendall

Contract: 10/07/2020
 Concessions:
 Lst. Mkt. Time: 156
 Township: Kendall
 PIN #: 0505282003

Lease SF/Y:
 Rented Price:
 Mthly. Rnt. Price:

Year Built: 2003
 Subtype: Condo, Loft
 Building,
 Medical, Office

Bt Before 78: No
 # Stories: 1

Multiple PINs: No

Zoning Type: Commercial
 Actual Zoning: B-2

Units: 1
 # Tenants:
 Unit SF: 9900 (Leasable
 Area
 Units: Square
 Feet)

Min Rent. SF: 0
 Max Rent. SF: 0
 Relist:

Mobility Score: 42 - Fair Mobility ?

List Price Per SF: \$121.11 Sold Price Per SF: \$0

Lot Dimensions: 252 X 194
 Acreage: 1
 Land Sq Ft: 43560

Approx Total Bldg SF: 9900
 Gross Rentable Area:
 Net Rentable Area:

Estimated Cam/SF:
 Est Tax per SF/Y:
 Lease Type:

Remarks: 201 Garden is for Sale! This is a remarkable opportunity to purchase a state of the art office building fully furnished with multiple private offices, two conference rooms, finished basement with Private Office, 2 upgraded public bathrooms, waiting area and large reception area complete with built in reception desk, Three Separate Entrances, Two Very Large open Collaborative Spaces, Very High Ceilings, Numerous Sky Lights, Double Airlock Entrance, Handicap Accessible and a Very Large Parking Area. This brick and stone building is in pristine condition! This Building is equipped with 800 AMP, 3 phase 4 wire electrical system, 3 HVAC systems with 3 Resnor Duct Furnaces and 3 Carrier Split- System Air Conditioners, 50 parking spaces and beautifully landscaped. This building can be subdivided into condo units, if the new owner is looking to lease part of the space or each office individually. This is an outstanding well built commercial building in Yorkville. Call for your private showing today, this truly is a remarkable building!!

Approximate Age: 7-15 Years

Type Ownership:

Frontage Acc:

Docks/Delivery:

Drive In Doors: 0

Trailer Docks: 0

Geographic Locaz: North Suburban

Location: Central Business District, Commercial Business Park, Office Park

Construction: Brick, Stone

Building Exterior: Brick, Stone

Foundation: Concrete

Roof Structure: Wood Joists

Roof Coverings: Shingle Composition

Air Conditioning: Central Air

Heat/Ventilation: Forced Air

Electrical Svcs: Over 600 Amps, 3 Phase

Fire Protection: Fire Extinguisher/s, Partially Sprinklered

Current Use:

Potential Use: Commercial, Condominium, Office and Research, Retail

Client Needs:

Client Will:

Misc. Outside: Courtyard, Handicapped Access, Security Lighting

Parking Spaces: 50

Indoor Parking:

Outdoor Parking: 31-50 Spaces

Parking Ratio:

Misc. Inside: Atrium, Common Exercise Room(s), Common Lunchroom/s,

Common Meeting Room(s), Handicapped Access, Heavy Floor Load, Multi-

Tenant, Public Restroom(s), Skylight, Basement

Floor Finish: Carpet, Tile, Vinyl

Extra Storage Space Available:

Water Drainage:

Utilities To Site:

HERS Index Score:

Green Disc:

Green Rating Source:

Green Feats:

Known Encumbrances:

Backup Info:

Tenant Pays: Air Conditioning, Common Area Maintenance, Electric, Heat,

Janitorial, Real Property Taxes, Insurance, Repairs and Maintenance

Possession:

Sale Terms:

Investment:

Users:

Gas Supplier: Nicor Gas

Electric Supplier: Commonwealth Edison

Financial Information

Gross Rental Income: \$0

Total Income/Month: \$0

Total Income/Annual: \$0

Annual Net Operating Income: \$0

Net Operating Income Year:

Cap Rate:

Real Estate Taxes: \$22,717.90

Tax Year: 2019

Total Annual Expenses: \$0

Expense Year:

Expense Source:

Loss Factor:

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MLS #: 10765933

Prepared By: Jeanne DeLaFuente Garage | RE/MAX Professionals Select | 12/03/2020 10:35 AM

Report Created on Dec 3, 2020

**201 GARDEN ST
YORKVILLE IL 60560**

Prepared By Jeanne DeLaFuente Gamage

Courtesy of Jeanne DeLaFuente Gamage
Office: (630) 904-6400
Email: jeanne1sellshomes@gmail.com



ActiveUnderContract \$1.2M 201 GARDEN ST YORKVILLE IL 60560

· 1 Acres | \$0 Net Equity · Commercial (General)



Owned for less than a year · JK PROPERTY HOLDINGS LLC · absentee

Public

201 Garden is for Sale! This is a remarkable opportunity to purchase a state of the art office building fully furnished with multiple private offices, two conference rooms, finished basement with Private Office, 2 upgraded public bathrooms, waiting area and large reception area complete with built in reception desk, Three Separate Entrances, Two Very Large open Collaborative Spaces, Very High Ceilings, Numerous Sky Lights, Double Airlock Entrance, Handicap Accessible and a Very Large Parking Area. This brick and stone building is in pristine condition! This Building is equipped with 800 AMP, 3 phase 4 wire electrical system, 3 HVAC systems with 3 Reznor Duct Furnaces and 3 Carrier Split- System Air Conditioners, 50 parking spaces and beautifully landscaped. This building can be subdivided into condo units, if the new owner is looking to lease part of the space or each office individually. This is an outstanding well built commercial building in Yorkville. Call for your private showing today, this truly is a remarkable building!!

Agent

2.5% CO-OP (-) \$495.00 Contact LA to view the property 630-486-7321

Directions

Instructions: LA must accompany

Directions: South from Historic Downtown Yorkville on Rte. 47 to Garden Street or North of 71 to Garden Street West to Building

Listing Details MLS #10765933

Key Stats

Status	Active
List Price	\$17.5
Commission	ONE MONTH RENT
Days On Market	270
Township	Kendall

Interior

Flooring	Carpet Tile Vinyl
----------	-------------------------

Lot

Acres	0.99
-------	------

Structure

Building Stories	1
Construction Materials	Brick Stone
Foundation Materials	Concrete

HOA

HOA	No
-----	----

· 1 Acres | \$0 Net Equity · Commercial (General)

Legal

Possession Immediate

Taxes

TAX YEAR	TAX BILL	TOTAL	LAND	IMPROVEMENT	EXEMPTIONS
2019	\$22,717.96	\$220,259 (2019)	\$17,228 (2019)	\$203,031 (2019)	
2018	\$23,000.84	\$218,078 (2018)	\$17,057 (2018)	\$201,021 (2018)	
2017	\$22,967.82	\$212,231 (2017)	\$16,600 (2017)	\$195,631 (2017)	
2016	\$15,218.39	\$211,420 (2016)	\$21,910 (2016)	\$189,510 (2016)	
2015					

Public Record Details

APN 05-05-252-003

Key Stats

Occupancy Status	No Occupants
Corporate Ownership	Yes
Absentee Owner	Yes
Mailing Address	220 GARDEN ST YORKVILLE IL 60560
County	Kendall County
Subdivision	PRAIRIE GARDEN SUB
Legal Description	LOT 3 PRAIRIE GARDEN SUB, CITY OF YORKVILLE

Flood Risk

FEMA Map Date	01/08/2014
FEMA Map Number	17093C0039H
Flood Risk	Low/Medium

Net Equity

Loan Balance	\$488,811 est.
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Parking

Garage Spaces	0
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Lot

Lot Acres	0.984
Lot SqFt	42883
Lot Dimensions Ft	223x194
Land Use	Commercial (General)
Lat, Long	41.629116, -88.451466
Lot Number	3
Municipality	KENDALL TOWNSHIP

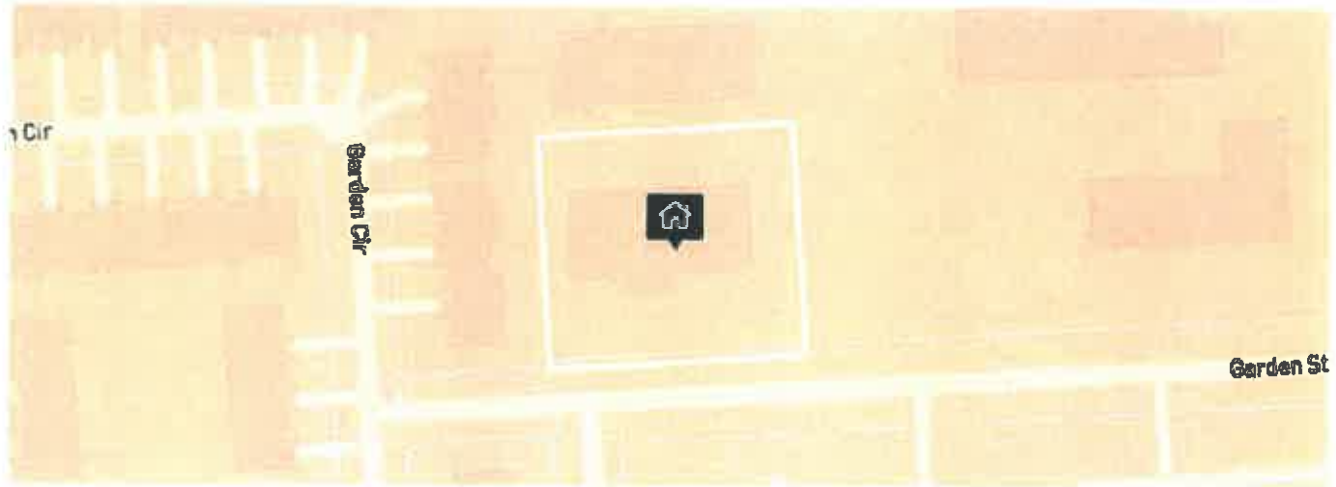
Active Mortgage

Orig. Amount	\$495,000
Origination Date	12/20/2019
Loan Term	30 yrs
Rate	3.6%
Loan Type	Other
Loan Type Details	NON-RESIDENTIAL Mortgages (Purchase & non-purchase)
Lender	GRUNDY BANK

Flood Risk

ActiveUnderContract \$1.2M 201 GARDEN ST YORKVILLE IL 60560

• 1 Acres | \$0 Net Equity · Commercial (General)



Flood Risk	Flood Zone Code	FEMA Map Date	FEMA Map Number
Low/Medium	X	01/08/2014	17093C0039H

Property History

Listing	Date	Status	MLS	List Price
	07/01/20	Active Under Contract	10765933	\$1,199,000

Listing	Date	Status	MLS	List Price
	03/09/20	Active	10661524	\$17.5

Transaction	Date	Document	ID	Book	Page
	01/16/20	Warranty Deed	202000000613		
	Event	Seller		Buyer	
	Sold \$660,000	WALKER CUSTOM HOMES INC		JK PROPERTY HOLDINGS LLC	

Listing	Date	Status	MLS	List Price
	12/20/19	Closed	10584585	\$779,000

Listing	Date	Status	MLS	List Price
	12/02/19	Cancelled	10416679	\$779,000

Transaction	Date	Document	ID	Book	Page
	09/08/16	Warranty Deed	201600013987		
	Event	Seller		Buyer	
		KENDALL COUNTY SPECIAL EDUCATION COOPERA		WALKER CUSTOM HOMES INC	

ActiveUnderContract \$1.2M 201 GARDEN ST YORKVILLE IL 60560

· 1 Acres | \$0 Net Equity · Commercial (General)

Listing	Date	Status	MLS	List Price
	08/31/16	Closed	09012373	\$895,000

Transaction	Date	Document	ID	Book	Page
	01/29/03	Quit Claim Deed	200300003035		
	Event	Seller		Buyer	
		KENDALL COUNTY SPECIAL EDUCATION COOPERA		CASTLE BANK NA	

Transaction	Date	Document	ID	Book	Page
	10/23/02	Warranty Deed	200200025476		
	Event	Seller		Buyer	
		S & K DEVELOPMENT LLC		KENDALL COUNTY SPECIAL EDUCATION COOPERA	

Mortgages

DATE	VALUE	MORTGAGE
09/08/16	\$773,750	FIRST NATIONAL BANK OF OMAHA (3.48% Arms-length Residential transactions (Purchase/Resales))
01/16/20	\$495,000	GRUNDY BANK (3.6% 6)
03/04/20	\$495,000	GRUNDY BANK (3.6% NON-RESIDENTIAL Mortgages (Purchase & non-purchase))

• 1 Acres | \$0 Net Equity - Commercial (General)

Images



• 1 Acres | \$0 Net Equity • Commercial (General)



Brief History of Company and Marketing Information



Grace Holistic Center for Education
201 Garden Street
Yorkville, IL 60560
(331) 207-8932

December 6, 2020

Thank you for the opportunity to introduce Grace Holistic Center for Education (GHCFE), a non-profit, secular, innovative, learner-centered school that provides a holistic education for students in preschool through high school.

Our school is focused not on labels or differences but on unity and on fostering all aspects of a child's growth. Our education model is focused on educating and supporting the whole child by providing a safe space for students to learn about mental health, community, spirituality, and the world at large. Grace Holistic Center for Education fosters improvements in learning and enrichment through an approach that encompasses not only academics but also mind, body, and spirit.

Our curriculum includes not only traditional academic subjects, but also includes mindfulness, yoga, a sensory garden, a pet therapy room, Spanish immersion, and global and community involvement. We also offer supportive services to the wider community, including a mental health support group, social skills groups for children, grief and trauma support groups, fun holiday events, and more. GHCFE knows the importance that in-person school has for the social emotional health of students and has taken precautions to ensure the safety of our students (including social distancing, temperature checks, outdoor activities, and other measures recommended by public health officials) while also ensuring students have weekly or even daily access to a social worker who can assist them with anxiety or mental stress caused by the COVID-19 pandemic.

Mission and Background

Founded in 2016, Grace Holistic Center for Education (GHCFE) is a non-public school registered with the State of Illinois and the Illinois State Board of Education. GHCFE's mission is to further the illumination of the human spirit. This endeavor is pursued by interweaving mind, body, spirit, and academics as an interconnected, interdependent system. One of the ways we achieve this objective is by cultivating active parent involvement, along with expanding global citizenship through service. Holistic instruction doesn't cease at the end of the academic day, but continues to the home and community. GHCFE also provides support services to the entire community, such as support groups, fun family activities, and more.

GHCFE provides an innovative learner-centered environment for our students. In the early grades, the emphasis is on experiential learning arts, crafts, music, movement, and nature. In the later grades, the emphasis is on developing self-awareness and independent thinking and problem solving. GHCFE adheres to strict district academic standards and has been recognized and registered with the Illinois State Board of Education.

Currently, GHCFE serves 50 students from preschool through high school, the majority of whom receive tuition assistance. Our students primarily reside in Kendall, Kane, DuPage, and Cook

Counties. Many GHCFE students experience emotional or behavioral challenges and struggled to be successful in public school settings. These students are able to thrive in our setting because our educational model is unique. We address and promote mental health and do our best to destigmatize a student's need for therapy or social work support.

Through our partnership with Aurora University School of Social Work, four Social Work Master Student Interns assist our school. These Social Work Interns lead our Mindfulness Program and provide therapeutic support for our students throughout the entire school year. Each student is assigned a Social Work Intern for a weekly check-in, and the Social Work Interns are also on site to lend support to any student who is having a difficult day in the classroom. Our students feel safe at GHCFE because there is always someone available to support them while they are in our school. If they need to step out of a classroom to reset or are trying manage their classroom frustrations, they are immediately met with support and given the tools and resources they need to succeed rather than being regarded as a discipline problem or a difficulty.

Our Programs and Activities

GHCFE serves students in preschool through 12th grade. Our general core academics curriculum includes Mathematics, Language Arts, Music and Art, Science, Spanish Language, Pet Therapy, a Mindfulness Program, Yoga, and Meditation. Our instruction aligns with the Common Core State Standards, and our balance of academics and creative outlets and enrichment of the spirit allows students to grow into healthy and well-rounded adults. Our students are divided up into age groups, tailored for specific developmental milestones for each age group for optimal growth. This mixed grade structure allows for different levels of learning, enabling students who are gifted to be challenged without leaving other students, who may learn more slowly, behind to struggle. Older and advanced students often mentor younger and struggling students, thus providing these students with leadership opportunities.

Community Programs: GHCFE offers several supportive programs that are open to the entire community. These programs include a support group for foster/adoptive families, a social workers support group, grief and trauma support groups, self-care and wellness activities for social work providers, women's empowerment groups, social skills groups for children, teen groups, free yoga classes, fun holiday events for families, community service activities, and more.

Thank you for your time, consideration and the willingness to get to know our organization. Should you have any questions or require additional information, please do not hesitate to contact me by email at tgrace@ghcfe.com or by phone at 630-881-1095.

Sincerely,

Tairi Grace, LCSW, E-RYT
Executive Director



Tairi Grace | Yorkville

As a licensed clinical social worker and the owner of Grace Holistic Center for Education and Sense of Samadhi in Yorkville, Tairi believes beauty is emotional, physical, mental, and spiritual. She self-reflects daily to be mindful of the energy that she is translating to those around her. Her goal is to live a life like the late Ram Dass and treat everyone equally regardless of their beliefs or background.

Tairi is a strong believer that the mind-body connection and mind-body techniques such as yoga and meditation have paved the way as a proactive wellness technique helping with anxiety, depression, and mood disorders; as well as increases flexibility and strength allowing a person's true beauty to shine from the inside out.

Positivity, mindfulness, and self-care are the foundation of beauty.

Community EASTER EGG

HUNT

MARCH
22ND

9-1 PM

& Bunny Brunch

EGG HUNTS 10:30 & 12:30

BREAKFAST 9 & 11 AM

CASH BAR AFTER 10 AM

YORKVILLE AMERICAN LEGION

9054 VETERANS PKWY, YORKVILLE, IL 60560

GAMES, CRAFTS, PETTING ZOO &
EASTER BUNNY VISITS!

TICKETS:

- EARLY BIRD DISCOUNTS, TICKETS AVAILABLE ONLINE
- TICKETS AVAILABLE AT SITE

FOR MORE INFORMATION & TO PURCHASE TICKETS VISIT
[HTTP://BIT.LY/BUNNYBRUNCH2020](http://bit.ly/bunnybrunch2020)

GRACE HOLISTIC CENTER FOR EDUCATION'S 3RD ANNUAL

Grace Gala

Craft Beverage Outdoor Dinner



September 6, 2019 ~ 6-9 pm

LIVE MUSIC BY *Abraham Mellish*

HOSTED BY *the homestead 1854 - 611 E. Main in Plano*

PREPARED BY *Chef Rachel Conover*



*includes appetizers, salad, entree,
dessert & paired beer per course*

to sponsor online: <https://bit.ly/2WF0j9S>



GHC FE WellnEss CHALLENGE

November 1-30

This is the time of year that wellness can take a back seat. In order to create healthy habits and encourage healthy habits, we are having a Grace Holistic Family Wellness Challenge!

During the month of November, anytime you attend a yoga class at Sense of Samadhi, verify your attendance on the sign-up sheet at each location.

The family that attends the most yoga classes during the month will receive credit for all their required volunteer hours for 2020/2021 at GHC FE! If you bring a friend, have them sign-in on your behalf, too!



NEW TO YOGA? We suggest:

YORKVILLE:

- Restorative with Tairi: Mondays 9:30 AM
- Fundamentals with Lesli: Fridays 9:30 AM
- Restorative: Fridays 6 PM, Saturdays 8 AM
- Peaceful Flow: Sundays 9:15 AM

AURORA:

- Beginner's Yoga: Mondays 6 PM
- Restorative with Brittany: Saturdays 9 AM



SENSE OF SAMADHI
212 S BRIDGE, YORKVILLE
6 W DOWNER PLACE, AURORA

SIGN UP AND SEE THE FULL SCHEDULE ON THE MINDBODY APP

TODAY IS GIVING TUESDAY



no act of kindness is ever wasted - aesop

Giving Tree

A background image of a Christmas tree with warm, glowing lights, blurred to create a bokeh effect. The lights are in shades of yellow, orange, and red, set against a dark background.

GRAB A TAG OFF THE TREE

IN THE LUNCH AREA!

GIFTS WILL GO TO KIDS IN NEED

THROUGH CASA.

Letter of Commitment for Leveraging and Job Creation



12/7/2020

Grace Holistic Center for Education (GHCFE) is a 501 (c)(3) non-profit organization that provides a whole child education to students in grades PreK through 12th. Founded in 2016, GHCFE seeks to further the illumination of the human spirit. This endeavor is pursued by encompassing mind, body, spirit, and academics. We offer integrative education that provides a wide range of curriculum. One of the ways we achieve this objective is by cultivating active parent involvement, along with expanding global citizenship through service.

Grace Holistic Center for Education currently has 47 students enrolled and employs 19 staff members. Our PreK- 6th grade classrooms are all near or at capacity and we are planning to add additional classrooms next school year to accommodate additional students. To accomplish this, GHCFE will need to hire an additional 2-3 full time teachers to our team, along with potentially hiring additional assistant teachers/teachers aids based on the student needs.

Expanding our capacity will allow us to take students that may not be able to otherwise attend the school for financial reasons.

Sincerely,
Grace Holistic Center for Education School Board



List of Job Classifications, Salary Ranges and Number of Positions

Job Classifications

Role	Hours	Salary Range
Preschool/Kindergarten Teacher	Full Time	39,000 - 52,500
Teacher Aid	Full Time	12.00 - 25.00 Per hour
1st- 3rd Grade Teacher	Full Time	39,000 - 52,500
Teacher Aid	18 hrs per week	12.00 - 25.00 Per hour
History and ELA Teacher	Full Time	39,000 - 52,500
Math Teacher	Full Time	39,000 - 52,500
Science and Art Teacher	Full Time	39,000 - 52,500
Physical Education Teacher	7 hrs per week	12.00 - 25.00 Per hour
Music Teacher	8 hrs per week	12.00 - 25.00 Per hour
Mindfulness Program Director	20 hrs per week	12.00 - 25.00 Per hour
Foreign Language Teacher	6 hrs per week	12.00 - 25.00 Per hour