

**AGENCY FUNDING
HEARING SCHEDULE
Wednesday - October 7, 2020**

- 6:30 THE JOSSELYN CENTER**
- 6:45 NORTHWEST SUBURBAN DAY CARE CENTER**
- 7:00 CENTER FOR ENRICHED LIVING**
- 7:15 WINGS PROGRAM INC.**
- 7:30 KENNETH YOUNG CENTER**
- 7:45 LITTLE CITY FOUNDATION**
- 8:00 MIRACLE HOUSE**
- 8:15 NORTHWEST CASA**
- 8:30 ORCHARD VILLAGE**

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014			
2015	n/a	\$43,062	New Agency
2016	\$111,500	\$111,500	+158.9%
2017	\$111,500	\$112,000	+ .5%
2018	\$115,000	\$110,440	-1.4%
2019	\$115,000	\$103,800	-6%
2020	\$115,000	\$103,800	0%

2021 REQUEST	\$115,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR



THE
JOSSELYN
CENTER

Mental Health For Clients
Hope For Families
Healing For Communities

847.441.5600
Fax 847.441.7968
www.josselyn.org

BOARD OF DIRECTORS

Pam Martin
Chair

*Adrienne
Hepworth-Weisenberger*
Vice Chair

Mary Campobasso
Secretary

Wade Glisson
Treasurer

Kitty Bliss

Kenneth Fishman
Gaillee Fitzpatrick

Neil Fitzpatrick
Amy Gertler

Cynthia Helle

Michael Holling

Ruth Kraus, PhD

Richard Lauter

Janice MacVicar

Mary Magee

Eric G. Matlin

Denise Nash

Carolyn Raitt

Sherwin Shenfeld

Holli Volkert

Clyde Andrew Walter

Mary Womsley

Susan Resko

President

HONORARY TRUSTEES

Mark M. Anderson

Jeanette Beavers

Linda Blumberg

Dr. Gil Bowen

M. Gail Fitzpatrick

Susan Garrett

Mari Gimbel

David Langenbach

Dania Leemputte

Richard D. Liebman

Nancy Meyer

Robert J. Moran

Harriet H. Perrin

Kathy Coffin-Piegras

Deborah D. Ross

Anne C. Ruzicka

Lois Sachs

Regina Siske

Joanne Steinback

Susan S. Stewart

Marty Stiffler

Christine Stoll

Jackie Waldstein

August 28, 2020

Maine Township Trustees
1700 Ballard Road
Park Ridge, IL 60068

Dear Supervisor Morask and Trustees Jones, Carrabotta, McKenzie, and Sweeney,

Thank you for your consideration of The Josselyn Center's application. Your support of The Josselyn Center's comprehensive community mental health services is an investment in the well-being of Maine Township residents. The Josselyn Center serves 209 Township residents with outpatient psychiatric, therapy, case management and community support services, representing the delivery of several thousand hours of mental health care services. With your partnership and funding, Josselyn provides psychiatric services and case management on-site at MaineStay Youth & Family Services. Maine Township residents comprise 12% of our clients overall.

Affordable mental health services are in greater need than ever before. We have experienced 203% growth in Township clients since 2016. Even prior to the COVID-19 pandemic, we were witnessing an increase in mental health needs in this community. This trend has accelerated considerably during the pandemic.

We value serving Maine Township residents in partnership with you, and we will work tirelessly to bring health, hope, and healing to your communities.

With many thanks,

Susan Resko
President

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name The Josselyn Center

Address 405 Central Avenue, Northfield, IL 60093

Phone 847-441-5600 Fax _____ Email info@josselyn.org

Contact Person Caryn Fliegler Title Grants and Foundations Manager

Grant Contact Person See above Title See above

Phone 224-505-5284 Email cfliegler@josselyn.org

Brief Description of Agency

The Josselyn Center, a certified Community Mental Health Center, provides comprehensive mental health services to low-income individuals. We are an essential lifeline for Maine Township residents. ***The Josselyn Center's mission is to provide affordable mental health services that make lives better for our clients, their families and our community. We envision a world in which ALL individuals and families who are affected by a mental health condition have access to affordable, quality care, regardless of ability to pay.***

Josselyn's goal is to be there for the community before the point of crisis. As with physical health, preventative care is more effective and less costly than that required for an individual who has reached a point of crisis. As the national organization Mental Health America states, "When we think about cancer, heart disease, or diabetes, we don't wait years to treat them... We believe that mental health conditions should be treated long before they reach the most critical points in the disease process."

Josselyn is the sole provider of outpatient psychiatry services in a 375 square mile area for Medicaid recipients that includes Maine Township, and our services are more sought-after than ever before. Josselyn's clinical services include:

- Psychiatric Services
- Individual, Couple, Family and Group Therapy
- Community Support
- Case Management
- A Supported Employment service, Individual Placement & Support (free; adults)

Josselyn's community programming includes:

- The Living Room, an alternative to the ER for a person experiencing a mental health crisis (free; adults)
- Drop-In Center, for adults seeking support from trained peers who are in recovery from mental illness (freep)
- Camp Neeka, our therapeutic summer day camp for children ages 8-12
- Mental Health First Aid

We worked with 1,700 clients this year, providing 22,000 hours of mental health services to these individuals (a 13% increase in clients and 17% increase in service hours). We met increasing needs for the 88 communities our clients come from, while maintaining a low clinical to administrative staff ratio above 2:1. Demand for our services has significantly increased during the pandemic. Job losses are adding to the uncertainty of this anxious time, and is greatly expanding the ranks of Medicaid recipients. Now is the time to keep our mental health services going strong.

Agency Total Budget \$5,258,362 Amount requesting from Maine Township \$115,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 1, 2020-June 30, 2021

Total number of all unduplicated clients directly served during your last fiscal year 1,714

Total number of unduplicated Maine Township clients directly served during your last fiscal

year 209

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? N/A

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Susan Resko, President: \$165,501
2. Melissa Frick, Psychiatric Mental Health Nurse Practitioner: \$148,200
3. Michael Scholl, Vice President of Clinical Services: \$110,350
4. Kenneth Wiersum, Vice President of Finance: \$110,000
5. Carol Callahan: \$92,000

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
4. Describe how your organization's services are currently promoted to the residents of Maine Township.

To ensure Township residents can access psychiatric services without traveling long distances, The Josselyn Center provides weekly, on-site psychiatric services at MaineStay. Josselyn's Melissa Frick, DNP, APRN, PMHNP-BC, ANP-BC, is dually board certified and well-regarded by her clients and MaineStay staff alike.

Josselyn regularly communicates with school districts in the Township, police and fire departments, area hospitals, non-profit agencies, local municipalities, and elected officials, among many others, to raise awareness of the mental health services we provide at MaineStay. Our "Take Five for Mental Health" series promotes mental health awareness and reduces stigma, and discusses our services through a series of interviews, including one with Melissa Frick (we invite you to view it at www.josselyn.org/news). The Park Ridge Community Fund also lists Josselyn in its resource materials, and the City of Des Plaines supports Josselyn as a mental health agency and provides our information to residents. Josselyn's website is essential to our outreach, as many area residents use online resources to find care. We gratefully recognize your support and partnership on our website.

5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.

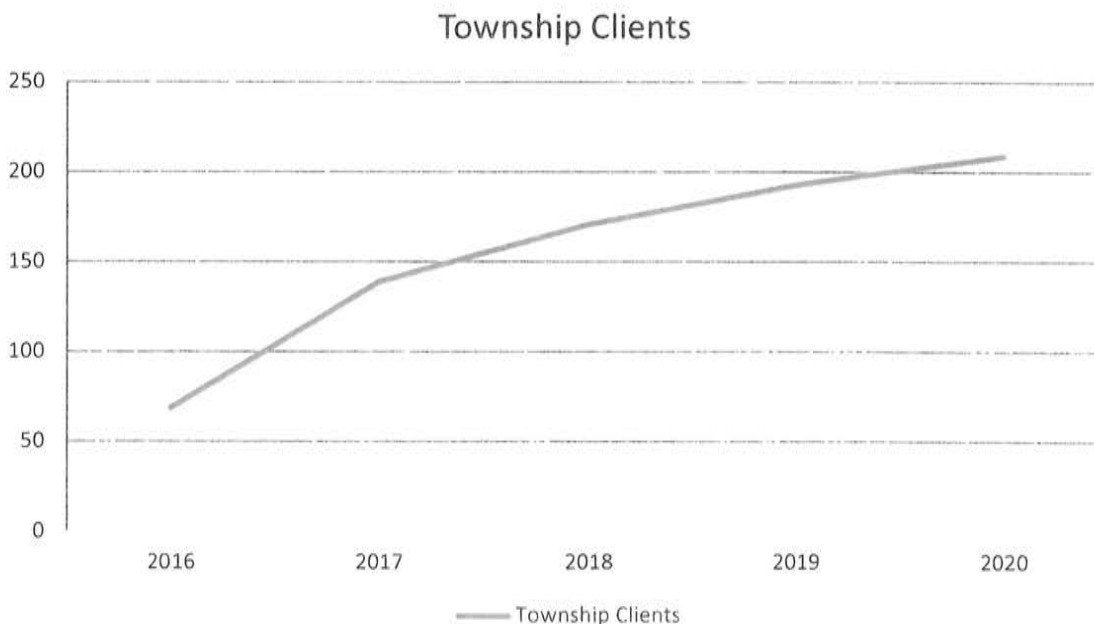
2015-16	\$43,062
2016-17	\$111,500
2017-18	\$112,000
2018-19	\$110,440

2019-20	\$103,800
2020-21	\$103,800

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

Your support of Josselyn Center services in your community is an investment in the well-being of Maine Township residents, and as such it ensures greater health for your entire community. Your 2019-20 funding underwrote our sliding fee scale for Township residents and helped us continue to serve Medicaid recipients, despite cost gaps. The Josselyn Center served 209 Township residents with outpatient psychiatric, therapy, case management and community support services, representing the delivery of several thousand hours of mental health care services by Josselyn Center to your residents. Maine Township residents comprise 12% of our clients overall. With your partnership and funding, Josselyn also provided psychiatric services and case management on-site at MaineStay.

Even prior to this time of extraordinary stress, we were witnessing an increase in mental health needs in this community. This trend has accelerated considerably during this pandemic. We have experienced 203% growth in Township clients since 2016.



7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

The Josselyn Center’s respectful request of \$115,000 will directly help provide more Maine Township clients with mental health services. We will provide outstanding services even as we meet increasing demand. Specifically, your funding will enable us to:

- **Continue providing our sliding fee scale for Township residents**, so cost is not a barrier to mental health. Your residents will affordably access not only therapy and psychiatric services but our Supported Employment program, Individual Placement & Support, to help them find and keep jobs; Art Therapy, a proven approach for children and adults; The Living Room (a free service for adults in need of a calming, therapeutic response to a mental health crisis), The Drop In Center (to build connections with peers who have lived experience with mental illness), our support groups, and our summer therapeutic day camp for children.
- **Serve Medicaid clients, which is increasing exponentially due to job losses from the pandemic.** All mental health services, particularly psychiatry, are in short supply in the region. There is an extreme shortage of providers who accept Medicaid due to low reimbursement rates in IL. Josselyn must raise \$129 in philanthropic support for every hour of psychiatric services for Medicaid recipients. Your funding helps cover a portion of this shortfall, allowing us to serve Township residents.

- **Provide on-site psychiatric services in Park Ridge.** We can sustain our presence at MaineStay with your support. While it is costly for us, we are proud to partner with you to provide this essential service for Maine Township residents.

Our Medicaid billing capabilities are strong, allowing us to leverage federal and state funds to minimize human service expenses for the Township. We believe that our partnership with you maximizes our organizational and clinical strengths while keeping your communities healthy.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

While COVID-19 is a physical ailment, its impacts on mental health – stemming from uncertainty and stress, financial and job losses, an increased sense of isolation, and even grief – may be long-lasting if treatment is not available. “The pandemic has the seeds of a major mental health crisis as well if action is not taken,” notes the United Nations. “Many people who previously coped well, are now less able to cope because of the pandemic’s multiple stressors. Those who previously had few experiences of anxiety and distress may experience an increase in number and intensity...and some have developed a mental health condition. And those who previously had a mental health condition, may experience a worsening of their condition and reduced functioning.”

The Josselyn Center is seeing these impacts up close. We experienced a 66% increase in service hours over two years BEFORE the COVID-19 pandemic hit. Since the beginning of this pandemic, new client calls have skyrocketed by 40%. We aim to do everything we can to avert a tsunami of suicide and mental illness that is a predicted outcome of this extraordinary time. During this pandemic, Josselyn has met increased client needs and remained stable by doing the following:

- **Pivoted to all virtual services in March, 2020 without service interruption.** We were able to do this in part because we had several years’ prior experience providing tele-psychiatry;
- **Expanded our staff ahead of our anticipated timeline.** We have increased our clinical team with 13 new hires to meet demand, including additional bilingual clinicians;
- **Kept wait times for all of our services minimal.** Long wait times can cause mental illness symptoms to worsen;
- **Remained within our financial goals.** Josselyn’s Senior Management Team, with oversight from our Governing Board, has worked tirelessly through these challenging times, budgeting carefully and securing COVID-specific grants.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

10. Describe how your organization meets the eligibility requirements for the requested funding.

As a 501©3 organization with a focus on community mental health, Josselyn is a critical piece of the safety net for residents of Maine Township. We treat clients regardless of income status. We maintain policies relating to a range of topics including equal opportunity employment. We maintain accessible facilities and offer virtual services. Township residents can access all of our services.

11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

Josselyn’s Strategic Plan calls on us to expand our services for youth, as rates of mental illness and suicide have frighteningly increased over the past decade. This year, Josselyn will begin offering Mental Health First Aid, a program developed by the National Council on Behavioral Health. Mental Health First Aid is a community education program akin to Red Cross First Aid training, with a focus on one’s own mental health and how to be recognize mental health signals in

others and respond appropriately Josselyn secured an Americorps program grant for this programming, allowing us to hire a Mental Health First Aid Coordinator to arrange and help implement training and instruction in Mental Health First Aid, Youth Mental Health First Aid, and Teen Mental Health First Aid in 2020-21.

Three Josselyn staff are already certified to teach Mental Health First Aid, with more in our pipeline this year. We will be able to deliver Mental Health First Aid virtually, and would value the chance to offer a webinar with the Township. Because of our close relationship with Maine Township and MaineStay, we are in discussions with Richard Lyon about offering Mental Health First Aid training virtually to Maine Township residents, free of charge.

12. **Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures?** Yes No

13. **If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.)** Yes No

14. **Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability?** Yes No

15. **Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body?** Yes No

16. **If requested, do you agree to provide the following to Maine Township?**
(Please note: You do NOT need to include these items with your application.)
 - A. **Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs**

 - B. **At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)**

 - C. **A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:**
 - I. **A description of each program, service, activity or facility you provided or offered**

 - II. **A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with**

Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes **No**

17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes **No**

18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? **Yes** **No**

19. What is the geographic service area of your organization?

The Josselyn Center's clients reside in 85 communities across metro Chicago, with the majority in Cook and Lake Counties. Before the pandemic, many of our clients traveled long distances to access our services, some spending hours on public transportation to reach us, because we were their only option for affordable, high-quality care. During the pandemic our services are available virtually.

20. Does your organization charge for services? **Yes** **No**

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

21. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? **Yes** **No**

We have a long-standing agreement with another Township for such cases. When this Township is made aware of a resident who needs mental health services but can't afford the reduced fee, the Township covers the client's fees. We would be happy to arrange a similar agreement with Maine Township.

22. Are volunteers used within your organization?

- Yes. Please indicate how many volunteers you have and how they are utilized.**
- No. Please give specific reasons for not using volunteers.**

Josselyn operates three volunteer Boards, as follows:

- Governing Board: 26 volunteers who financially support Josselyn.
- Auxiliary Board: 40 volunteers who support fundraising and awareness-building.
- Junior Board: 40 area high school students who engage in mental health education and raise awareness.

23. Does your organization provide any bilingual services?

- Yes. Please indicate languages.** Our clinical team includes several bilingual clinicians. Their languages include Spanish, Polish, Mandarin, and Portuguese.
- No**

24. Does your organization request proof of U.S. citizenship from its clients?

- Yes. Please describe briefly.**
- No**

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

- Yes** **No**

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

We are pleased to have the support of many area religious organizations, contributing financial grants as well as volunteer interest and mental health awareness. We have also partnered well with Rotary Clubs in Northbrook, Glenview, Evanston, and Wilmette.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

Organization	Collaboration
Illinois Department of Human Services	Josselyn is a provider for the new Call4Calm line, free and available 24/7 for people struggling with stress related to the COVID-19 pandemic.
Josselyn Champions	Josselyn recruited five leading psychiatrists who donate their time to treat low-income children.
Connections for the Homeless	Josselyn provides counseling to participants in this Evanston-based organization. These individuals are housing insecure.
Crisis Response of the Northshore	Josselyn has been a member for more than 30 years.
Fenix Family Health Center	Josselyn embeds a bilingual clinician with Fenix to provide therapy, and strengthen referrals between our organizations.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
----------------	--------	----------------------	------------

Maine Township	\$103,800	Annual	2%
Foundations	\$525,300	Annual	10%
Private Donors	\$285,000	Ongoing	5%
Federal	\$0	N/A	
State	\$722,529	Annual	14%
Municipalities	\$101,000	Annual	2%
Other Townships	\$236,520	Annual	5%
Other (list all)	\$3,017,202 (Client insurance and sliding scale fees)	Ongoing	57%
	\$267,011 (includes pro bono psychiatrists, events)		5%
Total	\$5,258,362		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

Due to the impacts of the pandemic, Josselyn lost \$260,000 from cancelled benefits and COVID-related costs. We were forced to cancel our in-person annual Spring Luncheon in May, although we worked quickly to conduct a virtual benefit. In past years, the luncheon raised \$60,745 for Josselyn's children's services (revenue \$81,000, costs \$20,255). With hard work, we raised \$36,000 through this year's online event. We were sadly forced to completely cancel our June Golf Outing. In years past, the Golf Outing raised \$32,844 for Josselyn's clinical services (revenue \$50,020, costs \$17,175).

Prior to the Pandemic, Josselyn A Night for Josselyn in November, raising \$157,884 for Josselyn's clinical services (revenue \$201,844, costs \$43,960). We also benefited from a Fashion Show fundraiser held in partnership with the Autohaus on Edens in March. As the 2020 charity beneficiary, Josselyn received \$30,000 from this event.

29. What fundraising efforts are planned for next year?

We anticipate having to replace our in-person annual Fall Benefit with an online event due to the number of people attending (250 in years past). Due to the nature of an online Benefit, we anticipate raising \$45,000 through the event (costs will be minimal). We also plan to hold small-group fundraising gatherings in Fall 2020, with a target fundraising goal of \$50,000. Lastly, we hope to return to our full in-person fundraising events at an undetermined future time.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

We have worked tirelessly to meet increased demand while remaining organizationally efficient and fiscally responsible. Key changes this year include the following:

- **Expansion of The Living Room:** With support from the IL Dept. of Human Services, Josselyn is expanding the size of The Living Room in fall 2020. This will allow us to continue offering a comfortable, supportive space. This free service provides an alternative to the ER for Township residents who are in crisis;
- **Addition of a third Specialist to our Supported Employment program, Individual Placement & Support:** Josselyn's Supported Employment program works with clients to find and keep competitive employment;
- **Recruitment of a new Josselyn Champion,** bringing our total to five. These leading child psychiatrists donate their time to work with our young clients;
- **Opening of a second, new clinical site in Waukegan, The Josselyn Center Lake County.** We opened in March, 2020, after passing funding benchmarks set by our Board. Opening in Waukegan better serves Lake County residents, closing major gaps in mental health care access in that county;

We grew carefully this year, and we remain clear-eyed that now is the time for Josselyn to step up to meet needs.

31. Please provide numerical breakdown of all staff member positions.

- 1. Administration & Administrative Support** 18
- 2. Management of Service Providers** 7

32. Number of certified staff members N/A (please see below)

33. What kinds of certifications are required for your service providers?

The Josselyn Center requires its clinical staff to be licensed, as noted below.

34. Number of licensed staff members 38

35. What kind of licensing is required for your service providers?

- Licensed Clinical Social Worker (LCSW)
- Licensed Clinical Professional Counselor (LCPC)
- Licensed Family & Marriage Therapist (LFMT)
- Licensed Doctor of Psychology (Psy.D)
- Licensed Medical Doctor Psychiatrist (MD)
- Advance Practice Nurse Practitioner (APRN)*
- Licensed Registered Nurse (RN)
- Peer Specialist

Note: Our Supportive Employment Specialists are service providers for our employment program. Licensing is not required for this role.

36. Please list all accreditations your organization has earned.

Josselyn is accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF), a gold standard for outpatient mental health care providers. We are also certified by the IL Dept. of Human Services, which holds us to a high standard of care. This dual certification is rare, and indicates our high standards – akin to being a “Blue Ribbon” school.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

It costs more to offer increased service hours to meet community needs. Without your funding, or with reduced funding, the needs of individuals seeking care who live in Maine Township will not be met. To allow them to forego necessary treatment would be catastrophic to them personally, as they only have Josselyn to turn to for affordable mental health services that include psychiatry. It will also have negative impacts on the community at large over time.

The emotional toll from the pandemic will last for years. Suicide rates already exceed 1941 highs; experts anticipate increases (<https://bit.ly/3h717u2>). Josselyn’s therapists are seeing clients returning to prior substance use to cope, domestic violence victims being forced to shelter in place with their abusers, and despair over job loss and loss of loved ones. We urgently ask for your consideration of support. Mental health support is urgently needed among Township residents now more than ever.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization The Josselyn Center


By 
Its Authorized Representative

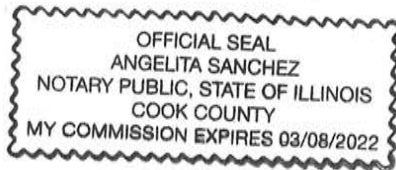
Printed Name Susan Resko

Title President

Date August 28, 2020

SUBSCRIBED and SWORN to
before me this 28 day of August, 2020.

Notary 





THE
JOSSELYN
CENTER

Mental Health For Clients
Hope For Families
Healing For Communities

Fee Schedule
Effective January 1, 2017

Client Name: _____ Client ID#: _____

Sliding Scale Categories – Client's Responsibility*:

	<i>Assessment, Therapy and Consultation</i>	<i>Psychiatric Assessment</i>	<i>Psychiatric Med Monitoring up to 1/2 Hour</i>	<i>Group Therapy</i>	<i>Psychological Testing Services</i>	<i>Case Management</i>
Out of Area or \$150,000+	130	300	150	25	150	50
\$125,000 - \$149,999	130	260	130	10	130	50
\$100,000 - \$124,999	130	230	115	10	125	50
\$70,000 - \$99,999	130	200	100	10	116	50
\$65,000 - \$69,999	120	200	100	10	116	50
\$60,000 - \$64,999	115	200	100	10	111	50
\$55,000 - \$59,999	100	200	100	10	99	50
\$50,000 - \$54,999	90	200	100	10	88	50
\$45,000 - \$49,999	85	200	100	10	74	50
\$41,601 - \$44,999	80	200	100	10	61	50
\$35,000 - \$41,600	75	190	100	10	53	50
\$30,000 - \$34,999	70	170	100	10	46	50
\$25,000 - \$29,999	65	160	100	10	38	50
\$20,000 - \$24,999	60	150	80	10	33	50
\$15,000 - \$19,999	55	120	70	10	26	50
\$11,881 - \$14,999	50	90	60	10	21	50
\$0 - \$11,880	50	75	50	10	14	50

**If a client has insurance, the insurance payment is applied towards the difference between the client's responsibility and the full fee for service. If the client's responsibility and the insurance reimbursement is greater than the full fee, the client's account will be credited the difference.*

The Josselyn Center Budget

Jul 20 - Jun 21 Budgeted

Ordinary Income/Expense

Income

41000 · CONTRIBUTIONS	
41001 · CONTRIBUTIONS - INDIVIDUAL	150,000.00
41004 · CORPORATE GIFTS	0.00
41005 · CIVIC RELIGIOUS GIFTS	83,300.00
41008 · FOUNDATIONS	442,000.00
Board/Major Gifts	135,000.00
Total 41000 · CONTRIBUTIONS	810,300.00
Total 42000 · BENEFITS (NET)	60,000.00
Total 43000 · GOVERNMENT FUNDING	722,529.00
Total 44000 · VILLAGES & TOWNSHIPS	441,320.00
JOSSELYN CHAMPIONS	207,000.00
Total 46000 · CLIENT & INSURANCE FEES	3,017,212.80
Total Income	5,258,361.80

Gross Profit

5,258,361.80

Expense

Total 60000 · SALARIES & CONSULTANTS	3,598,191.69
Total 61000 · HEALTH INSURANCE	215,954.07
Total 62000 · PAYROLL TAXES	222,397.07
Total 63000 · RETIREMENT PLAN	65,000.00
Total 65000 · PROFESSIONAL FEES	376,340.88
Total 66000 · SUPPLIES	80,370.63
Total 67000 · TAXES	0.00
Total 68000 · TELEPHONES	36,263.45
Total 69000 · POSTAGE	4,214.28
Total 70000 · OCCUPANCY - 405 Cental	70,570.59
Total 70001 · OCCUPANCY - 1779 Maple	14,748.75
Total 70002 · OCCUPANCY-415 WASHINGTON	95,637.21
Total 7xxxx · OCCUPANCY-495 Northfield	68,275.01
Total 72000 · PRINTING	23,814.27
Total 73000 · TRANSPORTATION	3,820.88
Total 75000 · MEMBERSHIP	9,709.23
Total 76000 · EQUIPMENT MAINTENANCE	30,878.65
Total 77000 · CHARGE CARD FEES	9,775.81
Total 78000 · INSURANCE (ACCRUED)	65,028.47
Total 79000 · STAFF DEVELOPMENT	10,039.51
Total 80000 · OTHER	621,548.66
84000 · INTEREST EXPENSE	30,075.93
85000 · DEPRECIATION	144,575.95

Total Expense

5,797,230.97

Net Ordinary Income

-538,869.17

 Loan forgiveness

430,000.00

 Other income/loss

75,000.00

Net income/loss

-33,869.17

The Josselyn Center List of Grants	
<i>List reflects confirmed and projected for FY21 (July 1, 2020-June 30, 2021).</i>	Amount
John & Kathleen Schreiber Foundation	\$250,000
New Trier Township	\$195,520
IDHS The Living Room (restricted to The Living Room)	\$247,849
Maine Township	\$103,800
The Grainger Foundation	\$100,000
Cook County CDBG Capital (construction grant)	\$125,000
VNA Foundation	\$60,000
IDHS DRS Supported Employment service, Individual Placement & Support	\$58,644
Healthcare Foundation of Northern Lake County	\$50,000
Village of Northbrook	\$50,000
Healthcare Foundation of Highland Park	\$50,000
Village of Glenview	\$47,000
Cook County CDBG Public Services	\$30,000
Julian Grace Foundation	\$30,000
Lake County VGR	\$25,330
Lake County Community Foundation	\$20,000
Niles Township	\$18,000
Northfield Township	\$17,000
IDHS Crisis Staffing	\$16,637
Kenilworth United Fund	\$15,000
Kenilworth Union Church	\$15,000
Buchanan Family Foundation	\$15,000
Morrison Family Foundation	\$15,000
Hunter Family Foundation	\$15,000
Abra Prentice Foundation	\$10,000
Gil Bowen Memorial Fund	\$10,000
Gorter Family Foundation	\$10,000
Moraine Township	\$8,000
United Way of Metro Chicago	\$7,450
Winnetka Congregational Church	\$6,100
Northfield Community Church	\$5,000
Park Ridge Community Fund	\$5,000
City of Des Plaines	\$4,000
Highland Park Community Foundaton	\$5,000
West Deerfield Township	\$3,000
Christ Church Winnetka	\$2,500
Northbrook Rotary Club	\$2,300
William Hales Foundation	\$2,000

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$50,000	\$40,000	0%
2015	\$50,000	\$40,000	0%
2016	\$50,000	\$42,000	+5%
2017	\$50,000	\$42,000	0%
2018	\$50,000	\$41,790	-0.5%
2019	\$55,000	\$42,600	+2%
2020	\$50,000	\$43,000	+0.9%

**Northwest Suburban
Day Care Center**

2021 REQUEST	\$50,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2021-2022



Agency Name Northwest Suburban Day Care Center
Address 1755 Howard Avenue, Des Plaines, IL 60018-3025
Phone (847) 299-5103 **Fax** (847) 299-5103 **Email** nwsdcc1970@att.net
Contact Person Kate Uyechi **Title** Executive Director
Grant Contact Person Kate Uyechi **Title** Executive Director
Phone (847) 299-5103 **Email** nwsdcc1970@att.net

Brief Description of Agency

The Northwest Suburban Day Care Center is a not-for-profit organization established in 1970 to provide high-quality, affordable pre-school to low income families through the IL Department of Human Services Child Care Assistance Program. Our services are provided year round, on a sliding fee scale to children ages 15 months to five years, thus enabling the parents to maintain full time employment or attend school. We promote a community-wide referral system to help parents and children in time of need.

Agency Total Budget \$447,000 **Amount requesting from Maine Township** \$50,000

(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 1, 2020 – June 30, 2021

Total number of all unduplicated clients directly served during your last fiscal year 38

Total number of unduplicated Maine Township clients directly served during your last fiscal year 22

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 28

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Executive Director	\$58,330	4. Cook	\$28,627
2. Program Director (part-time)	\$31,551	5. Teacher	\$28,650
3. Teacher Assistant	\$31,076		

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No

4. **Describe how your organization’s services are currently promoted to the residents of Maine Township.** Brochures are available at local organizations such as the Maine Township, the City of Des Plaines, the Des Plaines Public Library, etc... We have also posted signs at local businesses, and of course, word of mouth by our clients. There has been an increase of people “finding” us through the internet and therefore they are able to view our website for additional information, even before they call us. In addition, we are listed on the ExceleRate IL website, with a Silver Circle of Quality, which is a State-wide quality rating program, as well as the websites for Department of Children and Family Services and IL Action for Children.

5. **Has your organization ever received funding from Maine Township?** **Yes** **No**
If yes, list all years and the allocation amount.

1977-84	\$5,000	1992	\$33,000	2005	\$45,900	2016-17	\$42,000
1985	\$7,500	1993	\$25,000	2006	\$45,000	2018	\$41,790
1986-87	\$10,000	1994-96	\$30,000	2007	\$44,000	2019	\$42,600
1988	\$15,000	1997-99	\$32,500	2008-09	\$45,000	2020	\$43,000
1989	\$19,000	2000-03	\$37,000	2010	\$38,250		
1990-91	\$20,000	2004	\$42,000	2011-15	\$40,000		

6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**

Over 73% of the clients we served each month, lived in Maine Township. With the financial support from Maine Township, we were able to offset our daily costs that the government programs did not cover, which was over \$7,400 per month this past year.

7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**

Township funds will be used to help us maintain our program of high-quality child care to low income families. On an average, we receive approximately \$20,000 each month from IDHS and the Federal Food program. This does not cover the average \$27,500 in expenses we incur each month. Maine Township funding is therefore crucial in our Center's ability to serve children and their families each month by helping us with the expenses that the government funding does not cover.

8. **How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?**

IMPACTS

- DCFS reduced our licensing capacity in order to provide the level of supervision required to adhere to the new health and safety requirements (not mixing classrooms, continuous disinfecting, masks, etc...)
- We have less children enrolled, mostly because our 5 year olds “graduated”, and less families on our waiting list, we assume due to lack of employment and some who do not want their child in a group setting. As of this writing, we are in the process of building our enrollment back up safely.
- Better relationship with the parents – we contacted, by phone or email, each of the parents at least twice a month during the State mandated shut down. We checked on their well-being, job status and if they had enough food for their families. We felt this helped to improve the bonds we already have with the families.

- Staff is more unified. They understand we are all in this together, and while they are concerned about working with limited social distancing in the classrooms, we know this is a vital service to our community and that we are doing our upmost best to keep everyone safe.
- The State's Child Care Assistance Program has been very supportive through the pandemic. During the months of April, May and June, they reduced ALL of the parent's monthly copayments to \$1.00/month. In addition, as long as we continued to pay our staff in full, the State continued to reimburse us for child care services while we were closed.

CHANGES

- Created and implemented a reopening plan for DCFS (and ourselves!) based on the IL Dept. of Public Health and CDC guidelines. This included new safety procedures throughout the day, limiting classroom sizes, an enhanced risk management plan, etc...
- Staff and children ALL wear masks throughout the day, except when eating, napping and playing outside
- Temperature checks on parents, children and all staff each morning and recheck for staff and children before naptime
- Purchasing and increase usage of PPE – gloves, face shields, bleach spray bottles, hand sanitizer, Plexiglas dividers between children's cots, paper towels, bleach, hand soap, instant read thermometers
- Increase usage of paper products for food service – as recommended by the CDC
- Increased cleaning – door knobs, pens, bathroom fixtures, toys, tables, chairs, etc...
- Ongoing evaluation of current CDC/IDPH guidelines for COVID-19 cases, symptoms, or close contacts; illnesses; quarantine/isolation; etc...

9. **Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)**

- | | |
|--|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): We provide affordable child care to parents who earn up to 200% of the current Federal Poverty Level. | |

10. **Describe how your organization meets the eligibility requirements for the requested funding.**

The Northwest Suburban Day Care:

- Was established in 1970
- Is a 501(c)(3) charitable organization
- Provides high-quality, affordable child care to low income Maine Township residents
- Is governed by the IL Dept. of Children and Family Services, the Des Plaines Public Health Department, the State of IL and City of Des Plaines Fire Prevention Bureaus
- Is governed by a Board of Directors that oversees the program and the staff
- Provides timely and accurate reports to all funding agencies
- Has an annual financial audit prepared by an independent auditor
- In addition to providing social services for youth in our community, we also help the parents of these children, who are economically challenged.

11. **Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.**
We are currently housed, rent-free, in the Cambodian Buddhist Temple. Upon purchasing the church, the Buddhist's agreed to let us remain on the premises with the stipulation that we eventually build our own addition onto the building. While we estimate this undertaking to cost \$600,000, no set time table has been established as to when we would even consider breaking ground. We plan to fund this expansion through grants and donations.
12. **Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures?** Yes No
13. **If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.)** Yes No
14. **Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability?** Yes No
15. **Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body?** Yes No
16. **If requested, do you agree to provide the following to Maine Township?**
(Please note: You do NOT need to include these items with your application.)
- A. **Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs**
 - B. **At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)**
 - C. **A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:**
 - I. **A description of each program, service, activity or facility you provided or offered**
 - II. **A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder**

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?
 Yes No
18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No
19. What is the geographic service area of your organization? We do not have any boundaries, but the majority of our clients live in the Des Plaines/Maine Township area.
20. Does your organization charge for services? Yes No We use State guidelines for subsidized families. A separate sliding fee scale for families who do not qualify for the child care subsidy program is attached. Currently, all of our families are on the subsidy program.
If yes, does your organization offer a sliding fee scale?
 Yes. Attach 14 copies of the sliding fee scale.
 No. Please explain how charges are determined.
21. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No
22. Are volunteers used within your organization?
 Yes. Please indicate how many volunteers you have and how they are utilized.
Our Board of Directors are all volunteers.
 No. Please give specific reasons for not using volunteers.
23. Does your organization provide any bilingual services?
 Yes. Please indicate languages. Spanish
 No
24. Does your organization request proof of U.S. citizenship from its clients?
 Yes. Please describe briefly. The State's child care application asks if the child receiving care is a citizen.
 No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No

Yes - Child and Family Connections, Districts 62 Early Learning Screening, the Des Plaines Public Library, District 207's Career Pathways internship program, and Maine Township Student Government Day. Most of these agencies are referred to on an as needed or available basis throughout the year. The Dist. 207 internship program has been throughout the school year and the Des Plaines Public Library provides a summer reading program and story times throughout the year. And, of course, Maine Township Student Government Day is 3 times a year! Unfortunately, due to the current COVID-19 pandemic, most of the programs are on hold.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

Yes - Kiwanis and the Park Ridge Community Fund. In years past, our staff participated in the Kiwanis Peanut Day.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

Yes - OmniCare Health Care Systems and Illinois Tool Works Senior Outreach. Each year, OmniCare provides Christmas gifts for the children. IL Tool Works holds a Christmas Party for the children and provides gifts for them as well as the Center. During the summer the same generous people also hold an Ice Cream Party for the children.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	46,999	Monthly throughout the year	13
Foundations	1,900	Once, annually	.5
Private Donors	6,787	Various times throughout the year	2
Federal	19,050	Monthly throughout the year	5
State	198,870	Monthly throughout the year	54
Municipalities	12,125	Once, annually	3
Other Townships	5,000	Once, annually	1
Federal PPP Loan	53,647	One time – to be forgiven in full	15
Other (list all)	24,474	Monthly + various times throughout the year = client fees & interest income	6.5
Total	368,852		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

***ALL fund raiser monies were used to support our entire program.*

	Total Earned	Total Cost	Profit
Family Christmas Party Raffle	\$368.00	\$ 0	\$368.00
Candy Fund Raiser	\$2,460.00	\$1,260.00	\$1,200.00

** Two other fund raisers planned for this past fiscal year were canceled due to the COVID-19 Pandemic/State of IL shut down.

29. What fundraising efforts are planned for next year?

An online catalogue fund raiser, World's Finest Chocolates, and our Summer Raffle

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

This past year we purchased a new curriculum for both our Toddler and Pre School classes. The ExceleRate IL program requires us to use only curriculums which they approve of, that is, ones that align to the IL Early Learning Guidelines. Unfortunately, we received some of the new materials in March, just before we had to close down due to the COVID-19 pandemic. Since our reopening, we have limited curriculum inside and concentrate on spending as much time as possible outside, based on the CDC guidelines (better ventilation and space). We plan to resume full curriculum activities soon.

31. Please provide numerical breakdown of all staff member positions.

- | | |
|---|----------|
| 1. Administration & Administrative Support | <u>1</u> |
| 2. Management of Service Providers | <u>1</u> |
| 3. Direct Service Providers | <u>6</u> |

32. Number of certified staff members All staff members are certified for their positions.

33. What kinds of certifications are required for your service providers? Teachers at a minimum need 60 college credits with at least six hours in Early Childhood Education (ECE) and a minimum level 2 Gateways Early Childhood Credential. Teacher Assistants must have a high school diploma and a minimum level 1 Gateways Early Childhood Credential. The Executive Director and Assistant Directors need 60 hours of college credit with 21 hours in ECE. All staff who work with children must complete the IL Dept. of Human Services required Health and Safety training. In addition, the center pays the cost for the staff to have annual CPR/First Aid training as well as the 20 hours of continuing education required by DCFS licensing and ExceleRate Illinois. Our cook needs to have a State Food Sanitation certificate and all staff have completed IL Public Health Department approved, Food Handler Training.

34. Number of licensed staff members Our entire program is DCFS licensed.

35. What kind of licensing is required for your service providers? Our center and staff undergo yearly inspections from the City of Des Plaines Fire Department and the City of Des Plaines Public Health Department. Every three years we are re-licensed by the Department of Children and Family Services, we undergo an audit from the Federal Food Program, and we are inspected by the State Fire Marshall. We also have a Licensed Registered Nurse that we contract for monthly visits per DCFS requirements. All staff are subject to a background check and fingerprinting prior to hiring.

In addition to these, since receiving our QRS Star Level 2 Certification / ExceleRate Illinois Silver Circle of Quality, we are re-evaluated every three years in order to maintain our standing, which includes on-site assessments along with annual reports to maintain our certification.

36. Please list all accreditations your organization has earned.

ExceleRate Illinois Silver Circle of Quality

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Any significant reduction in Maine Township funding would most likely force us to close our toddler room with the youngest children (15 months to two years). Due to DCFS child/staff ratios, the toddler classroom has higher operating costs than our other classrooms. As a result of this closing, we would have to eliminate the positions of at least two staff members.

The complete elimination of Township funding would definitely force us to evaluate our financial stability. Unless we could obtain significant, reliable funding from other sources, we would most likely have to close our entire program.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Northwest Suburban Day Care Center

By *Katherine Uyechi*
Its Authorized Representative

Printed Name Katherine A. Uyechi

Title Executive Director

Date August 20, 2020

SUBSCRIBED and SWORN to

before me this 20th day of August, 2020.

Notary *Lauane C. Addis*



Northwest Suburban Day Care Center

1755 Howard Avenue ❖ Des Plaines, IL 60018-3025 ❖ (847)299-5103

Private Tuition Rates

Current Full-Time Rates based on age:

(Revised July 1, 2020)

3 years & older \$205.00 / week

2 years old \$250.00 / week

15 mo. to 2 yrs. \$290.00 / week

Northwest Suburban Day Care Center

1755 Howard Avenue Des Plaines, IL 60018

Budget 2021 - 2022

INCOME

IDHS - Child Care Assistance Program (<i>contract & certificates</i>)	220,000
Federal Food Program	25,000
Maine Township	50,000
Elk Grove Township	5,000
City of Des Plaines	10,000
Park Ridge Community Fund	2,000
Client Fees	20,000
Fund Raising and Contributions	5,000
Interest	2,000
In Kind Rent - <i>Cambodian Buddhist Temple</i>	48,000
Child Care Restoration Grant - one time	60,000
TOTAL INCOME	\$ 447,000

EXPENSES

Salaries (<i>wages, taxes, health ins., workers comp. ins.</i>)	292,000
Food program (<i>including cook's salary</i>)	42,000
Professional fees	8,000
Insurance	13,000
Classroom and Supplies	10,000
Administration and Supplies	3,000
Occupancy (<i>utilities, trash, repairs, janitor, snow remov., fire alarm</i>)	28,000
Miscellaneous Expenses (<i>Emerg. Contingency Fund, Misc. Admin</i>)	3,000
In Kind Rent - <i>Cambodian Buddhist Temple</i>	48,000
TOTAL EXPENSES	\$ 447,000

**Center for
Enriched Living**

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$5,000	0	1 st Request
2015	\$3,500	\$1,000	New Agency
2016	\$3,500	\$1,500	+50%
2017	\$3,500	\$2,000	+33.3%
2018	\$3,500	\$1,900	-5%
2019	\$2,500	\$1,960	+3.2%
2020	\$2,500	\$2,140	+8.8%

2021 REQUEST	\$3,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Center for Enriched Living (CEL)

Address 280 Saunders Road, Riverwoods, IL 60015

Phone 847-948-7001 **Fax** 847-948-7621

Email info@CenterForEnrichedLiving.org

Contact Person Karen Fay **Title** Grants Manager

Grant Contact Person Karen Fay **Title** Grants Manager

Phone 847-315-9918 **Email** Karen@CenterforEnrichedLiving.org

Brief Description of Agency

At CEL, individuals with intellectual and developmental disabilities are part of a dynamic community where their voices are heard, choices are respected, and their hopes, wishes, and dreams are pursued. CEL members come from a variety of settings – homes, schools, and area agencies where people live, work and attend day programs. CEL has no geographic boundaries. CEL is open seven days a week for teens, adults and seniors. Members can choose to participate in more than 60 different outcome-focused virtual or in-person programs that cover a wide variety of interests and budgets and focus on social, recreational, educational, and employment opportunities.

CEL's programs focus on three areas of need: 1) Social connections to friends and community, addressing social isolation that is prevalent for people with IDD. 2) Continued learning so that when school ends at age 22, the drive to gain knowledge and grow from new experiences never ends. 3) Finding community-based paying jobs that meet the needs, skills and interests of the individual employment candidates. This effort will reduce the high unemployment rate (85%) for this demographic.

Agency Total Budget \$3,325,000 **Amount requesting from Maine Township** \$3,000

(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 2020 – June 2021

Total number of all unduplicated clients directly served during your last fiscal year 500

Total number of unduplicated Maine Township clients directly served during your last fiscal year 20

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? 20

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 0

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Harriet Levy, Executive Director – \$166,000
2. Melissa Juarez-Ehlers, Director of Program Services – \$107,000
3. Randi Frank, Director of Development – \$105,000
4. Cindy Genteman, Director of Finance and Operations – \$104,000
5. April Booze, Marketing and Communications Manager - \$75,000

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing).** Yes No
2. **Has your organization been in business for at least one year?** Yes No
3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township?** Yes No

4. Describe how your organization’s services are currently promoted to the residents of Maine Township.

CEL employs an Outreach Team. This department works to find new members (through schools/ transitional programs, meetings with area residential facilities, publicizing about CEL in local papers, word of mouth, etc.) and keeping current members involved. We share information with the community by announcing it: on our social media networks (Facebook, Twitter, LinkedIn); on the CEL website; in our newsletters, which are distributed monthly via both regular mail and e-mail to our members, their families, and donors; and in a press release announcement for distribution to local news organizations.

5. **Has your organization ever received funding from Maine Township?** Yes No
If yes, list all years and the allocation amount.
2004 - \$750; 2015 - \$1,000; 2016 - \$1,500; 2017 - \$2,000; 2018 - \$1,900; 2019 - \$1,960; 2020 - \$2,140

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

The Township’s grant was used to help provide scholarships to our members who reside in Maine Township. In addition, funds were used to help support programs attended by Township residents.

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

Funds from Maine Township will directly support CEL members with intellectual and developmental disabilities who reside in the Township. Maine Township residents attend a variety of CEL programs including: Center on Wheels, Evening Programs (ex: bowling), Weekend Programs, CEL dances and excursions, CEL Vacations, Summer Camp, Afternoon Programs and CEL’s free Virtual Programs. In attending our programs (in-person or virtual), Township residents have the opportunity to continue learning and being challenged; to explore their communities and experience new things; and to build lasting friendships through engaging, enriching activities.

For over 50 years, CEL has been providing programming for individuals with intellectual and developmental disabilities. We believe that people with developmental disabilities thrive with more opportunities for education, skill building, friendships and fun. All of CEL's programming addresses the three largest obstacles facing our members.

1. Social connections to friends and community, addressing social isolation that is prevalent for people with IDD.
2. Continued learning so that when school ends at age 22, the drive to gain knowledge and grow from new experiences never ends.
3. Finding community-based paying jobs that meet the needs, skills and interests of the individual employment candidates. This effort will reduce the high unemployment rate (85%) for this demographic.

CEL receives less than 1% of state or federal funding (specifically for our Employment Opportunities Program). Only 30% of our over \$3.3 million FY21 annual budget is earned from program fees. We depend on financial support from the community for the remainder of our budget. In choosing CEL again, please be assured that your gift would have impact. In 2020 CEL once again received Charity Navigator's 4-Star rating and the highest rating from GuideStar for sound fiscal management and commitment to accountability and transparency. In addition, CEL is accredited from the Council on Quality and Leadership.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

CEL has been impacted by COVID-19, like so many other organizations. CEL closed its physical doors on March 16, 2020 and started its new, free Virtual Programming which is offered 7-days a week. On July 6, 2020, CEL started offering in-person programs again (Summer Camp, REACH Adult Day Program, and some Evening/Weekend Programs). All programs have eight members each day (normal member per day could be up to 40, depending on the program). As in-person programs continue, CEL plans to continue to offer Virtual Programs too. CEL's free Virtual Programming has over 50 different weekly class options and include:

- The REACH Adult Day Program
- CEL's Social and Recreation Enrichment Programs
- Employment Opportunities Program

Due to the lower number of members CEL can currently serve (due to COVID restrictions), CEL had to make the difficult decision to furlough eleven full-time staff members until 9/1/20. We hope this is temporary, but it was a necessary move to help keep CEL financially healthy.

CEL's also started a Virtual Volunteer Program - #PanPal. Approximately half of all CEL members live in residential agencies. Many of these members have limited interaction with family members on a regular basis, and with COVID-19 that has been compounded. We want to continue to engage with our members even though our building is closed. To do so, we are returning to the lost art of letter-writing. Volunteers can send a letter, picture, or card to a member and let them know that they are thinking of them during this time.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Public safety | <input checked="" type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): individuals with intellectual and developmental disabilities. | |

10. Describe how your organization meets the eligibility requirements for the requested funding.

CEL meets all the Townships Eligibility Criteria per your website. CEL is a 501(c)(3) non-profit organization in operation for 50 years; we provide direct services to Township residents; have appropriate non-profit infrastructure in place that ensures accountability and performance to its clients and funders; and meets the funding priority under developmental disabilities.

11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

In March 2020, CEL started the its Virtual Programming to pivot from in-person programming due to COVID-19. The 'virtual' program idea is part of CEL's strategic plan and will continue even when in-person programming is offered the same way it was prior to the shutdown in March.

12. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

13. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

14. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

15. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

**16. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)**

A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs

B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

- I. A description of each program, service, activity or facility you provided or offered
- II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
- III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
- IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and
- V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

19. What is the geographic service area of your organization?

CEL is located in Riverwoods and uses our building as programs' base of operations. We also provide programming in schools and group homes. We do not impose geographic barriers and welcome anyone with an intellectual and developmental disability to attend our programs. We have members from Chicago and 50 surrounding communities.

20. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

The fee attached to every CEL program is based upon programs' direct costs, which are minimized wherever possible. The average hourly rate is \$12-\$15. For those members who need it, we have an extensive scholarship program. In FY20, we distributed \$75,000 in scholarship aide across the organization (250 members received

scholarship). We have budgeted to distribute \$75,000 in FY21. Our goal is to assist every person requesting financial aid. In FY20, 9 Maine Township residents received \$6,300 in financial support.

21. **If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance?** Yes No

22. **Are volunteers used within your organization?**

Yes. Please indicate how many volunteers you have and how they are utilized.
Over 250 individuals volunteered with CEL last year. CEL had 200 volunteers assist with program related activities and events. We also have a volunteer board of directors.

No. Please give specific reasons for not using volunteers.

23. **Does your organization provide any bilingual services?**

Yes. Please indicate languages.

No

24. **Does your organization request proof of U.S. citizenship from its clients?**

Yes. Please describe briefly.

No

24. **Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.**

Yes **No**

In FY20, CEL collaborated with more than 80 different agencies, schools, and businesses.

In Maine Township area, CEL works with agencies, workshops, schools and residential facilities that also serve people with developmental disabilities, such as Shore and Glenkirk. These collaborative efforts give members greater opportunities to meet and form friendships with peers. Over the years, these collaborations rely on two aspects: cost of CEL programming for these individuals is affordable (CEL's Financial Assistance program ensures those who want to attend can attend) and having residential program staff available to bring these individuals to CEL.

CEL also provides off-site programming in collaboration with other organizations. We offer satellite after-school programs at local schools, as well as our Center on Wheels program to four community integrated living arrangements (CILAs, also known as group homes). The Center on Wheels Program provides programming to those who are not comfortable attending programs at our Riverwoods location. The goal for these individuals is to increase their comfort level and encourage them to eventually interact with peers at the Riverwoods facility.

Finally, our Outreach Team fosters member relationships. They contact all elementary, junior, and high schools within a 15 miles radius twice per year. All local students and families are invited to our open house (Community Day Event), which show off our building and offer more information about our programs.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No
 CEL receives funding from one Rotary Club and one Women's Leagues.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No
 CEL collaborates with many local businesses for our day-to-day programming, as well as for our Employment Opportunities Program. Our Employment Opportunities Program creates relationships with other agencies and businesses in order to support our members seeking part-time/full-time work. Some business collaborations include: Culver's, Jewel, Mariano's, Panera Bread, Chili's, CEL, Taco Bell, Sparrow, Noggin Builders, and CDW.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$3,000	Annual Application	0%
Foundations	\$325,000	Annual Application	10%
Private Donors	\$1,000,000	Annual Ask	30%
Federal	\$0		0
State	\$60,000	Fee for Service – Employment Program	2%
Municipalities	\$4,000	Annual Application	0%
Other Townships	\$60,000	Annual Application	2%
Other (Program Fees, Special Events, In-kind, Rental)	\$1,873,000		56%
Total	\$3,325,000		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

Golf Outing in August 2019 -	R: \$429,800	C: \$89,800
Virtual Chefs' Night in June 2020 -	R: \$347,300	C: \$17,200
Car Raffle June 2020 -	R: \$101,925	C: \$37,000

(Money raised for: General Operations and/or Employment Program)

29. What fundraising efforts are planned for next year?
 CEL plans to maintain its' diversified fundraising strategy comprised of the annual fund (which involves individual and direct mail solicitation); foundation and corporate grants; townships; major gifts; and special events (two annual events: CEL's Golf Outing in October 2020 & Chefs' Night in May 2021).

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).
 CEL doesn't plan any additional programs except for the new Virtual Programming which began in March 2020 (listed on page 3)

31. Please provide numerical breakdown of all staff member positions.

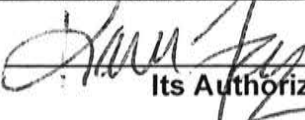
- 1. Administration & Administrative Support 16
- 2. Management of Service Providers 6
- 3. Direct Service Providers 24

32. **Number of certified staff members:** All staff are certified in CPR/First Aid and Crisis Intervention Prevention Training.
33. **What kinds of certifications are required for your service providers?** See Question 32.
34. **Number of licensed staff members** 0
35. **What kind of licensing is required for your service providers?**
None of CEL's programs are licensed. We receive Department of Rehabilitation Services (DRS) funding for our Employment Opportunities Program but they do not require a license since we are certified by the Council on Quality and Leadership.
36. **Please list all accreditations your organization has earned.** CEL is accredited through the Council on Quality and Leadership.
37. **How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?**

We request the support of Maine Township because, due to changing guidelines and/or geographic priorities, people with developmental disabilities are not a priority for many funders. If your funding was reduced or eliminated, we would be forced to draw more heavily from the general pool, which in turn puts a greater strain on our ability to award scholarships to Maine Township residents. Maine Township residents comprise 3% of CEL's total membership. We requested Township funds to help provide financial assistance to qualifying Maine Township residents. In total, we distributed \$6,300 to Maine Township residents last year.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Center for Enriched Living

By 
Its Authorized Representative

Printed Name Karen Fay
Title Grants Manager
Date August 13, 2020

SUBSCRIBED and SWORN to
before me this 13th day of August, 2020.

Notary Kathryn M. Parrish





280 Saunders Road Riverwoods, IL 60015 ~ 847.948.7001

SCHOLARSHIP GUIDELINES FOR PROGRAM

CEL is proud to offer financial assistance to our members. The program has been designed to serve the most members we can with the limited funds that are available. The following guidelines have been developed to establish and ensure a fair and consistent method for the review and completion of requests for financial assistance.

- Awards are based on financial needs; special circumstances; and/or availability of scholarship funds. Awards do not guarantee future assistance.
- Eligibility is contingent upon cooperation with the application process and submission of all information that CEL deems necessary to determine the level of any financial assistance that may be considered. The information submitted during the application process will remain confidential.
- All information submitted on the application must be true and accurate. Incomplete applications will not be processed. Assistance awarded due to the submission of false information will be nullified.
- Scholarship can only be applied to two programs per person per session.
- Scholarship applies to full fees only and cannot be combined with any other discount.
- Scholarship awards
 - are based on the application information and availability of funds;
 - are limited to a maximum percentage per program determined at the beginning of each fiscal year;
 - are limited to a maximum dollar award determined at the beginning of each fiscal year;
 - and will not be considered for applicants with a past due balance.
- Higher scholarship percentage awards may be available for members living in a care facility with only a monthly SSI personal needs allowance as income.
 - A higher percentage award is not available for use with REACH, Vacations, Summer Camp, or Saturday Bowling programs.
 - Please call the Outreach Coordinator at 847.315.9917 for more information.
- Payment plans are available for the remaining program balance not covered by scholarship. Please call the Administrative Operations Manager at 847-315-9901 to set this up. Missing installment payments may result in the suspension of membership until the payments are brought up to date.
- Everyone at CEL shares a philanthropic responsibility by serving as ambassadors and building relationships with donors, potential donors, constituents, stakeholders and the community. Ways to support a Culture of Philanthropy at CEL may include making a donation, promoting CEL on social media, assisting with CEL tours and speaking engagements, making thank you calls to donors, volunteering, etc.

Please email or call our Administrative Operations Manager at Nancy@CenterforEnrichedLiving.org or 847.315.9901 if you have any questions regarding this process. Thank you for your interest and participation in CEL programs.

**CENTER FOR ENRICHED LIVING
2021 BUDGET**

<u>INCOME</u>	2021 BUDGET
CONTRIBUTIONS/MAJOR GIFTS	1,000,000
IN-KIND CONTRIBUTIONS	160,000
OTHER SOURCES OF INCOME (Rental, ELA Contrib, etc.)	74,000
SPECIAL EVENTS (Assumes RESTORE IL in Phase 4 by Sept)	980,000
GRANTS	325,000
MEMBERSHIP	774,500
INVESTMENT INCOME	11,500
BOARD ACCOUNT	0
TOTAL INCOME	\$3,325,000

<u>EXPENSES</u>	2021 BUDGET
PROFESSIONAL SALARIES	580,400
DEVELOPMENT DEPT. SALARIES	309,100
CLERICAL SALARIES	233,200
MAINTENANCE SALARIES	50,200
PROGRAM SALARIES	883,000
EMPLOYEE BENEFITS/TAXES	339,500
EMPLOYEE EXPENSES	14,550
UNEMPLOYMENT RESERVE	21,000
MARKETING AND PUBLIC RELATIONS	11,000
OTHER PURCHASED SERVICES	40,000
SUPPLIES	39,450
TELEPHONE	12,300
POSTAGE/SHIPPING	23,000
BUILDING MAINTENANCE- Contracts & Repairs	40,517
RENT/LEASE	0
UTILITIES	37,000
TECHNOLOGY EQUIPMENT - Contracts & Repairs	54,700
EQUIP. RENTAL AND REPAIR	10,000
OUTSIDE PRINTING	37,500
STAFF PARKING & MILEAGE	7,000
AGENCY VEHICLE-REPAIRS	12,000
PROGRAM TRANS.-VAN	21,000
CONFERENCES AND TRAINING	15,250
SUBSCRIPTIONS/BOOKS, ETC.	5,000
MEMBERSHIP DUES	2,000
SMALL EQUIPMENT	3,000
CC PROCESSING FEES	36,000
INSURANCE	68,500
OTHER SOURCES OF INCOME (ELA CONTRIB)	50,000
SCHOLARSHIPS	75,000
MEMBER /ACTIVITY FEES	15,000
SPECIAL EVENTS EXPENSE	161,000
BOARD ACCOUNT EXPENSE	2,500
IN-KIND EXPENSES	160,000
CONTINGENCY/RESERVES	0
TOTAL EXPENSES	\$3,369,667

SURPLUS/DEFICIT	(\$44,667)
------------------------	-------------------

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$10,000	\$3,000	0%
2015	\$10,000	\$3,000	0%
2016	\$10,000	\$4,500	+50%
2017	\$10,000	\$4,500	0%
2018	\$10,000	\$4,660	+3.6%
2019	\$10,000	\$5,800	+24.5%
2020	\$10,000	\$5,400	-7.1%

WINGS Program, Inc.

2021 REQUEST	\$10,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name WINGS Program, Inc. (WINGS)

Address P.O. Box 565 Palatine, IL 60095

Phone 847.519.7820 X232 Fax 847.519.7821 Email lfiorito@wingsprogram.com

Contact Person Luticia Fiorito Title Government Relations Manager

Grant Contact Person Luticia Fiorito Title Government Relations Manager

Phone 773.771.0175 (working remotely due to COVID-19) Email lfiorito@wingsprogram.com

Brief Description of Agency

Since 1985, WINGS has been providing a continuum of housing and supportive services to individuals and their families as the flee domestic violence. Over these 35 years WINGS has opened two emergency shelters; one in the Northwest suburbs in 2015 and one in the City of Chicago in 2016. Each can house 45 individuals (adults and children) up to 90 or 120 days. During this 35-year timeline WINGS has created a strong Transitional and Permanent Supportive Housing Programs that is comprised of 54 units. Transitional Housing and Permanent Supportive housing extend a victim's healing process for two years or as needed. WINGS Programs remain successful because of its continued efforts to serve clients through a Trauma Informed Lens, which allows the victims to take charge of the trajectory of their healing. WINGS success is also due to providing the resources (internally or externally) through a Vicarious Trauma Lens.

WINGS has guided its programming by ensuring victims and their families have a safe and confidential place to call home; however, these programs rely on the supportive services that they are paired with. Supportive services include, but are not limited to; food, clothing, over the counter medicines, advocacy (legal, immigration, child, employment, education, financial), case management, and therapeutic counseling (child, adult, group).

Agency Total Budget \$8,394,868 Amount requesting from Maine Township \$10,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 2020 – June 2021

Total number of all unduplicated clients directly served during your last fiscal year 981

Total number of unduplicated Maine Township clients directly served during your last fiscal year 49

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? It is not restricted.

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 8

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Rebecca Darr, CEO/President \$164,874
2. Denise Urban, CFO \$145,157
3. Sylvia Zaldivar, CDO \$135,000
4. David Kohen, COO \$117,000
5. Barbara Gonzalez-Labeots, Director of Administration \$82,089

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
4. Describe how your organization's services are currently promoted to the residents of Maine Township. WINGS collaborates with a multitude of community-based organizations and law enforcement agencies to ensure Maine Township residents are aware and are connected to WINGS array of services (emergency shelter, counseling and community based services).

WINGS partners with AMITA Health, Alexian Brothers, and St. Alexius to offer on-call bedside service to individuals who have been identified as victims of domestic violence. WINGS Hospital Coordinators also host sessions to teach nurses and physicians signs of domestic violence and how to proceed with those victims.

WINGS' programs are promoted in local shopping areas such as Starbucks and WINGS Resale stores. WINGS' Government Relations Manager sits on the Alliance to End Homelessness Board of Directors and promotes WINGS' programs. Lastly, WINGS Board of Directors are tasked with promoting WINGS' programs, accomplishments and gaps.

5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.

1988/89	\$6,000	1999/2000	\$13,500	2011/12	\$3,000
1989/90	\$7,000	2000/01	\$11,000	2012/13	\$3,000
1990/91	\$8,000	2002/03	\$7,000	2013/14	\$3,000
1991/92	\$10,000	2003/04	\$9,000	2014/15	\$3,000
1992/93	\$10,000	2004/05	\$9,000	2015/16	\$4,500
1993/94	\$12,000	2005/06	\$12,000	2016/17	\$4,500

1994/95	\$12,000	2006/07	\$4,000	2017/18	\$4,600
1995/96	\$12,500	2007/08	\$4,000	2018/19	\$4,600
1996/97	\$13,500	2008/09	\$4,000	2019/20	\$5,800
1997/98	\$13,500	2009/10	\$4,000	2020/21	\$5,400
1998/99	\$13,500	2010/11	\$3,000	2021/22	TBD

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

Funds were used to provide emergency housing, food, counseling and supportive services for adults and children fleeing domestic violence. WINGS provided 12,062 nights of shelter (\$422,170) and 1,602 hours of therapeutic counseling (\$51,264) to adults and children.

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

Due to an increased need for domestic violence services, WINGS anticipates maximizing Maine Township funding to support the costs of emergency shelter which costs \$92 per night (this all-inclusive), Transitional Housing Shelter which costs \$35 per night and to support the costs of therapeutic counseling which costs \$32 per hour for adult or children as well as to provide meals and supportive services to all residents of Maine Township. Due to COVID-19, the Domestic Violence Hotline has received an increase of 70% in calls seeking assistance in fleeing domestic violence. With no end in sight of COVID-19 and the effects of COVID-19 (unemployment, underemployment, housing instability, food insecurity, loss of childcare, sheltering in place with limited to no access to social and vital networks) WINGS anticipates the need to continue to be exacerbated by COVID-19.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

Due to COVID-19, WINGS has had to reduce the census at the Safe House (Emergency Shelter) to ensure it is following CDC And CDPH health guidelines regarding social distancing. Meal time have had to be staggered, cleaning and sanitizing schedules have increased, communal floors have been marked to ensure guests and staff alike respect the 6' social distancing, plexi glass protection has been installed at the point of entry of the Safe House, all guests and staff are required and supplied with PPE and case management and therapeutic counseling sessions are held in-person and/or virtually. Group therapy sessions have been reduced in size.

As cost cutting measures, WINGS Executive team each took 10% pay cuts. WINGS administrative office remains closed to the public and non-essential employees. The temporary closure of WINGS Administrative office allows WINGS to prioritize PPE and increased cleaning costs within the programs and focused on the clients.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Social services for youth |

- Health Social services for the aged
 Other (please explain): WINGS provides social services for adults, children and families fleeing domestic violence.

10. Describe how your organization meets the eligibility requirements for the requested funding.

There are no eligibility requirements.

11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

Due to COVID-19, the Domestic Violence Hotline has received an increase in calls for help and resources by 70%. This increased number of clients are entering WINGS Safe House requiring more intensive services due to mental health issues of their own or experienced. Client's needs have and continue to increase case management and therapy hours of services.

12. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

13. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

14. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

15. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

16. If requested, do you agree to provide the following to Maine Township?
 (Please note: You do NOT need to include these items with your application.)

A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs

B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

I. A description of each program, service, activity or facility you provided or offered

II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes **No**

17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes **No**

18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? **Yes** **No**

19. What is the geographic service area of your organization?

WINGS service area is North and Northwest Suburban Cook County. However, WINGS accepts and provides services to individuals and their families fleeing domestic violence from all over the state of Illinois and the United States.

20. Does your organization charge for services? **Yes** **No**

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined. Charges are determined by the

Safe House total expenses divided by the total number of nights of shelter. One night of shelter is \$92 while counseling is calculated by the total expenses divided by the number of hours provided totaling \$32 an hour. WINGS is able to keep counseling hours cost of service low because we utilize Master level interns.

21. **If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance?** Yes No **NOT APPLICABLE**

22. **Are volunteers used within your organization?**

- Yes. Please indicate how many volunteers you have and how they are utilized.**
WINGS utilizes volunteers across the agency. In FY2020 WINGS had 2,634 volunteers donate 53,331 hours of their time. Their services are valued at \$27.98 per hour totaling a 1.4 Million dollars in in-kind goods and services. Their services included, but are not limited to; sharing their intellectual property, special events, cooking at the Safe House, career services and legal advocacy.
- No. Please give specific reasons for not using volunteers.**

23. **Does your organization provide any bilingual services?**

- Yes. Please indicate languages.** WINGS employees speak Spanish, Polish, Italian, Romanian, Serbian and Russian.
- No**

24. **Does your organization request proof of U.S. citizenship from its clients?**

- Yes. Please describe briefly.**
- No**

24. **Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.**

Yes **No**

WINGS collaborates with other agencies through networking groups and individual partnerships. WINGS partners with Apna Ghar on a 15-unit Transitional Housing project, partners with Partners for Our Communities (POC), Police Departments (Mount Prospect, Arlington Heights, Rolling Meadows), collaborates with Alliance to End Homelessness in Suburban Cook (AHAND). WINGS recognizes our work requires partnerships to best serve our clients.

25. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain.** **Yes** **No**

WINGS participates with many rotary groups, women groups, schools and faith based community groups on a volunteer basis and on an as-needed basis.

26. **Does your organization participate in cooperative programs with any community businesses? Please explain.** **Yes** **No**

27. **List all sources of funding or support that your organization currently receives, including**

the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$5,400	Annual	<1%
Foundations	\$600,000	Annual	7%
Private Donors	\$1,045,000	One time, annual, monthly	12%
Federal	\$708,546	Quarterly (Reimbursable)	8%
State	\$1,076,502	Reimbursable, Quarterly, Monthly	13%
Municipalities			
Other Townships	\$52,000	Monthly	<1%
Other (list all)	\$4,907,419	Monthly, Quarterly, Annually	59%
Total	\$8,394,867		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

Due to COVID-19 WINGS has not been able to host any fundraising events this year.

29. What fundraising efforts are planned for next year?

Due to COVID-19 WINGS' fundraising efforts have had to be postponed, cancelled or modified. To date, WINGS will be hosting its annual Purple Tie Ball virtually, hopes to host our Sweet Home Chicago in person and has rescheduled two fundraisers from FY2019 to Spring of 2021.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

WINGS Program Director was absolved by the CEO. WINGS is exploring options to create two Interim Director roles that would be predetermined by region (suburban and City of Chicago).

31. Please provide numerical breakdown of all staff member positions.

1. Administration & Administrative Support	<u>7</u>
2. Management of Service Providers	<u>8</u>
3. Direct Service Providers	<u>32</u>

32. Number of certified staff members 19

33. What kinds of certifications are required for your service providers?

REQUIRED – 40 Hour Domestic Violence Training

Strongly Encouraged – ICDVP (20 – Includes Managers)

34. Number of licensed staff members 5

35. What kind of licensing is required for your service providers?

Certifications are not required, but strongly encouraged. WINGS prefers Licensed Clinical Professional Counselor (LCPC) or Licensed Clinical Social Worker (LCSW)

36. Please list all accreditations your organization has earned.

WINGS has received four consecutive, highly coveted Four-Star Ratings from Charity Navigator, America's leading charity evaluator. Only 20% of the charities evaluated have received at least four consecutive 4-star evaluations, indicating that WINGS reflects the highest levels of accountability, transparency and financial strength. The agency has also received GuideStar's 2019 Platinum Seal of Transparency by providing information about the organization's impact and is an Accredited Charity by the Better Business Bureau. WINGS, was also recognized with a 2017 Chicago Innovation Award. WINGS was honored recently with a Neighborhood Award in the non-profit category for its latest innovation, for The Safe House at WINGS Metro.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

WINGS relies on funding from Townships in order to serve the residents of that Township. WINGS is appreciative of the more than 30 years of support from Maine Township. A reduction in Township funding would need to be compensated from other Townships or funding and could lessen the scope of services to Maine Township residents.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization WINGS Program, Inc. (WINGS)

By _____
Its Authorized Representative

Printed Name Luticia Fiorito

Title Government Relations Manager

Date _____

SUBSCRIBED and SWORN to
before me this _____ **day of** _____, **20** _____.

Notary _____

36. Please list all accreditations your organization has earned.

WINGS has received four consecutive, highly coveted Four-Star Ratings from Charity Navigator, America's leading charity evaluator. Only 20% of the charities evaluated have received at least four consecutive 4-star evaluations, indicating that WINGS reflects the highest levels of accountability, transparency and financial strength. The agency has also received GuideStar's 2019 Platinum Seal of Transparency by providing information about the organization's impact and is an Accredited Charity by the Better Business Bureau. WINGS, was also recognized with a 2017 Chicago Innovation Award. WINGS was honored recently with a Neighborhood Award in the non-profit category for its latest innovation, for The Safe House at WINGS Metro.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

WINGS relies on funding from Townships in order to serve the residents of that Township. WINGS is appreciative of the more than 30 years of support from Maine Township. A reduction in Township funding would need to be compensated from other Townships or funding and could lessen the scope of services to Maine Township residents.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization WINGS Program, Inc. (WINGS)

By *Luticia Fiorito*
Its Authorized Representative

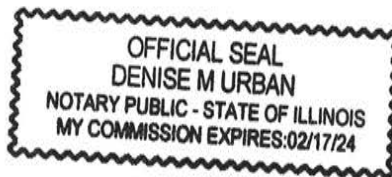
Printed Name Luticia Fiorito

Title Government Relations Manager

Date 8.28.2020

SUBSCRIBED and SWORN to
before me this 28th day of August, 2020.

Notary *Denise M Urban*



WINGS Program, Inc.
 WM Initiatives LLC
 Consolidating Budget

	FY21 Budget	FY20 Budget
Income		
4000 Fed'l & State Contracts		
4010 FEMA	70,000.00	70,000.00
4040 Department of Justice		
4041 BJA	-	-
4042 OVAW	132,620.00	132,620.00
4050 CDBG		
4300 City of Des Plaines	6,250.00	6,250.00
4310 Village of Arlington Hts	6,000.00	6,000.00
4315 Village of Mt. Prospect	9,000.00	9,000.00
4340 Village of Palatine & HP	5,000.00	5,000.00
4350 Village of Schaumburg	9,500.00	9,500.00
4380 Cook County CDBG	22,000.00	22,000.00
4060 HUD - Continuum of Care		
4062 HUD-SHP-WTH	363,347.00	363,347.00
4063 HUD Medical Advocate	35,000.00	35,000.00
4064 HUD-SHP-Skokie	-	-
4065 HUD-SHP- FHC	-	-
4066 HUD-SHP-PSH	107,579.00	107,579.00
4067 HUD-SHP-Palatine	-	-
4070 ESG		
4078 ICADV-VOCA	515,586.00	377,914.82
4079 ICJIA-VOCA	159,405.00	159,405.00
4080 State of Ill-DHS		
4081 EF&S	46,500.00	46,500.00
4082 Renovation Project	-	-
4084 DV Prevent & Intervent	211,126.00	211,126.00
4087 ESG	71,135.00	71,135.00
4085 State of IL Attorney General VCVA	15,000.00	15,000.00
4092 CCDPH	-	-
4090 State of Ill-DCEO	-	-
Total 4000 Fed'l & State Contracts	\$ 1,785,048.00	\$ 1,647,376.82
4100 Local Government		
4110 Elk Grove Twp	1,500.00	1,500.00
4115 Hanover Twp	2,400.00	2,400.00
4120 Maine Twp	5,800.00	5,800.00
4125 Niles Twp	5,000.00	5,000.00
4130 Palatine Twp	8,000.00	8,000.00
4135 Schaumburg Twp	15,000.00	15,000.00
4140 Wheeling Twp	10,350.00	10,350.00
4190 City of Chicago	300,000.00	300,000.00
4190 Others	4,000.00	4,000.00
Total 4100 Local Government	\$ 352,050.00	\$ 352,050.00
4200 United Ways		
4202 UW Northwest	72,700.00	72,700.00
4217 UW Barrington Area	-	-
4227 UW Miscellaneous	-	-
Total 4200 United Ways	\$ 72,700.00	\$ 72,700.00
Restricted Funds Released-Program	97,000.00	97,000.00
Restricted Funds Released-Operational Rsv	-	-
Restricted Funds Released-Capital	-	-
4400 Contributions		
4410 Businesses	275,000.00	150,000.00
4420 Churches & Synagogues	70,000.00	60,000.00
4430 Foundations	600,000.00	530,000.00
4440 Individuals	995,000.00	1,115,000.00
4450 Organizations, Clubs	50,000.00	50,000.00
4460 Schools	-	-
Total 4400 Contributions	\$ 1,990,000.00	\$ 1,905,000.00
4500 Special Event Income-Total	1,040,000.00	1,435,000.00
Special Events moved to Operational Rsv	-	-
4700 Online Store Income-Total	-	-
4570 In-Kind Contributions		
4571 Donated Goods	360,500.00	216,500.00
4573 Donated Gift Certificates	20,000.00	20,000.00
4574 Donated Services	15,974.00	15,974.00
4575 Donated Rent	25,773.00	25,773.00

	FY21 Budget	FY20 Budget
Total 4570 In-Kind Contributions	\$ 422,247.00	\$ 278,247.00
4600 Resale		
4610 Sales - Niles	743,478.00	659,500.00
4620 Sales - Palatine	434,424.00	417,500.00
4630 Sales - Schaumburg	681,452.00	677,500.00
4640 Sales - 63rd St	255,750.00	196,800.00
4696 online sales	-	29,400.00
4697 Trunk Shows/Boutiques	-	-
4694 Recycling	209,000.00	193,500.00
Total 4600 Resale	\$ 2,324,104.00	\$ 2,174,200.00
4900 Other Income		
4910 Program Service Fees		
4910.1 Client Rent	131,500.00	131,500.00
4910.3 NCH Billing	22,399.80	22,399.80
4911 Security Deposit	-	-
Total 4910 Program Service Fees	\$ 153,899.80	\$ 153,899.80
4920 Miscellaneous	2,062.00	2,062.00
4930 PLL	-	-
4970 WMI Management Fee	\$ -	\$ -
4965 Rental Income	102,324.00	-
4990.1 Interest Income	53,433.00	53,433.00
4990.2 Realized Gain (Loss)	-	-
Total 4990 Investment Income	\$ 53,433.00	\$ 53,433.00
Total 4900 Other Income	\$ 311,718.80	\$ 209,394.80
Total Income	\$ 8,394,867.80	\$ 8,170,968.62

Expenses

5000 Personnel

5100 Salaries and Wages	3,731,729.20	3,808,548.04
5200 Payroll Taxes	285,477.28	291,353.93
5300 Background Checks	4,325.00	4,325.00
5400 Health Insurance	352,607.58	243,883.17
5450 Retirement Plan	19,130.64	20,000.00
5500 Workers Compensation	60,000.00	61,900.44
5550 Unemployment Expenses	91,460.00	75,000.00
5600 Payroll Expenses	15,000.00	15,360.45
5800 Recruitment	11,200.00	11,400.00
5900 Staff Training	28,050.00	28,650.00
5998 Merit program includes taxes	-	20,826.00
6800 House Advocate Support	24,000.00	24,000.00
7420 Consultants	55,000.00	73,000.00
5999 Vacation Adjustment	-	-
Total 5000 Personnel	\$ 4,677,979.70	\$ 4,678,047.02

6000 Program

6011 Food Expense	25,000.00	30,000.00
6012 Food Expense	142,000.00	40,000.00
6090 Training	5,000.00	5,000.00
6500 Rent Expense	542,854.00	674,924.00
6691 Non Resident In Kind Expenses	32,000.00	22,500.00
6695 Graduate Expenses	1,000.00	1,000.00
6900 Diagnostic Tools	1,000.00	1,000.00
6701 Resident Bkgd Checks	550.00	550.00
6722 Medical Assistance	-	-
6723 Parenting Classes	500.00	500.00
6724 Legal/Follow up	-	-
6730 Resident Supplies	9,500.00	9,500.00
6731 Resident Supplies-In Kind	74,000.00	50,000.00
Employment Services	-	-
6727 State ID's	-	-
6728 Resident Activities	2,500.00	2,500.00
6729 Utilities Assistance	4,755.00	4,755.00
6740 Moving Expense	-	-
6696 Security Deposit Interest	100.00	100.00
6732 Housing Assistance	142,720.00	142,720.00
6733 Transportation for Residents	-	-
6750 Support for Residents	25,000.00	25,000.00
6790 Celebration of Courage	5,000.00	5,000.00
6791 Money Mgmt	450.00	450.00
6795 NCTH Subrecipient	90,195.00	90,195.00
6798 Other Resident Assistance	46,000.00	41,000.00

	FY21 Budget	FY20 Budget
6799 Resident Assistance from Resale	34,000.00	38,000.00
Total 6000 Program	\$ 1,184,124.00	\$ 1,184,694.00
7000 Operations		
7100 Audit	46,000.00	35,000.00
7200 Bank Fees	57,750.00	48,150.00
7410 Books & Newspapers	200.00	200.00
7460 Equipment Rental	19,685.00	19,685.00
7531 Directors & Officers	-	-
7600 Interest Expense	-	-
7670 Technology	189,082.00	156,869.00
7700 Legal/Accounting	3,600.00	3,600.00
7750 Licenses & Fees	56,079.23	1,475.00
7860 Meetings & Food	10,500.00	15,500.00
7890 Memberships & Dues	8,825.00	8,325.00
79000 Travel and Mileage	40,731.00	41,324.00
7910 Supplies	144,800.00	82,802.04
7911 Supplies In Kind	1,000.00	-
7920 Postage	6,275.00	6,275.00
7930 Printing	15,800.00	15,800.00
7940 Moving Expense	-	-
7950 Miscellaneous	-	2,584.90
7995 Equipment	13,000.00	13,000.00
7998 Vehicles	30,500.00	30,500.00
Total 7000 Operations	\$ 643,827.23	\$ 481,089.94
8000 Development		
8019 Annual Meeting	-	-
8100 Advertising	21,000.00	36,000.00
8105 Marketing	9,500.00	9,500.00
8520 Sales Tax	210,754.60	194,200.38
8600 Community Relations	19,500.00	19,500.00
8100 Online Store Expenses	-	-
8130 Appeal Expenses	20,000.00	20,000.00
8950 Resale Store Expenses	-	-
Total 8000 Development	\$ 280,754.60	\$ 279,200.38
9000 Occupancy		
7011 Electric	102,800.00	102,800.00
7012 Gas	56,680.00	56,680.00
7013 Water & Sewer	22,270.00	22,270.00
7014 Cable	2,820.00	2,820.00
7015 Garbage	22,690.00	22,690.00
7016 Telephone-Locations	11,368.00	21,598.00
7016 Telephone-Cell	9,320.00	7,980.00
7016 Telephone-Cell reimb	12,240.00	11,580.00
7017 Internet	50,728.00	38,565.00
7029 Mortgage Interest Expense	44,200.00	44,200.00
7532 Package Insurance	72,383.88	65,567.66
7533 Umbrella Liability	5,854.96	5,915.08
9801 Maintenance & Repairs-real propert	158,482.00	142,007.00
9890 Maintenance & Repairs-grants	-	-
9802 Maintenance & Repairs-equipment	15,850.00	15,850.00
9803 Alarm	4,825.00	4,825.00
9804 Pest Control	16,400.00	16,400.00
9805 Landscaping	41,200.00	41,200.00
9806 Association Fees	34,140.00	21,240.00
9500 Rent	663,686.00	687,616.33
Total 9000 Occupancy	\$ 1,347,937.84	\$ 1,331,804.07
9899 Depreciation	260,244.43	216,133.22
9998 Contingency	-	-
Total Expenses	\$ 8,394,867.80	\$ 8,170,968.62
Net Income Over (Under) Expenses	\$ 0.00	\$ (0.00)

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014			
2015			
2016			
2017			
2018			
2019			
2020	\$20,000	\$2,100	New Agency

Kenneth Young Center

2021 REQUEST	\$25,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2021-2022



Agency Name Kenneth Young Center

Address 1001 Rohlwing Rd. Elk Grove Village, IL

Phone 847-524-8800 Fax 847-524-8824 Email lindas@kennethyoung.org

Contact Person Linda Springer Title Senior Director of Behavioral Health

Grant Contact Person Kelsey Caspersen Title Project Associate

Phone 847-524-8800 x119 Email kelseyc@kennethyoung.org

Brief Description of Agency

Kenneth Young Center (KYC) is a 501(c)(3) nonprofit provider of comprehensive behavioral health and support services across the age lifespan of residents in northwest suburban Cook County. In 1970, the agency was established out of the high need for mental health services by residents of Elk Grove Township. By 1972, KYC (under the name of Elk Grove-Schaumburg Townships Mental Health Center) was designated as a Community Mental Health Center and contracted services with the Illinois Department of Mental Health for Adults living with Mental Illness. The initial \$52,000 contract provided part-time psychiatric services, and staffing for two social workers, an outreach worker, and an administrative staff person. Older Adult Services were added through funding with the Department on Aging in 1975; Positive Youth Development substance use prevention programming in 1986, Department of Rehabilitation Services employment programming began in 1989, Mobile Crisis Response (formerly SASS) in 1990, and Substance Use Treatment through the Department of Substance Use Prevention and Recovery in 2019. The organization has been built around serving the unmet needs of the working poor throughout community; and these establishing state grants contracts provided the root funding to build the comprehensive programming offered by the Center today.

Today, KYC's teams serve more than 15,000 clients between the ages of 3 and 105 in the community each year, of whom the majority are living below the line of national poverty standard. The direct services offer more than 35 programs in 20 townships throughout Cook, Lake, DuPage and Kane counties. Programming meets the client where they are at: we have programming designed for all levels of need (from outpatient behavioral health groups to intensive 24/7/365 community support for individuals with a serious mental illness), program development is designed based on the needs of clients and community members. Some programming is area-specific based on contracts held with public funders – other services are open to all those in need. KYC offers services in hospitals, schools, long term care facilities, private residences as well as out of six offices across the northwest suburbs. KYC is projecting a budget of \$19,562,224 in FY21, the large majority of which come from partnerships through local, state and federal government funding (see funding breakdown below).

The goal of all programming is embodied by our Vision Statement: Together We Thrive. Together – alongside our clients and their families, collaborating partners, and their communities; Thrive – no longer just getting by, or surviving, which is where we meet so many clients. Whether it's working with a gentleman looking to be re-incorporated into an independent living setting after a psychiatric hospitalization, a widow aging in her home who connects with her Home Delivered Meals Driver each morning, or a young lady re-engaging in a recovery group and treatment following

another relapse – We work alongside each client and their family to overcome life's challenges

Agency Total Budget \$19,562,224 **Amount requesting from Maine Township** \$25,000
(Please provide a copy of your budget.) Board Approved FY21 Budget provided as Attachment A.
Agency Fiscal Year (e.g. March 2019-February 2020) July 2020 – June 2021

Total number of all unduplicated clients directly served during your last fiscal year 5003
Behavioral Health Clients

Total number of unduplicated Maine Township clients directly served during your last fiscal year 437

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? _____

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 75

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Dr. Lorna Rivera-Mallari – Child Psychiatrist : \$226,440
2. Dr. Jerry Gibbons – Medical Director : \$177,787.92
3. Grace Hong Duffin – President & CEO : \$168,300
4. Linda Springer – Senior Clinical Director : \$110,000
5. Cathy-Ann Romero – Senior Director of Talent & Facilities : \$102,000

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing).** **Yes** **No**
2. **Has your organization been in business for at least one year?** **Yes** **No**
3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township?** **Yes** **No** We are contracted as the Care Coordination Unit of Elk Grove and Schaumburg Townships, therefore the majority of our Older Adult programming is limited to residents of those areas. We do offer a Memory Café and Caregiver Support to residents of Maine Township.
4. **Describe how your organization's services are currently promoted to the residents of Maine Township.**

Services are presently promoted via various referral sources. Residents are referred to programming either because KYC is the designated/contracted service provider for the area, or by a referral from doctors' offices, schools, residential facilities/group homes, police departments, community members, and other counseling agencies for Outpatient Therapy or Psychiatry. KYC is contracted with HFS as the provider of Mobile Crisis Response Services (formerly SASS) in Maine Township so responds to 100% of the crisis calls through the Illinois

CARES line, which translated to 307 assessments last year alone. This is 307 instances of crisis which called for an Emergency Room (spec. Lutheran General Hospital) visit that was evaluated and de-escalated by our team. KYC is contracted with over 20 grant programs with various State and Federal programs, and therefore is a referral source through various public departments, as well.

KYC staffs a 2FTE Development & Communications Team who maintain the agency's website (www.kennethyoung.org), social medias (Facebook: @kennethyoungcenter), and outreach communications to members of the community. This includes bi-monthly newsletters and ongoing outreach with partner agencies and constituencies to maintain up-to-date information. KYC also participates in a number of community groups, (interfaith council, education center groups, etc) and has staff that participate on various service boards and taskforces as well. KYC is open to other forms of promotion of programming, but presently utilizing the methods

5. **Has your organization ever received funding from Maine Township?** Yes No
If yes, list all years and the allocation amount.
2019 - \$2,500

6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**
The \$2,500 granted from the Township was used to offset direct program expenses like travel, supplies/equipment and any direct client assistance expense.

7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**
Requested funding would directly supplement the cost to provide Mobile Crisis Response Services and Outpatient Services for Maine Township residents. Mobile Crisis Response (formerly SASS) is a 24/7/365 response team that responds to crisis calls and provides crisis intervention, assessment, and placement (when necessary) into a hospital setting. This year, a portion of the requested funds will go to support aftercare services for Mobile Crisis Response (MCR) clients upon discharge from the hospital setting following a psychiatric hospitalization. Aftercare services to these most in-need clients/families need to be intensive, flexible, and responsive to the specific individual/family stressors and dynamics that resulted in the crisis situation. To meet the specific needs of individuals and their families, the MCR program runs 24/7 365 days per year, and provides in-home and school-based services to the most difficult to reach clients. However, without the funding needed to provide quality aftercare, staff resources are limited to engage these clients. The program would benefit from an increase in the number of clinicians and mentors available to Maine Township clients in order to meet community demands, and also offer group therapy in a convenient location for Maine Township clients.

Grant support from Maine Township would also support Outpatient Behavioral Services at KYC, which includes a suite of treatment modalities in various languages for all levels of need. Services are rendered in an individual setting, couples therapy setting, family therapy setting, and group setting. Through outpatient programming, KYC also offers (in partnership with the Department of Rehabilitation Services), access to Employment services for adults 18 years and older. For adult diagnosed with a Serious Mental Illness. KYC offers an additional level of services which wrap directly around the individual within the community. Requested funds would specifically supplement the cost for Adult Outpatient services

It costs KYC \$126/service hour for Outpatient Therapy services. Last year, KYC offered 2,754 hours of Outpatient Therapy to Maine Township residents, which overall cost KYC \$347,004

for outpatient therapy of current clients. It costs KYC \$142/service hour for Mobile Crisis Response Services; last year KYC provided 1,266 hours of Mobile Crisis Response and aftercare services to Township residents, which overall cost KYC \$179,772.

KYC requests that the proposed funding be to help supplement the cost for care, especially for clients who are unable to bill insurance to receive care.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

The COVID-19 Pandemic has impacted our organization differently across different program areas. High need clients (through our Community Living and Recovery Programming) continue to be seen in person with appropriate PPE and social distancing measures in place. For our MCR program, it has meant a decrease in calls and assessments, for outpatient services, it has meant maintaining contact whilst mental health symptoms grow more and more demanding. Our outpatient services have moved to almost 100% telehealth services. Psychiatry remains in-person, which requires increased sanitization by our Facilities Team and distancing measures between individuals within the building. Our Drop-In Center has re-opened its doors since June, following social distancing requirements and using PPE. Older Adult programming has gone 100% online other than Home Delivered Meals, which has increased the total number of recipients by 50% in 4 months.

KYC has worked creatively to ensure there is no lapse of care for clients. Our team has applied for additional funding opportunities to support the hardware and software needs of all staff as they work remotely to the most of their job duty's ability. We've moved all group activities consisting of 10+ participants (including everything from treatment groups to fundraisers) to a virtual platform. Overall, our Leadership has held a constant pulse on the needs of its staff and their clients to ensure that people's connectedness and continuation with services is not impacted during this time of increased isolation.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): Behavioral Health Services (Outpatient and Mobile Crisis Response) | |

10. Describe how your organization meets the eligibility requirements for the requested funding.

Based on the Maine Township Agency Funding Website Page, to be eligible for funding an agency must:

- **be a 501(c)(3) non-profit organization in operation for a minimum of one fiscal year:** KYC has been incorporated as a 501(c)(3) non-profit for 50 years.
- **provide direct services to Maine Township residents:** all Behavioral Health programming are available to Maine Township residents.
- **have appropriate non-profit infrastructure in place that ensures accountability and performance to its clients and funders** KYC's Leadership Team and Operations staff have experience administering and monitoring alike funding from other organizations.
- **meet one or more of Maine Township's identified funding priorities including mental**

health, substance abuse, domestic violence, developmental disabilities, seniors, youth, and economically challenged families: Proposed funding would support the funding priorities of mental health, substance abuse, and economically disadvantaged families.

11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

New programming and services within the last year include:

- A Gambling Prevention Outreach Program started in June of this year (in partnership with DHS)
- A Violence Prevention Outreach Program started last year and expanded this year (in partnership with ICJIA and DHS)
- On September 1st, KYC will provide Assertive Community Treatment, a high intensity modality based within the community setting for adults with Serious Mental Illness
- The Community Collaboration Division opened an LGBTQ+ Center for youth and their families offering support groups and socialization opportunities.

As the COVID-19 Pandemic continues to unravel, our teams continue to develop programming to meet the needs (virtually) of our clientele. Presently, our Older Adult Services Division is developing socialization opportunities for aging clients and their caregivers through this challenging time. Our Community Living Division is contemplating the development of Mobile Therapists to meet with clients in the community (Nursing Facilities, alternative spaces), particularly for adults with SMI that are preparing to transition into more independent living scenarios.

12. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

13. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

14. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

15. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

**16. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)**

- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs**

- B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)**
- C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:**
- I. A description of each program, service, activity or facility you provided or offered**
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder**
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled**
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and**
 - V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion**

Yes No

- 17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?**
 Yes No
- 18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization?** Yes No
- 19. What is the geographic service area of your organization?**

Geographic service area is determined most frequently by the program itself. For example, our Comprehensive Transition Program reaches into the Collar Counties of Chicagoland (including NW Cook, Lake, DuPage, Kane, and McHenry). Various Prevention programs work within schools throughout the NW suburban Cook panhandle. As it relates to this request, our Mobile

Crisis Response Team's service are includes: Maine Township, Elk Grove Township, Schaumburg Township, Wheeling Township, Barrington Township, Palatine Township, and Hanover Township; and our Outpatient Services are open to those who are able to any community within NW suburban Cook County panhandle, unless at capacity. Presently, outpatient services is at capacity, but with sufficient support is able to open referral lines to Maine Township.

20. **Does your organization charge for services?** **Yes** **No**

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale. The sliding fee scale is made available for Outpatient Behavioral Health care for residents of Elk Grove and Schaumburg Township. This scale is supported by funding provided by the Townships to support their most at-need residents. Please see attachment B.

No. Please explain how charges are determined.

21. **If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance?** **Yes** **No**

With sufficient support from the Township we would be able to supplement the actual cost to provide services to Maine Township residents, and could work on a case-by-case scenario with clients who are unable to pay for services.

22. **Are volunteers used within your organization?**

Yes. Please indicate how many volunteers you have and how they are utilized. Kenneth Young Center benefits from more than 200 volunteers each year. In addition to its volunteer Board of Directors, volunteers fulfill a number of essential roles at KYC including home-delivered meals drivers, buildings and grounds support, money management for older adults, clerical support, community-based advocacy and much more. KYC also hosts one of the top clinical internship programs from the state, where approximately 15 interns receive supervision and training as they launch their careers in the behavioral health field.

No. Please give specific reasons for not using volunteers.

23. **Does your organization provide any bilingual services?**

Yes. Please indicate languages. Spanish (staff); we also hold a translation and interpretation contract which offers tele-ponic/video translation 24 hours a day, 7 days per week, 365 days per year.

No

24. **Does your organization request proof of U.S. citizenship from its clients?**

Yes. Please describe briefly.

No

24. **Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.**

Yes **No**

KYC has cooperative programs with local schools, clinics, and hospitals in order to connect clients and members of the community with necessary resources for healthy living. The agreements include referrals to services that are not provided or at maximum capacity. KYC also partners with local police departments and a local substance use advocacy group to replicate the Elk Grove Cares program: a comprehensive response to Opioid overdoses in the area. We collaborate and subcontract with a number of social service agencies throughout the NW suburbs on State and Federal grant programs to expand the reach and impact of services to all those in need.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No
 Kenneth Young Center receives small fundraising support from our local Rotarians, Knights of Columbus, and Lions Club, but does not have memberships in any of these organizations.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No
 KYC is the convener of the Communities for Positive Youth Development Coalition, a substance use, teen pregnancy, and recovery support collaboration of local partners. The group meets quarterly and share resources and oversight for community-driven public health promotion and strategies. KYC partners with local businesses that are seeking for engagement and community service projects. These businesses send staff to assist with various service projects and annual maintenance of our facilities (e.g. painting projects, landscaping, etc.).

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support. Based on audited financials.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$2,500 (excluded from audited financials)	Annually	(0.02%)
Foundations (and Corporations)	\$268,120	Annually	2%
Private Donors (including Fundraiser income)	\$109,033	Annually	1%
Federal	\$568,311	Annually	4.5%
State	\$8,026,037	Annually (including Medicaid/MCO)	70%
Municipalities	-	N/A	-
Other Townships	\$945,678	Annually	8%
Other (list all)		Annually	
Program Service Fees	\$481,968		4%
In-House EHR Fees	\$989,100		8.5%
Investments	\$106,602		1%
Other	\$127,288		1%
Total	11,622,137		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the

money was raised for. Based on unaudited financials.

Event	Funds were raised for	Cost	Revenue
Annual 5K Walk	General operations	\$4,613	\$114,807
Individual & Corporate/Foundation	Unrestricted	*individual contributions & grants	\$161,124.97
Individual & Corporate Solicitations	Youth Services	*individual contributions & grants	\$4,437
Individual & Corporate Solicitations	Adult Services	*individual contributions & grants	\$11,319.74
Individual & Corporate Solicitations	Senior Services	*individual contributions & grants	\$57,440

Not included: In-kind donations and donations collected from the Adopt a Family program

Due to COVID-19 a number of in-person events have been cancelled or taken online. This year, our Adopt-a-Family program will be 100% virtual. Our 50th Anniversary Gala has been postponed to the Autumn of 2021.

29. What fundraising efforts are planned for next year?

Our 50th Anniversary Gala has been postponed to take place in the Autumn of 2021. The planning efforts for this event are being coordinated by a volunteer group and the Board of Directors, along with Development staff. KYC will also host its annual 5k Hustle for Health in Spring 2021.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

Following some structural changes in 2019, KYC appointed two new Directors as a part of our Leadership Team in early 2020: a new Director of Community Living Services, and a New Director of Outpatient Behavioral Health Services. Both Directors report to the Senior Director of Behavioral Health, Linda Springer. In February of 2020, KYC was named a Prime grantee under the Illinois Department of Human Services' pilot Comprehensive Transition Program, a 2 year pilot program which works with Medicaid-eligible adults living in Nursing Homes locate less restrictive housing and community supports to live independently in the community. Within our Prevention Programming (Community Collaboration Division), KYC opened a youth LGBTQ+ Center, initiated a Violence Prevention Program, and Gambling Prevention Program. In Spring of 2020, KYC opened a new mobile site for our Mobile Crisis Response workers in

Arlington Heights, and opened a new office space for the growing Community Living Division in Schaumburg.

Also in Spring this year was the opening of Genoa Pharmacy distribution site at our Elk Grove Village location – services are open to the general public, but were designed to increase access to medication for clients working with a Psychiatrist.

31. Please provide numerical breakdown of all staff member positions.

1. Administration & Administrative Support	<u>38</u>
2. Management of Service Providers	<u>25</u>
3. Direct Service Providers	<u>152</u>

32. Number of certified staff members 10

33. What kinds of certifications are required for your service providers?

Certifications vary based on role. KYC employs staff with the following program certifications:

CADC, CRSS (Alcohol and Recovery Certifications)

34. Number of licensed staff members 43 staff

35. What kind of licensing is required for your service providers?

Licensure varies based on specialization. KYC employs direct service staff with the following program licensure: LCPC, LCSW.

36. Please list all accreditations your organization has earned.

Joint Commission on Accreditation of Healthcare Organizations.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Without funding from the Township we will regretfully have to turn new away children, adults, and families for outpatient mental health and substance use prevention and recovery services. KYC will continue to support the supplemental cost for providing Mobile Crisis Response (as the contracted provider of services for the Townships) and Outpatient Services to its current clients.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

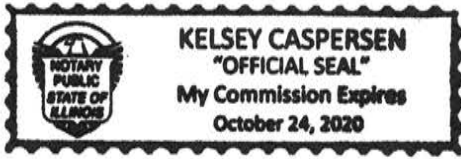
Name of Applicant Organization Kenneth Young Center

By *Grace Hong Duffin*
Its Authorized Representative

Printed Name Grace Hong Duffin

Title President & CEO

Date August 31st, 2020



SUBSCRIBED and SWORN to
before me this 31st day of August, 2020.

Notary *Kelsey Caspersen*

ELLEN CARPENTER
GENERAL DEPT.
of the National Archives
College Park, MD



Attachment A

Kenneth Young Center Board Approved Budget FY2021	
REVENUES	
PROGRAM INCOME	
BEHAVIORAL HEALTH BILLING	\$ 7,786,744
DHS/DMH STATE/FEDERAL	\$ 7,573,941
DORS VOCATIONAL (VOC)	\$ 174,000
SENIORS FEES/INCOME	\$ 36,588
AGE-OPTIONS	\$ 585,330
DEPARTMENT ON AGING (DOA)	\$ 963,717
LOCAL GRANTS & FUNDING	\$ 1,167,734
OTHER MISCELLANEOUS INCOME	\$ 99,280
TOTAL PROGRAM INCOME	\$ 18,387,333
CIS PROGRAM	\$ 1,000,000
DEVELOPMENT & COMMUNICATIONS	
CONTRIBUTIONS/DONATIONS	\$ 251,670
SPECIAL EVENTS	\$ 100,000
DEVELOPMENT & COMMUNICATIONS	\$ 351,670
TOTAL REVENUES	\$ 19,739,003
EXPENSES	
SALARIES & BENEFITS	
SALARIES	\$ 11,816,831
INCENTIVE/RAISE POOL	\$ 351,213
FRINGE BENEFITS	\$ 1,974,935
TAXES	\$ 1,004,894
TOTAL SALARIES & BENEFITS	\$ 15,147,874
OPERATING EXPENSES	
PROFESSIONAL/CONSULTANTS FEES	\$ 1,738,302
PROGRAM & CLIENT ACTIVITIES	\$ 499,290
PROGRAM SUPPORT/SUPPLIES	\$ 472,362
MEMBERSHIP DUES/FEES	\$ 44,996
TRAINING	\$ 73,556
INSURANCE	\$ 61,216
FOOD & BEVERAGES	\$ 34,721
TRANSPORTATION	\$ 327,108
CELLPHONES & PAGERS	\$ 56,482
OCCUPANCY	\$ 495,815
IT EQUIPMENT & MAINTENANCE	\$ 217,274
OFFICE EQUIPMENT & SUPPLIES	\$ 49,635
POSTAGE & SHIPPING	\$ 11,054
OTHER OPERATING EXPENSES	\$ 141,531
CIS PROGRAM	\$ 31,000
SPECIAL EVENTS	\$ 22,000
TOTAL OPERATING EXPENSES	\$ 4,276,343
DEPRECIATION & AMORTIZATION	
DEPRECIATION & AMORTIZATION	\$ 138,007
TOTAL DEPRECIATION & AMORTIZATION	\$ 138,007

TOTAL EXPENSES	\$ 19,562,224
CHANGE IN NET ASSETS	\$ 176,780
	1%
INVESTMENT/INTEREST INCOME	
INVESTMENT INCOME	\$ 1,320
INTEREST INCOME	\$ -
TOTAL INVESTMENT/INTEREST INCOME	\$ 1,320

KYC Sliding Scale Worksheet

Attachment B.

Step 1 Use Family size and income guidelines (A-E) to determine sliding fee scale level. If income is greater than values in column E use Fee Share column F which offers full fees for individual services and a discount for group services

Family Size	A	B	C	D	E
1	0-1,804	1,805-2,255	2,256-2,707	2,708-3,158	3,159-3,609
2	0-2,427	2,428-3,034	3,035-3,642	3,643-4,249	4,250-4,856
3	0-3,051	3,052-3,814	3,815-4,576	4,577-5,339	5,340-6,102
4	0-3,674	3,675-4,593	4,594-5,512	5,513-6,430	6,431-7,349
5	0-4,297	4,298-5,372	5,373-6,447	6,448-7,521	7,522-8,596
6	0-4,921	4,922-6,151	6,152-7,381	7,382-8,612	8,613-9,842

Full F = Grp

Step 2 Determine Fee Share – highlight column

Cost Discount E=10%

D=20% C=30% B=40% A=50%

Treatment Planning, Individual, Couple, Family Therapy	130	130	117	104	91	78	65
Group Therapy / Community Support Group	40	20	18	16	14	12	10
Psychiatric Evaluation	240	240	216	192	168	144	120
Psychiatric Follow-up	120	120	108	96	84	72	60
Psychiatric Monitoring	60	60	54	48	42	36	30
Case Management /Community Support Psychosocial Rehabilitation - Individual	65	65	59	52	46	39	33
Daily Psychosocial Rehabilitation /SEA Group Intensive Adolescent Program Group (per day)	40	20	18	16	14	12	10

Step 3 DHS only no Medicaid - Determine Target/Eligible subsidy use this percent to determine Estimated payment with benefits applied. Explain limits and what fee will be if client uses services beyond limit

DHS Service subsidy for Target Population based on DHS rates as maximum client can be charged	DHS Rates	E 20%	D 40%	C 60%	B 80%	A 100%
Assessment 3 hrs	\$72.08	\$25.00	\$25.00	\$25.00	\$14.42	0
Treatment Planning 2 hrs / Case Management 5 hr	\$66.60	53.28	39.96	22.20	13.32	0
Psychiatric Evaluation 1 hr	\$72.08	57.66	43.24	28.83	14.42	0
Medication Monitoring/Follow-up 2 hrs – calculation for 15 min Med monitoring – double	24.44 48.88	19.56 39.12	14.67 29.34	9.78 19.56	4.88 9.76	0

for Med follow-up with therapy

Intern option DHS only – 50% discount is available for Individual, Couple and Family Therapy services if client is willing to see and perhaps wait for an intern (starting Oct, 2010) If individual therapy is recommended by assessor and client expresses concern about cost. Explain option and if interested circle that option on the DHS Lite fee agreement. Limited availability/wait list possible. Must be approved by Program Manager

**Little City
Foundation**

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014			
2015			
2016			
2017			
2018			
2019			
2020			

***New Agency
1st Request***

2021 REQUEST	\$6,085
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Little City Foundation

Address 1760 W. Algonquin Rd., Palatine, IL 60067

Phone (847) 358-5510 **Fax** (847) 358-3291 **Email** info@littlecity.org

Contact Person Shawn Jeffers **Title** Executive Director

Grant Contact Person Julie Frankino **Title** Grants Manager

Phone (630) 401-1508 **Email** jfrankino@littlecity.org

Brief Description of Agency: Since 1959, Little City's mission has been to serve children and adults with intellectual and developmental disabilities by providing the best options and opportunities to live safely, learn continuously, explore creatively, and work productively throughout their lifetime. As of 2020, Little City Foundation serves approximately 1,200 people in northeastern Illinois, predominantly in Cook, DuPage, and Lake Counties. Little City strives to provide the highest quality care, align with best practices, and foster innovation in its programs and services, which include:

- 24/7 supportive residential settings for children and adults,
- a therapeutic day school for children with I/DD, including severe and profound autism,
- home and community based supports for participants who live with their families,
- health services,
- foster care and adoption services for children with I/DD,
- employment services for adults with I/DD, and
- a variety of therapeutic day programs such as senior programs, arts, horticulture, fitness, and recreation.

Agency Total Budget \$38,578,505 **Amount requesting from Maine Township** \$6,085

(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 1, 2020 – June 30, 2021

Total number of all unduplicated clients directly served during your last fiscal year 1121

Total number of unduplicated Maine Township clients directly served during your last fiscal year 7

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A. Little City did not receive funding from Maine Township in our last fiscal year.

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 1

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Executive Director, \$266,750
2. Chief Human Resources Officer, \$148,039
3. Deputy Executive Director, \$143,221
4. Chief Development Officer, \$140,000
5. Chief Finance & Administrative Officer, \$135,000

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No**
2. **Has your organization been in business for at least one year? Yes No**
3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No**

4. **Describe how your organization's services are currently promoted to the residents of Maine Township.**

Little City does not promote its services directly to potential beneficiaries due to the admission process established by the State of Illinois. Participants in Little City's programs must meet state-defined criteria to qualify for disability services. Prior to participation in Little City's programs, each individual must be assessed by a state-assigned Independent Service Coordination agency (ISC) to determine his or her eligibility. ISC agencies are contracted and authorized by the Illinois Department of Human Services' Department of Developmental Disabilities Services. Qualification for services is determined using a complex matrix that includes factors such as IQ, limitations in activities of daily living, communication difficulties, and mobility limitations.

Once individuals are screened, they are entered into the state's Prioritization of Urgency of Need for Services database, or PUNS, which the State uses to select individuals for services as funding becomes available. Individuals who want to receive services from Little City contact the agency and request to be placed on the agency's waiting list. When the State selects an individual from the PUNS list to receive services, the individual notifies Little City. Little City then provides services to the individual based upon the type of services for which the individual has received funding and the agency's capacity in the approved program at the time. If Little City does not have openings in the requested program at the time funding is awarded, the individual remains on the agency's waiting list until an opening is available. Due to inadequate state funding, individuals on the PUNS list typically wait years to receive services in Illinois.

5. **Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.**
6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**
N/A
7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**

The requested funds will be used to support the operating expenses of Little City's community employment and home and community-based services programs that serve Maine Township residents, proportionate to the percentage of township residents enrolled in each respective

program.

In the community employment program, Employment First, job coaches assess participants' strengths, abilities, preferences, and goals for employment. The coaches then match job seekers with employment opportunities in the local job market, helping them land competitive community employment. Once participants are hired for a community-based job, the job coaches provide ongoing support through regular communication with both the employer and the participant-employee and periodic job site monitoring, including on-site coaching when necessary.

The Home and Community-Based Services program provides individualized service coordination, behavior intervention services, skill assessment and acquisition services, as well as parent/caregiver training and support. This program helps families acquire the adaptive equipment and access the behavioral services needed to allow their family member with a disability to reach their fullest potential at home and in their communities.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

The Illinois Department of Human Services ordered all providers of developmental disability community day services to close those facilities in early March. These programs are anticipated to re-open in their usual settings on September 1st with modifications and safeguards in place to minimize the risk to participants of contracting COVID-19. In the interim, community day services have been delivered to home-bound participants via internet meetings and telephone. Community day services staff have been re-assigned to provide day service programming to residents in Little City's group homes and other residential facilities. Residents of Little City's homes were confined to their homes with no opportunities for in-person visits with family since March, in accordance with precautionary mandates from the Illinois Department of Human Services and other licensing entities. Little City has suffered considerable fund-raising losses as fund-raising events, including our annual gala, were cancelled in response to the pandemic.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): Services for developmentally disabled children and adults and their families. | |

10. Describe how your organization meets the eligibility requirements for the requested funding.

Little City is a 501(c)3 nonprofit, in good standing and licensed by various agencies of the State of Illinois to provide services to children and adults with intellectual and developmental disabilities. The agency has been in operation since 1959 and serves Maine Township residents who choose Little City's services from among the various developmental disability service providers in the greater Chicagoland area.

11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

Little City is currently exploring options to provide a continuum of care, including residential, educational, and therapeutic services, for hard-to-serve developmentally disabled children whose intensive needs are currently beyond the capacity of any agency or program within the State of Illinois to address.

12. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

13. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

Little City's services provided to persons under 22 years of age are not duplicative of special education services otherwise provided through school districts.

14. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

15. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propoganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

16. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)

A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs

B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

I. A description of each program, service, activity or facility you provided or offered

II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

19. What is the geographic service area of your organization?

Little City serves people with intellectual and developmental disabilities throughout northeastern Illinois, predominantly in Cook, Lake, and DuPage Counties.

20. Does your organization charge for services? Yes, but this is rare. No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

Little City provides services at no cost to participants for those who qualify for state-funded services, as determined by Independent Service Coordination agencies (see #4 above).

Little City will accept private pay participants for some services. Private pay rates are fixed and are extrapolated from state reimbursement rates. While the agency allows for private pay participants, the vast majority of participants are covered by state contracts and state reimbursement rates. There have been no private pay participants in our employment program for at least the past four years. A copy of the private pay contract with rates is attached.

21. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

Per State of Illinois guidelines, individuals must be referred to Little City through an Independent Service Coordination agency. Informational inquiries can be directed to Lori

Clark, LifePath Admissions and Quality Assurance Coordinator, or Patricia Peterson, Admissions and Quality Improvement Manager for children's programs.

22. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

Little City frequently partners with local businesses to complete volunteer projects on our campus and in our homes throughout the northwest suburbs. In 2019, we utilized over 1,800 volunteers for projects ranging from landscaping to fitness and recreation with residents to IT assistance and more. Unfortunately, we have been unable to conduct our normal volunteer activities for most of 2020 due to the pandemic. Little City does offer virtual volunteer opportunities at this time, and we will resume normal in-person volunteer activities when it is safe to do so.

No. Please give specific reasons for not using volunteers.

23. Does your organization provide any bilingual services?

Yes. Please indicate languages. Upon request, Little City will engage the services of an interpreting agency for any language for which such services are available. Little City utilizes many methods to communicate with participants who are non-verbal or have limited verbal abilities according to each individual's needs and abilities.

No

24. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes **No**

Little City is a member of Intersect for Ability, a collaborative network of multiple non-profit agencies located in the Chicago Metropolitan area that serve individuals with developmental disabilities. We partner with local governments, including counties, cities, villages, and townships to provide funding for our services, as applicable.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

Little City works with area businesses for volunteer activities, sponsorship opportunities, and grant programs. Many local employers support our programs by providing jobs to participants in our employment program. For example, we have an employment enclave (cooperative employment) with Northwest Community Hospital which employs several Little City participants in a variety of roles within the hospital.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$0	None	0%
Foundations	\$606,542	Variable	2%
Private Donors	\$1,648,034	Variable	5%
Federal	\$2,980,170	Variable	8%
State	\$26,754,499	Annual contracts paid monthly	75%
Municipalities	\$217,813	Variable grant funding	1%
Other Townships	\$243,100	Primarily annual contracts with annual or quarterly payments.	1%
Other (list all)	\$3,024,129	Variable	9%
Total	\$35,474,287		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

Little City's fundraising team utilizes many methods to attract donors, supporters, grantors, volunteers, and sponsors. In a typical year, Little City hosts several fundraising events, most of which have been postponed indefinitely due to COVID-19. Fundraising appeals, both directly sent to donors and those involving corporate and community sponsors, help the organization meet budget goals. Team members focus on individual donations, corporate donations, in-kind donations, grants, and many other avenues to secure sufficient financial support to maintain and improve the programs and services needed to ensure people with disabilities are afforded all they need to live meaningful lives in their communities. In FY20, Little City raised \$2,743,322 to support the agency's operations (not including a one-time special real estate donation from a single donor valued at \$2,307,282).

29. What fundraising efforts are planned for next year?

Little City's fundraising plan focuses on building a culture of philanthropy. We believe that building lasting relationships with our financial and volunteer partners to be among the highest priorities of our development program and strive to help them by fulfilling their passions. Marketing and Communications works to reach new supporters, deepen the connection with existing supporters, improve fundraising efforts and increase Little City's visibility in the community. The Development Department follows a strategy that includes increasing the external focus of marketing to result in new donors and partners, deepening relationships with existing donors, implementing a planned giving solution, expanding corporate development, aligning grant proposals with strategic initiatives and program areas, developing relationships with all levels of government, and fostering partnerships with the Board of Directors and key volunteers.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

There have been no major changes to Little City or its programs and services during the past year, other than adaptations to service delivery due to COVID-19.

31. Please provide numerical breakdown of all staff member positions.

1. Administration & Administrative Support	<u>51</u>
2. Management of Service Providers	<u>64</u>
3. Direct Service Providers	<u>401</u>

32. Number of certified staff members 42

5 positions require both a certification and a license.

33. What kinds of certifications are required for your service providers?

Little City requires the following certifications for some positions:

- Level 2 – 6 Behavior Therapist Certification
- Board Certified Behavior Analysts (BCBA)
- Qualified Intellectual Disabilities Professional (QIDP)
- Food handler certification
- Universal EPA Refrigeration and Domestic HVAC certification
- Certified Therapeutic Recreation Therapists (CTRS)
- Child Welfare Employee Licensing Board certification (CWEL)
- Child Endangerment Risk Assessment Protocol certification (CERAP)

34. Number of licensed staff members 64

5 positions require both a certification and a license.

35. What kind of licensing is required for your service providers?

Little City requires the following licenses for certain positions:

- Licensed Social Workers (LSW) and Licensed Clinical Social Workers (LCSW)
- Licensed Professional Counselors (LPC) and Licensed Clinical Professional Counselors (LCPC)
- Nurse educators and Director of Nursing Services (RN and/or APN)
- ISBE-licensed teachers, paraprofessionals, support services staff, therapists (various types), and administrators
- Licensed speech-language pathologist

36. Please list all accreditations your organization has earned.

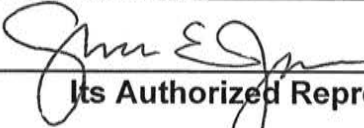
Little City is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Little City does not currently receive Maine Township funding. Services to Maine Township residents will continue regardless of the status of this funding request. Funding contributions help ensure the programs and services provided to Township residents remain fiscally viable, especially in stressful times such as the current pandemic.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Little City Foundation

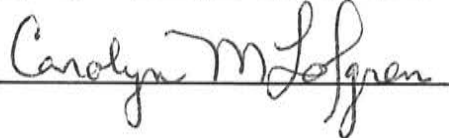
By 
Its Authorized Representative

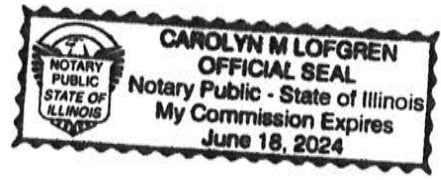
Printed Name Shawn Jeffers

Title Executive Director

Date 8/27/2020

SUBSCRIBED and SWORN to
before me this 27th day of August, 2020.

Notary 





Little City Foundation
Private Pay Contract

Name of program participant: _____

SSN: _____

Name of legal guardian: _____

Date: _____

I, _____ agree to the following terms:

(printed name of program participant or authorized representative/guardian)

I am purchasing:

Developmental Training (Enhancement of adaptive living skills)
 Option 1: \$80 / Day
 Option 2: \$1,200.00 / Month

Employment First Services (Job Development/Placement)
 Option 1: \$40.00 / Service Hour
 Option 2: \$7,500 All-inclusive

Transportation (to/from **Developmental Training**)
\$0.60 / Mile (direct route from primary residence to program)
Must reside in current transportation area

Short Term Job Retention (Coaching not in excess of 4 months)
\$30.00 / Hour

Case Management (Stand-alone / included in **Developmental Training**)
\$40.00 / Service Hour

Other (please specify): _____
Rate: _____

If purchasing Developmental Training:

If you have chosen the **daily** option, specify days to be attended:

Monday

Tuesday

Wednesday

Thursday

Friday

**If you have chosen the daily option, please note that participant attendance in excess of 15 minutes shall constitute an entire day.*

***If you have chosen the monthly option, this full amount will be charged every month regardless of attendance in the program. There will be no proration.*

If purchasing Employment First Services:

All-inclusive option includes pre-employment development, placement services, orientation & training support and faded coaching up to 120 days post hire

*****There is no transportation service offered by Little City Foundation for individuals electing Employment First or Short term Job Retention.**

- You will receive an invoice for all services rendered with the balance due by the 20th of each month.
- Little City reserves the right to suspend services if billed services are 30 days or more in arrears.
- Little City further reserves the right to terminate services if billed services are 60 days or more in arrears.
- This contract shall remain in place for 1 year, from the date of signature, at which time the contract will be amended, discontinued or renewed.
- I understand that if I do not render the full balance by the due date indicated on the monthly invoice, I will be charged an additional 10% of the total outstanding balance.

Contact your Case Manager or Program Director immediately if you wish to amend, or discontinue prior to the anniversary date.

I understand this is a flat rate system and I agree to pay in full the balances forwarded to me by Little City Foundation.

Initial here

Participant (or authorized representative/guardian) signature

Date:

Agency representative signature & title

Date:

Admission Date:

Program Attendance Start Date:

Little City Foundation

FY21 Budget

Revenue:

Contributions	2,337,848
Government	31,129,319
Legacies/Bequests	200,000
Other Revenue	1,513,597
Special Events	524,500
SSA/SSI	2,873,240

Revenue Total **38,578,505**

Expenses:

Salaries	22,790,652
Benefits	4,651,908
Consumables	1,113,475
Depreciation/Amortiz	2,205,880
Interest	368,606
Lease/rent	181,723
Local Transportation	928,515
Mail Program	57,506
Miscellaneous	853,298
Occupancy	1,825,003
Printing/Postage	62,571
Professional fees	1,710,334
Specific Assistance	1,339,112
Telephone	232,848

Expense Total **38,321,429**

Operating Net Surplus (Deficit) **257,076**

Capital Revenues -

Net Surplus (Deficit) **257,076**

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$4,000	\$2,600	+30%
2015	\$4,000	\$3,000	+15.4%
2016	\$4,000	\$4,000	+33.3%
2017	\$4,000	\$4,400	+10%
2018	\$4,000	\$4,700	+6.8%
2019	\$5,000	\$5,400	+14.9%
2020	\$6,000	\$5,300	-1.9%

2021 REQUEST	\$5,500
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Miracle House Inc

Address 510 Oakton St Des Plaines IL 60018

Phone 847-803-2901 **Fax** n/a **Email** miraclehouseince@yahoo.com

Contact Person Sandi Anderson **Title** President

Grant Contact Person Sandi Anderson **Title** President

Phone 847-507-1208 **Email** sjanderson1208@gmail.com

Brief Description of Agency Miracle House is a halfway house for women age 18 and older recovering from addiction. The women are required to find employment within four weeks. They are required to be working with an AA sponsor within 7 days. We offer alcoholic anonymous meetings at the house 6 days a week for the community.

Total Budget \$68,000.00 **Amount requesting from Maine Township** \$5500

(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) \$68283.98

Total number of all unduplicated clients directly served during your last fiscal year 11

Total number of unduplicated Maine Township clients directly served during your last fiscal year 9

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? 9

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 0

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. (2) Manager \$13,104
2. _____
3. _____
4. _____
5. _____

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
4. Describe how your organization's services are currently promoted to the residents of Maine Township. We send brochures to detox centers and AA meetings in the area. We provide room and board to the residents at a cost of \$110/week. They have to abide by the rules of the house as well as do chores to maintain the quality of the living areas.
5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.

1997	\$500
1998	\$1000
1999	\$1200
2000	\$2200
2001	\$2200
2002	\$2200
2003	\$2200
2004	\$2200
2005	\$2200
2007	\$1000
2008	\$1000
2009	\$1000
2010	\$1500
2011	\$1500
2012	\$2000
2013	\$2600
2014	\$2600
2015	\$3000
2016	\$4000
2017	\$4400
2018	\$4700
2019	\$5700
2020	\$5400
6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable). We use the funding to offset everyday expenses not covered by the rent and donations. We also use the funding for residents not able to pay when they first come in. With the pandemic we were not collecting rent from the 3 residents we had when the city shut down. Once the city opened and the residents could job search, we starting collecting rent again.
7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year. We would still use the funding for offset expenses and rent when necessary.
8. How has the COVID-19 pandemic impacted your organization and what changes have

you had to implement as a result? We were hit bad by the pandemic. The house was closed to all meetings (no donations). The residents and managers were quarantined in the house and yard. Since we had residents we had to keep our managers on. They were required to be there 24/7. We did not allow any new residents.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): Halfway house for women recovering from addiction. | |

10. Describe how your organization meets the eligibility requirements for the requested funding. We are a much needed service organization providing temporary housing for women recovering from addiction. We are self-funded through donations.

11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization. None at this time

12. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

13. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No n/a

14. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No We are a women's organization, however our meetings are open for all on Friday, Saturday and Sunday.

15. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

16. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)

- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs

- B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)**
- C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:**
- I. A description of each program, service, activity or facility you provided or offered**
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder**
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled**
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and**
 - V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion**

Yes No

- 17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?**
 Yes No
- 18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization?** Yes No
- 19. What is the geographic service area of your organization?** Chicago and Northwest Suburbs
- 20. Does your organization charge for services?** Yes No
If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined. We do not have a sliding fee scale.

The rent is \$110/week includes room and board as well as laundry facilities.

21. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

22. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

15 - 20

No. Please give specific reasons for not using volunteers.

23. Does your organization provide any bilingual services?

Yes. Please indicate languages.

No

24. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No other rehabilitation house

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No
Kiwanis

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$5400	1 year	15%
Foundations			
Private Donors	varies	varies	85%
Federal			
State			
Municipalities			
Other Townships			
Other (list all)			
Total			100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.
29. What fundraising efforts are planned for next year?
30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).
 Annual Gala \$15732 Revenue \$10669 Expense
 Garage Sale \$2000 Revenue \$180
 Kiwanis \$275 Revenue \$0
 Virtual Donations \$2200
31. Please provide numerical breakdown of all staff member positions.
- | | |
|--|------------------|
| 1. Administration & Administrative Support | Board Members 12 |
| 2. Management of Service Providers | 2 paid managers |
| 3. Direct Service Providers | _____ |
32. Number of certified staff members 0
33. What kinds of certifications are required for your service providers? none
34. Number of licensed staff members 0
35. What kind of licensing is required for your service providers? 0
36. Please list all accreditations your organization has earned. 0
37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?
 We would probably have to raise the rent for one. Ask for more donations. If we cannot stay financially stable, we would consider closing.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Miracle House Inc

By Sandi Anderson
Its Authorized Representative

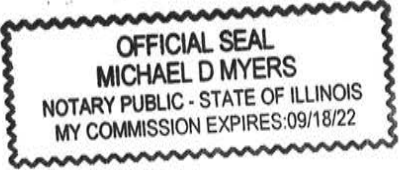
Printed Name Sandi Anderson

Title Board President

Date 8/28/20

SUBSCRIBED and SWORN to
before me this 28 day of August, 2020.

Notary [Signature]



Miracle House, Inc.
Profit & Loss
 March 2019 - February 2020

Mar 2019 - Feb 2020

Ordinary Income/Expense

Income

Donations		10,139.57
Fund Raising Revenue		
Gala	\$	15,877
Picnic	\$	839
Other	\$	334
Total Fund Raising Revenue	\$	17,050
Meetings	\$	4,295
Rent Revenue	\$	16,169
Total Income	\$	47,654

Expense

Depreciation

Air Conditioner	\$	228
Bedroom Remodeling	\$	900
Building	\$	9,072
FIRE ALARM	\$	1,164
Flooring	\$	200
Furniture	\$	240
House Ramp	\$	444
kitchen door	\$	252
Kitchen Floor	\$	192
Upstairs Bathroom Project	\$	2,016
Total Depreciation	\$	14,708

Fund Raising Expense

Gala	\$	11,753
Other	\$	328
Total Fund Raising Expense	\$	12,081

Fire Alarm Service	\$	835
Groceries	\$	6,407
Insurance	\$	5,147
Landscaping & Snow Removal	\$	1,835
Other Miscellaneous Expenses	\$	2,315
Professional Services fees	\$	45
Repairs and Maintenance	\$	1,816
Salary	\$	12,873
Supplies and Materials	\$	65
Taxes		
Payroll	\$	3,918

Real Estate	\$	541
Total Taxes	\$	4,459
Utilities		
Cable & Internet	\$	2,750
Electric	\$	1,204
Gas	\$	724
Water	\$	1,020
Total Utilities	\$	5,697
Total Expense	\$	68,284
Net Ordinary Income	\$	(20,630)
Other Income/Expense		
Other Income		
Interest Earned	\$	71
Total Other Income	\$	71
Net Other Income	\$	71
Net Income	\$	(20,560)

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Northwest Center Against Sexual Assault (NWCASA)

Address 415 West Golf Road, Suite 47, Arlington Heights, IL 60005

Phone 847-806-6526 **Fax** 847-806-6531 **Email** rplascencia@nwcasa.org

Contact Person Rebecca Plascencia **Title** Community Support Activist

Grant Contact Person Rebecca Plascencia **Title** Community Support Activist

Phone 847-806-6526 ext. 350 **Email** rplascencia@nwcasa.org

Brief Description of Agency

NWCASA's mission is to facilitate the healing for survivors of sexual violence and to eradicate sexual violence in our communities. To accomplish this, NWCASA provides specialized counseling for sexual assault survivors of all ages. They also provide 24/7 crisis intervention and medical/legal advocacy services at 12 area hospitals and 37 police departments. Sexual assault prevention programs are provided in schools, colleges, and to the general public. Professional training is also available to allied professionals. All services are free and are provided in both English and Spanish.

Agency Total Budget \$1,264,840 **Amount requesting from Maine Township** \$2,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 1 – June 30

Total number of all unduplicated clients directly served during your last fiscal year 1,095
clients received Counseling, Advocacy, & Crisis Services; 24,111 received Sexual Assault/Abuse Prevention Education.

Total number of unduplicated Maine Township clients directly served during your last fiscal year 46
Maine Township clients received Counseling, Advocacy & Crisis Services; 3400 received Sexual Assault/Abuse Prevention Education.

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? 46 clients

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 34 clients

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Caryn Brauweiler, Counseling Services Manager, \$66,625

- 2. Gina Collori, McHenry Services Manager, \$60,000
- 3. Rebecca Plascencia, Community Support Activist, \$57,375
- 4. Allyson Schnoor, Volunteer Coordinator, \$52,250
- 5. Valerie Carbajal, Bilingual Counselor, \$50,000

- 1. **Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No**
- 2. **Has your organization been in business for at least one year? Yes No**
- 3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No**

4. **Describe how your organization's services are currently promoted to the residents of Maine Township.** NWCASA has written agreements with all the local hospitals in the Maine Township area. The agreements state that Northwest CASA will be contacted when a resident seeks emergency room medical care and reports sexual violence. NWCASA also has agreements with local police departments in the area to contact NWCASA whenever a sexual assault victim files a report. NWCASA regularly makes presentations at the high schools in Maine Township to educate students on how to reduce their risk for sexual victimization and how to access our services.

- 5. **Has your organization ever received funding from Maine Township? Yes No**
If yes, list all years and the allocation amount.

FY03: \$1,000	FY04: \$3,000	FY05: \$3,000	FY06: \$3,000	FY07: \$1,000
FY09: \$1,000	FY10: \$1,000	FY11: \$1,000	FY12: \$1,000	FY13: \$1,500
FY14: \$1,500	FY15: \$1,500	FY16: \$1,500	FY17: \$2,000	FY18: \$2,000
FY19: \$2,000	FY20: \$2,000			

- 6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).** Township funds were used to support portions of the salary and benefits of direct service staff who provided counseling, advocacy and 24/7 crisis intervention services to our clients. Funds were also used to cover the expenses for maintaining a 24/7 crisis line.

- 7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.** Maine Township funds will be used to provide direct service to Maine Township residents who are victims of sexual assault. Services include crisis intervention, medical advocacy, criminal justice advocacy and counseling. Portions of the salary for an advocate and counselor will be paid with Maine Township funds. Also, Township funds will support the cost of maintaining our 24/7 crisis line.

- 8. **How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?** The COVID-19 pandemic caused the cancellation of NWCASA's major fundraiser in April 2020. The development committee is moving to virtual events to recoup expenses. NWCASA has also been impacted in the way services are provided. The team developed an electronic services policy to remain compliant while providing virtual services. Both counseling and advocacy services have become virtual. NWCASA continues to work with the local hospitals to best serve survivors while minimizing spread. The Skokie and Rolling Meadows courthouses are operating their courtrooms in a virtual setting and NWCASA has adapted our

services as such.

9. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)
- | | |
|--|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): <u>Services for survivors of sexual violence</u> | |
10. Describe how your organization meets the eligibility requirements for the requested funding. Any survivor of sexual violence, of any age, is eligible to receive NWCASA services. We also provide services to significant others affected by sexual trauma.
11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization. The most recent change has been adapting to virtual services due to the COVID-19 pandemic. NWCASA also expanded the trauma informed yoga program by training additional staff this year. The Education program has partnered with a local library to provide a virtual self-care and check in project during quarantine which is open to all youth including those who may not be survivors.
12. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No
13. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No
14. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No
15. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No
16. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)
- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
- B. At such times and in such forms as Maine Township may require, any other

statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

I. A description of each program, service, activity or facility you provided or offered

II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

18. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

19. What is the geographic service area of your organization? NWCASA serves 30 communities in North/Northwest Suburban Cook county including the cities of Niles, Park Ridge, Glenview, Morton Grove, and Des Plaines in Maine Township. NWCASA also has a satellite office in McHenry, IL to serve residents of McHenry county who are survivors of sexual violence.

20. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale? (N/A)

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

21. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No (N/A)

22. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized. NWCASA used 50 volunteers this past year. 36 volunteers are trained to provide telephone crisis and in-person medical advocacy on our 24/7 crisis line; 3 volunteers have Master's degrees in counseling and receive training and ongoing clinical supervision from NWCASA so that they can provide counseling services to NWCASA clients; 2 volunteers (graduate school interns) provided counseling to victims of sexual assault under the supervision of a licensed social worker. 9 volunteers serve on our board of directors. Except board members, all volunteers undergo 40-hour training prior to any provision of service. Most board members have also received the 40-hour training. All direct service volunteers work under the guidance of a supervisor.

No. Please give specific reasons for not using volunteers.

23. Does your organization provide any bilingual services?

Yes. Please indicate languages. Counseling services are provided by bilingual, master's level Spanish speaking counselors. Advocacy services and prevention education programs are also available in Spanish. Services to non-English speaking clients can also be provided through a language lien that we have contracted with.

No

24. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No NWCASA staff are members of and participate in many organizations that are made up of social service providers, like: Sexual Assault Response Team for 3rd District (SART3) – a multidisciplinary group of medical hospital providers, police departments, Cook County State's Attorney, school districts and advocacy agencies. The SART3 ensures victim centered response to adult sexual assault victims and enhance prosecution of offenders; Family Violence Coordinating Council for McHenry County; Court Committee of 3rd District; Northwest Suburban

Alliance Against Domestic Violence; Safe From the Start; Illinois Coalition Against Sexual Assault; and the Mount Prospect Family Services Network. In Cook County, we also have networking agreements with 8 area hospitals (Evanston, St. Francis, Lutheran General, Glenbrook, Skokie, St. Alexius, Alexian Brothers and Northwest Community) and 28 law enforcement agencies as well as with WINGS and Community Crisis Center. NWCASA also provides training to the staff of Korean American Women in Need so that they can better serve Korean speaking victims of sexual violence.

25. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No**

On occasion NWCASA is asked to provide a program for a service organization meeting, like the Jaycees, the Lions Club or Rotary Club. Some service organizations, like the Women's Club of Inverness, the Rotary Club of Arlington Heights, and the Rotary Club of Crystal Lake, provide charitable support to NWCASA, but in general, the agency is not involved in any ongoing cooperative programs with service organizations.

26. **Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No**

Through several businesses, like Wells Fargo, AT&T, and Allstate, NWCASA receives charitable giving from employee giving programs. The agency also receives corporate grants from corporations like Zurich, Northwest Community Hospital, RSM, and Amita Health System. NWCASA have worked with several stores and local restaurants to sponsor a giving campaign for NWCASA but generally the agency is not involved in any cooperative program with businesses.

27. **List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.**

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$2,000	Annually	.16
Foundations			
Private Donors	\$90,076	Annually	7.12
Federal	\$752,250	Annually	59.47
State	\$242,219	Annually	19.15
Municipalities	\$40,800	Annually	3.23
Other Townships	\$12,500	Annually	.99
Other: Cook Cty	\$40,000	Annually	3.16
Other: McHenry 708	\$25,000	Annually	1.98
Other: Atty General	\$46,420	Annually	3.67
Other: United Way (McHenry)	\$13,575	Annually	1.07
Total	\$1,264,840		100%

28. **What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for. Last September, NWCASA sponsored a "Walk a Mile in Her Shoes" event on Evanston's lakefront. The event raised \$8,636 with expenses totaling \$2,478. The agency's main April fundraiser was cancelled in 2020 due to the COVID-19 pandemic. Fundraising dollars support the sexual assault intervention program, the prevention education program, and administrative costs.**

29. **What fundraising efforts are planned for next year?**
This fiscal year, NWCASA has two event planned. Due to COVID-19 both events will be transitioned to a virtual platform. From September 20 – October 4, NWCASA will sponsor the “Walk a Mile in Her Shoes” community awareness and fundraising event. This is the agency’s 7th annual walk event. In April of 2021, NWCASA will host a virtual fundraiser event in lieu of the in-person Casino Night.
30. **Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).** NWCASA had a recent change in leadership with the departure of our Executive Director. The agency is currently working to fill that role and a staff/board mgmt. transition team is overseeing the day to day operations of the agency. NWCASA also expanded the trauma informed yoga program by providing an extensive training to two additional staff members. NWCASA was also able to expand Spanish speaking services in McHenry County by hiring a full time Spanish speaking advocate for that office. NWCASA was also able to expand Spanish speaking services in McHenry County by hiring a full time Spanish speaking advocate for that office.
31. **Please provide numerical breakdown of all staff member positions.**
- | | |
|--|-----------------|
| 1. Administration & Administrative Support | <u>1.5 FTE</u> |
| 2. Management of Service Providers | <u>1 FTE</u> |
| 3. Direct Service Providers | <u>13.5 FTE</u> |
32. **Number of certified staff members** 18
33. **What kinds of certifications are required for your service providers?**
All NWCASA staff must undergo a 40-hour training required by law in order for them to act as Rape Crisis Workers and qualify for privileged communication with clients. Counselors are required to complete 60 additional hours of training in counseling children.
34. **Number of licensed staff members** 5
35. **What kind of licensing is required for your service providers?**
While no license is required for our staff, NWCASA has 10 Master’s level counselors/social workers on staff. 5 of them have clinical licenses in their professions.
36. **Please list all accreditations your organization has earned.**
NWCASA is a certified member of the Illinois Coalition Against Sexual Assault which has developed standards for service delivery and fiscal accountability for sexual assault centers in

Illinois.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Maine Township funds are used to support direct service positions at NWCASA. A reduction or elimination of funds would result in a reduction in direct service staff and a reduction in services to victims of sexual violence.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Northwest Center Against Sexual Assault

By Rebecca Plascencia
Its Authorized Representative



Printed Name Rebecca Plascencia

Title Community Support Activist

Date August 31, 2020

SUBSCRIBED and SWORN to
before me this 31 day of AUGUST, 2020.

Notary Jolanta Faszczewska

**Northwest Center Against Sexual Assault (NWCASA)
FY 21 Budget**

Revenue

Cook County			\$40,000
McHenry 708			25,000
ICASA	General		242,219
	VAWA Prevention		40,004
	VOCA ADV/Couns		653,015
	STOP		54,333
	RPE-C-19		4,898
	Subtotal	\$994,469	
Attorney General			46,420
United Way-McHenry			13,575
Townships/City	Arlington Heights CDBG		2,500
	Des Plaines City		2,500
	Evanston		18,800
	Palatine		3,000
	Niles		2,000
	Hanover		9,000
	Mt. Prospect		3,000
	Schaumburg		11,000
	Maine		2,000
	Northfield		1,500
	Subtotal	\$55,300	
Fundraising			50,206
Contributions			39,870
	TOTAL:		\$1,264,840

Expenses

Salaries & Wages			\$893,337
Fringe Benefits			157,976
	Subtotal	(\$1,051,313)	
Bank Charges			0
Accounting			18,000
Audit			7,000
Contractual Staff			22,999
Technology			3,000
Dues and subscriptions			1,800
Equipment Lease			3,000
Fundraising			7,500
Insurance – D&O Liability			6,650
Payroll Processing			3,200
Postage			1,000
Occupancy: Rent (3 offices)			83,199
Staff education			6,500
Telecommunications			14,200
Misc.			6,958
Travel	Staff		14,500
	Clients		500
Supplies	Office		10,021
	Program		2,500
	Print		1,000
	Subtotal	(\$213,527)	
	TOTAL		\$1,264,840

Orchard Village

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$20,000	0	2 nd Request
2015			
2016			
2017			
2018			
2019	\$4,500	\$240	3 rd Request
2020	\$10,000	\$600	+85.7%

2021 REQUEST	\$5,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR



August 19, 2020

Ms. Kristina Christie
Agency & Programs Coordinator
Maine Township
1700 Ballard Road
Park Ridge, IL 60068

Dear Ms. Christie:

On behalf of Orchard Village, I am pleased to submit our application for funding support from Maine Township. We are extremely proud of the work we do—for residents of Maine and other nearby townships—to empower citizens with developmental challenges to achieve fulfilling, productive and integrated lives in their communities.

The mission of Orchard Village is to partner with families and communities to optimize personal outcomes for individuals with developmental disabilities through a community-integrated approach. Founded in 1972, Orchard Village is a 501c3 organization headquartered in Skokie, Illinois. Orchard Village is committed to enhancing the quality of life for people with developmental disabilities by protecting and nurturing the right to control their own destiny. We serve over 300 individuals in a variety of settings—residential/group home, vocational, classroom and community. Our clients have a range of developmental challenges that includes intellectual and developmental disabilities, autism, down syndrome, mental and emotional disorders, dual diagnosis (developmental disability combined with mental illness) and physical disabilities such as cerebral palsy, spina bifida, low vision, and verbal and hearing impairment. What they all share is a desire to lead a full and dignified life in the community.

If you have any questions about our activities, please feel free to contact me directly at (847) 967-1800, x114. Thank you for your consideration of our request.

Sincerely,

Susan Kaufman
President & CEO

Board of Directors

Chair

Stephen Green

Vice Chair

Mike Leong

Treasurer

David Ellis

Secretary

Catherine Brandell

Directors

Arnold Freeman

Kathleen Knight

Mark Laube

Doug Miller

Corey Noland

Catherine Palin

Donna Pleason

Steven Witz

Emeritus Directors

Senator Howard Carroll (ret.)

Frank Smeekes

President & CEO

Susan Kaufman

Affiliations

Illinois Association of
Rehabilitation Facilities

Institute on Public Policy for
People with Disabilities

Intersect for Ability

Skokie Chamber of Commerce

Niles Chamber of Commerce

Accreditations

Illinois Dept. of Human Services:
Division of Developmental
Disabilities

Bureau of Accreditation,
Licensure and Certification

Bureau of Quality Management

Illinois Dept. of Human Services:
Division of Rehabilitation
Services

CARF Accreditation awarded
for Administration and
Vocational services

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Orchard Village

Address 7660 Gross Point Road. Skokie, IL 60077

Phone (312)406-0245 Fax (847)965-1050 Email

Contact Person Susan Kaufman Title President and CEO

Grant Contact Person Shawna Franks Title Associate Grants and Communications

Phone (847)967-1800 x165 Email Shawna_Franks@orchardvillage.org

Brief Description of Agency

Mission: *Orchard Village partners with families and communities to optimize personal outcomes for individuals with developmental disabilities through a community-integrated approach. A 501(c)3 organization located in Skokie, Illinois, Orchard Village is committed to enhancing the quality of life for people with disabilities by protecting and nurturing their right to control their own destiny.*

Agency Total Budget \$7,876,000. **Amount requesting from Maine Township** \$5,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) \$192,000 (July 1, 2020 – June 30, 2020)

Total number of all unduplicated clients directly served during your last fiscal year
250

Total number of unduplicated Maine Township clients directly served during your last fiscal year 74

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund?

All 74 clients will be served by the funded program. The RN will work directly with the 39 residential clients who live in Maine Township. She will also serve as a consultant for the remaining 35 clients who are supported in other Orchard Village programs

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? N/A

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Susan Kaufman, President and CEO, \$160,000
2. Marlene Hodges, EVP & CFO, \$115,000
3. Olga Childers, Director, Human Resources, \$88,188
4. Joseph Like, Director, Development, \$77,000
5. Senior Directors: Sara LaMontagne, \$75,000; Lyndsay Mosser, \$75,000

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing).** Yes No
2. **Has your organization been in business for at least one year?** Yes No
3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township?** Yes No
4. **Describe how your organization's services are currently promoted to the residents of Maine Township.**
 We regularly attend transition fairs and local school conferences in Maine Township. We have a strong partnership with Advocate Lutheran General Hospital and the Adult Down Syndrome Clinic. We regularly send information to referral sources in the Maine Township area such as Community Alternatives Unlimited. We also work with Maine-Niles Association of Special Recreation (MNASSR), local libraries and local establishments to spread the word.
5. **Has your organization ever received funding from Maine Township?** Yes No
If yes, list all years and the allocation amount. 2018/19, \$240 and 2019/20, \$660

Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable). The \$250 that was awarded to us in 2018/19 was used to replace windows at our Hazelwood home. This new improvement has helped to keep our heating and cooling costs down as well as making our clients more comfortable. The \$660 that was awarded for our *Abilities in Motion* Therapeutic Recreation program provides for 1:1 support by a Certified Therapeutic Recreation Specialist (CTRS) to help develop individuals' goals and programming. Our Group Activities Coordinator, in conjunction with the CTRS, provided evening and weekend activities, to include group exercise, yoga, sports (e.g. basketball, bocce ball, etc.), artistic expression, social skills groups and fun activities like movie nights and parties. The Abilities in Motion program impacted approximately 250 individuals. These services are free to all Orchard Village clients and help client live more fulfilling and independent lives.

Like therapeutic recreation, special recreation offered many athletic or relaxing activities for people of all abilities. Therapeutic recreation is different however, in that it is specifically tailored to individual's personal goals and each individual meets and/or works 1:1 with a Certified Therapeutic Recreation Specialist. Therapeutic Recreation is especially effective for people with intellectual and developmental disabilities because it uses fun, leisure activities for skill building, social

development and personal growth and change. For example, one of the individuals we support had significant social anxiety and isolating behaviors. He worked one on one with our Certified Recreation Therapist playing ping pong once a week and talking through his social anxiety. After six months, he was able to transition independently to group activities. Another non-verbal individual had significant behavioral challenges that were difficult to understand or solve. Three times per week our Recreation Therapist walked the Activity Center gym for 20 minutes. This small amount of exercise resulted in a significant reduction in her outbursts and better integration with her roommates.

Individual expectations and goals are established for each participant (with input from the individual) and progress is evaluated weekly by staff. In all cases, the individual is consulted in all decisions. The overall goals of the program are to use various forms of therapeutic art, theatre and movement therapy to help participants a) reach a new level of personal expression; and b) experience rich opportunities for personal growth, improved self-reliance and enhanced self-esteem through a creative process; and c) increase emotional, social, cognitive and physical integration.

Funding from Maine Township had *significant* impact on individuals with developmental disabilities, providing structured recreational opportunities to improve their quality of life, self-confidence, and social support. The requested funds covered part of the salary, supplies and activities for our Certified Therapeutic Recreation Specialist who works individually with all participants, and plans/runs all group Therapeutic Recreation activities.

6. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**

We will use the funds to help prevent our residents who live in homes located in the Maine Township from contracting COVID-19. Part of that prevention effort is to provide nursing care 24/7. While the State of Illinois has mandated that we have full nursing coverage for our residents, the state does not cover the full costs of our one full-time registered nurse who is on call at all times of the day and night. One of the essential programs that our nurse helps to oversee is the health education, safety training, and hygiene plans for each of our residents. This training helps to protect our residents and others from catching and spreading the virus as they work and travel in the Maine Township and elsewhere.

We also will use the funds to purchase extra medical supplies, including thermometers, fingertip pulse oximeters, and blood pressure monitors, which are used to help screen for symptoms of COVID-19. Some of our residents are non-verbal, and our nurse and staff need to closely monitor them for any changes in their health. Plus, we need to purchase additional Personal Protective Equipment (PPE) for our clients and staff who reside and work within Maine Township in order to protect them from contracting COVID-19.

How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

During the time of COVID-19, our expenses have increased exponentially. We have had to hire additional staff as well as pay overtime to cover the needs of our clients. Our clients are sheltering in place at their residences, and we have had to purchase computers and additional technology for virtual learning and tele-medicine. The laptops allow sheltered residents to continue to seeing their behavior therapists and medical doctors by attending medical

appointments through tele-health. The need for additional nursing funds, supplies, equipment and extra resident training have increased during the COVID-19 pandemic.

Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

7. Describe how your organization meets the eligibility requirements for the requested funding.

The Orchard Village clients and staff who reside in Maine Township homes require additional Personal Protective Equipment (PPE) for their ongoing health and safety during the pandemic.

8. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

Orchard Village continues to improve upon our innovative programming. We are in the process of creating artistic learning opportunities for our clients by partnering with other organizations for the greater well-being of our clients. We are also in the process of providing continuing education and training for our staff and by offering diversity training for the entire organization, so we can expend and deepen our understanding of our community.

9. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

10. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

11. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

12. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

**13. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)**

- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
- B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
- C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and
 - V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

14. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?
 Yes No
15. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No
16. What is the geographic service area of your organization? We serve parts of metropolitan Chicago and North/ Northwest Chicago suburbs including Skokie, Niles, Evanston, Des

Plaines, Maine Township, Glenview, Morton Grove, Park Ridge, Wilmette and others area.

17. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

We accept private pay, but such arrangements are quite rare. Most of our clients are funded by the Illinois Department of Human Services, the Illinois Department of Rehabilitative Services and the Illinois State Board of Education.

18. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

19. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

We have approximately 150 volunteers at any given time. Our volunteers help organize our events. At the events they help in any way they can including set up and clean up, assisting with decoration, food, photo printing, Garden Club, and the Board of Directors.

No. Please give specific reasons for not using volunteers.

20. Does your organization provide any bilingual services?

Yes. Please indicate languages.

No

21. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

Our standard client intake process requires submission of copies of the individual's birth certificate, social security card and other current identity cards.

No

23. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No

Many of our residential clients residing in Maine Township and Niles Township make use of the developmental training day programs run by qualified local service organizations. Specifically, our clients benefit from our strong and cooperative partnerships with such municipal, social service and recreation organizations as MNNSR, PACE, Shore Training Center, Douglas Center, Avenues for Independence, Center for Enriched Living, North Shore

Special Education District, area YMCAs (Leaning Tower, McGraw), Weber Leisure Center and other organizations. Additionally, Orchard Village is part of the Intersect for Ability Network. This collaborative network includes multiple nonprofit agencies in the Chicago area serving people with developmental disabilities.

24. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No**

Orchard Village works frequently in partnership with the Chambers of Commerce for Niles, Skokie, Morton Grove and other nearby communities. We partner with local Rotary Clubs and on Knights of Columbus Tag Days each September. We engage with Rebuilding Together, local Park Districts and other entities to both expand our awareness and give back to the community.

25. **Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No**

In addition to the volunteer and service relationships mentioned above, we work with dozens of local businesses to find vocational opportunities for our clients who participate in our supported and competitive job program. Among these are Jewel, Dominick's, Petco, Century Theatres, Skokie Park District, Georgia Nut Company, James Dades & Co., Great Lakes Naval Training Base, Costco, Old Navy, Sam's Club, Target, Walmart, Panera, Des Plaines Park District, Noodles & Co., McDonald's, Mod Pizza, Portillo's, Cicis and many others. Orchard Village works closely with staff and our clients on an ongoing basis to ensure a win/win employment arrangement. We have partnered with Chase Bank to provide low-cost bank accounts and financial literacy education for our students at Orchard Academy. Students also receive internship opportunities from Skokie Public Library and Northwestern University.

26. **List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.**

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$660	Once, FY 20	0.01%
Foundations	\$210,000		2.49%
Private Donors	\$697,471	Annually, per year	8.26%
Federal			
State	\$6,472,941	Annually, per year	76.68%
Municipalities		Annually, per year	
Other Townships	\$30,000		0.36%
Other, resident fees and private pay, investments, other	\$1,030,388		12.21%
Total	\$8,441,400		100%

27. **What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.**

Orchard Village’s strategic efforts to raise private funds were focused on two key areas: 1) grants from public, private and civic foundations/trusts; and 2) proceeds from an aggressive fundraising events powered by our volunteers.

In the previous fiscal year (July 1, 2019 – June 30, 2020), we applied for 46 grants from foundations/charities, corporations and local government. We received 18 of them, with 28 still outstanding (no answer yet). The Total grant amount received for this past fiscal year was \$155,000. All grants we receive only last 1 year and we are required to reapply each year we need funding.

Outside of grants and special gifts, we also raised funds through donations from individuals, including Giving Tuesday, Knights of Columbus Tag Days, our annual holiday appeal, family gifts, special appeals, capital campaign fundraising like we did for our Activity Center.

We also host a number of official fundraising events each year. Proceeds from each of these events supported general operating expenses for Orchard Village. A portion of our Gala proceeds however, are directed specifically to capital projects in support of our 24-hour group homes in Maine Township and Niles Township and a portion of the Gala proceeds and a portion of The Golf Classic proceeds helped Orchard Village to purchase for three new dedicated vehicles to transport clients A.) to and from appointments and B.) to transport clients to and from their community-based jobs

28. **What fundraising efforts are planned for next year?**

	Gross Revenue	Event Cost
Gala Gross Revenue	\$185,000	\$71,500
Cocktails for a Cause	\$25,000	\$3,500
Golf	\$70,000	\$25,000
Giving Tuesday	\$35,000	\$0

29. **Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.)**

We have hired a new President and CEO, Susan Kaufman who comes with our 25 years of experience. We have also recently hired a new Director of Development, Joseph Like, who is a certified fundraising executive, and has over 25 years of experience in all facets of fundraising.

30. **Please provide numerical breakdown of all staff member positions.**

- 1. **Administration & Administrative Support** 10
- 2. **Management of Service Providers** 18
- 3. **Direct Service Providers** 86

31. Number of certified staff members 0
32. What kinds of certifications are required for your service providers? None
33. Number of licensed staff members 1
34. What kind of licensing is required for your service providers? Registered Nurse
35. Please list all accreditations your organization has earned.

CARF 3 Year Certification
 Illinois Dept. of Human Services:
 Division of Developmental
 Disabilities

Bureau of Accreditation,
 Licensure and Certification

Bureau of Quality Management

Illinois Dept. of Human Services:
 Division of Rehabilitation
 Services

36. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

If we lost funding from Maine Township we would need to reduce our scope of programming.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Orchard Village



By

 Its Authorized Representative

Printed Name Shawna Franks

Title Associate Grants and Communications

Date 8.19.2020

SUBSCRIBED and SWORN to
before me this 19th day of August, 2020.

Notary Marlene Emilia Hodges





To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ORCHARD VILLAGE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 02, 1972, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of AUGUST A.D. 2019 .

Jesse White

SECRETARY OF STATE

Orchard Village 2020 Budget Summary (\$ 000)

	2021 Budget	2020 Prelim	2019 Actual	FY 21 vs FY 20	
				\$	%
REVENUE					
State of Illinois					
DHS CILA <i>Community Interactive Living Arrangement</i>	4,243	3,857	3,765	386	10
DHS / Training reimbursement	20	20	16	0	0
Home Based Supportive Services	126	119	117	7	6
ISBE <i>Illinois State Board of Education</i>	336	314	268	22	7
Other DHS programs	900	900	912	0	0
DHS Grants <i>Rehab vocational services</i>	777	837	768	(60)	-7
State of Illinois subtotal	6,402	6,047	5,846	355	6
Public Support					
Special Events (NET)	280	237	219	43	18
Grants	150	300	180	(150)	-50
Individual Giving	70	60	100	10	17
Fund Raising	500	597	499	(97)	-16
Earned Revenues / Other					
Client Fees (SSI, SSA, food stamps)	940	885	961	55	6
Interest, investment income	24	33	35	(9)	-27
Miscellaneous	10	13	7	(3)	-23
Earned / Other Revenue subtotal	974	931	1,003	43	5
REVENUE w/o Endowment, Insurance					
Bequest		393			
Insurance settlement			9		
Endowment unrealized gain / (loss)		20	30		
TOTAL REVENUE w/bequest, investment gain	7,876	7,988	7,387	(112)	-1
EXPENSE					
Programs	6,631	6,215	5,847	416	7
General/Administrative	728	685	730	43	6
Fundraising	325	241	288	84	35
TOTAL EXPENSE	7,684	7,141	6,865	276	4
NET SURPLUS/(DEFICIT) w/o bequest, investment gain/loss					
	192	454	522	(262)	-58



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER JMB Insurance Agency, Inc. 900 N Michigan Ave, 15th Floor Chicago IL 60611	CONTACT NAME: Ryan Standridge PHONE (A/C, No, Ext): FAX (A/C, No): (312) 577-0725 E-MAIL ADDRESS: rstandridge@jmbins.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insuran</td> <td>18058</td> </tr> <tr> <td>INSURER B: AmTrust Ins Co of KS Inc</td> <td>15954</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insuran	18058	INSURER B: AmTrust Ins Co of KS Inc	15954	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Philadelphia Indemnity Insuran	18058														
INSURER B: AmTrust Ins Co of KS Inc	15954														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Orchard Village 7660 Gross Point Rd Skokie IL 60077	(847) 967-1800														

COVERAGES **CERTIFICATE NUMBER:** Cert ID 62972 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK1845275	06/30/2018	06/30/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1845275	06/30/2018	06/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB636957	06/30/2018	06/30/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PHPK1845275	06/30/2018	06/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Sexual Abuse/Molestation			PHPK1845275	06/30/2018	06/30/2019	Each Abusive Conduct Limit \$ 1,000,000 Aggregate Limit \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Maine Township 1700 Ballard Road Park Ridge IL 60068	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248206070
Jan. 29, 2013 LTR 4168C E0
36-2773481 000000 00

00018175
BODC: TE

ORCHARD VILLAGE
7670 MARMORA AVE
SKOKIE IL 60077-2628



009947

Employer Identification Number: 36-2773481
Person to Contact: Mrs. Turner
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 17, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248206070
Jan. 29, 2013 LTR 4168C E0
36-2773481 000000 00
00018176

ORCHARD VILLAGE
7670 MARMORA AVE
SKOKIE IL 60077-2628

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Richard McKee

Richard McKee, Department Manager
Accounts Management Operations

**Orchard Village
Table of Contents
June 30, 2019**

	<u>Page</u>
Independent Auditor's Report	1 - 2
Financial Statements:	
Statement of Financial Position	3
Statement of Activities and Changes in Net Assets	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7 - 15
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With <i>Government Auditing Standards</i>	16 - 17

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Orchard Village
Skokie, Illinois

Report on Financial Statements

We have audited the accompanying financial statements of Orchard Village (an Illinois not-for-profit corporation), which comprise the statement of financial position as of June 30, 2019, and the related statement of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Orchard Village, as of June 30, 2019, and the results of its activities and changes in net assets, functional expenses and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Year Financial Statements

The financial statements of Orchard Village as of June 30, 2018, and for the fiscal year then ended, were audited by other accountants whose report dated November 30, 2018, stated that, based on their procedures, they are not aware of any material modifications that should be made to those financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America. The information presented in the accompanying financial statements related to the fiscal year ended June 30, 2018, has been presented for comparative purposes only, and has not been audited by Evolve Financial I.

Report on Other Legal and Regulatory Requirements

In accordance with Government Auditing Standards, we have also issued our report dated December 20, 2019, on our consideration of the Organization's internal control and on our tests of its compliance with terms, covenants, provisions or conditions of regulatory and management agreements insofar as they relate to accounting matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting and compliance. That report is an integral part of the audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of the audit.



Evolve Financial I

December 20, 2019

Orchard Village
Statement of Financial Position
June 30, 2019
With Comparative Information for 2018

ASSETS

	<u>2019</u>	<u>2018</u>
Current Assets:		
Cash and cash equivalents	\$ 1,545,362	\$ 1,192,567
Grants and contracts receivable (Note 5)	335,934	293,263
Promises to give	10,000	20,000
Prepaid expenses and deposits	<u>2,500</u>	<u>5,707</u>
Total Current Assets	<u>1,893,796</u>	<u>1,511,537</u>
Property and Equipment:		
Buildings	4,672,945	4,672,945
Building improvements	2,657,191	2,555,865
Furniture and equipment	1,168,722	1,148,387
Vehicles	209,794	86,000
Less: Accumulated depreciation	<u>(4,856,148)</u>	<u>(4,607,930)</u>
	3,852,504	3,855,267
Land	<u>1,313,251</u>	<u>1,313,251</u>
Property and Equipment, Net	<u>5,165,755</u>	<u>5,168,518</u>
Other Assets:		
Investment portfolio - Board designated (Note 6)	<u>658,408</u>	<u>613,891</u>
Total Assets	<u>\$ 7,717,959</u>	<u>\$ 7,293,946</u>

LIABILITIES AND NET ASSETS

	<u>2019</u>	<u>2018</u>
Current Liabilities:		
Accounts payable and accrued expenses	\$ 428,338	\$ 372,652
Current portion of notes payable (Note 7)	917,445	155,488
Funds held for clients	16,703	20,317
Deferred income	<u>14,049</u>	<u>30,889</u>
Total Current Liabilities	<u>1,376,535</u>	<u>579,346</u>
Notes payable, less current portion (Note 7)	<u>813,028</u>	<u>1,777,152</u>
Total Liabilities	<u>2,189,563</u>	<u>2,356,498</u>
Net Assets Without Donor Restrictions:		
General unrestricted net assets	4,869,988	4,323,557
Board designated reserve (Note 10)	<u>658,408</u>	<u>613,891</u>
Total Net Assets Without Donor Restrictions	<u>5,528,396</u>	<u>4,937,448</u>
Total Liabilities and Net Assets	<u>\$ 7,717,959</u>	<u>\$ 7,293,946</u>

See Independent Auditor's Report.

The accompanying notes are an integral part of these financial statements.

Orchard Village
Statement of Activities and Changes in Net Assets
Year Ended June 30, 2019
With Comparative Information for 2018

	<u>2019</u>	<u>2018</u>
Support and Revenue:		
State of Illinois:		
Fees for service		
DHS CILA	\$ 3,773,057	\$ 3,597,047
DHS Training	32,301	37,444
Respite/Home Based	116,946	136,150
Other DHS programs	917,641	856,752
Illinois State Board of Education	<u>927,473</u>	<u>723,207</u>
Total State of Illinois fees for service	5,767,418	5,350,600
DHS/DRS grants	<u>100,528</u>	<u>87,345</u>
Total State of Illinois	<u>5,867,946</u>	<u>5,437,945</u>
Public Support:		
Bequests and major gifts	59,902	134,803
Individual contributions and family pledges	40,302	30,311
Corporate and foundations	150,165	88,500
Niles Township revenue sharing	30,000	30,000
Special events, net of expenses (2019 - \$70,619 and 2018 - \$87,562)	<u>218,389</u>	<u>145,125</u>
Total Public Support	<u>498,758</u>	<u>428,739</u>
Earned Revenue:		
Client support payments	845,318	886,230
Private pay revenue	12,858	42,915
Interest and dividend income	35,069	15,151
Other income	<u>117,650</u>	<u>527,896</u>
Total Earned Revenue	<u>1,010,895</u>	<u>1,472,192</u>
Total Support and Revenue	<u>7,377,599</u>	<u>7,338,876</u>
Expenses:		
Program Services	5,869,732	5,826,455
Management and General	730,485	650,903
Fundraising	<u>216,564</u>	<u>189,216</u>
Total Expenses	<u>6,816,781</u>	<u>6,666,574</u>
Other Income:		
Unrealized gain/(loss) in investments	<u>30,130</u>	<u>37,411</u>
Increase in Net Assets	590,948	709,713
Net Assets Without Donor Restrictions, Beginning of Year	<u>4,937,448</u>	<u>4,227,735</u>
Net Assets Without Donor Restrictions, End of Year	<u>\$ 5,528,396</u>	<u>\$ 4,937,448</u>

See Independent Auditor's Report.

The accompanying notes are an integral part of these financial statements.

**Orchard Village
Statement of Functional Expenses
Year Ended June 30, 2019
With Comparative Information for 2018**

	2019			2018				
	Program Services	Management and General	Fundraising	Total	Program Services	Management and General	Fundraising	Total
Salaries and related expenses:								
Salaries	\$ 3,316,221	\$ 512,528	\$ 133,162	\$ 3,961,911	\$ 3,301,539	\$ 487,258	\$ 116,939	\$ 3,905,736
Payroll taxes	248,020	36,609	9,212	293,841	236,741	34,461	8,470	279,672
Unemployment compensation	11,248	-	343	11,591	42,358	-	-	42,358
Group health insurance	507,470	31,065	20,468	559,003	588,324	8,647	21,917	618,888
Workers' compensation insurance	92,204	2,540	1,863	96,607	104,414	7,532	3,766	115,712
Pension and annuity	62,345	32,893	4,420	99,658	57,756	23,625	13,582	94,963
Total salaries and related expenses	4,237,508	615,635	169,468	5,022,611	4,331,132	561,523	164,674	5,057,329
Other expenses:								
Building maintenance	389,917	-	4,878	394,795	258,547	-	24	258,571
Consultants and outside contractors	56,539	6,796	1,255	64,590	49,602	3,630	75	53,307
Data processing	78,875	990	7,075	86,940	84,870	1,640	1,524	88,034
Food	148,666	4,412	648	153,726	157,418	2,298	1,473	161,189
Housekeeping and building supplies	88,611	144	1,283	90,038	118,589	-	-	118,589
Insurance - liability	20,277	-	627	20,904	20,385	-	630	21,015
Insurance - property	13,913	-	320	14,233	14,111	-	169	14,280
Insurance - vehicles	29,947	-	-	29,947	23,812	-	-	23,812
Interest	86,185	-	-	86,185	94,769	-	-	95,901
Leases	60,970	-	1,931	62,901	135,134	-	1,132	135,134
Medicine and drugs	9,498	7	368	10,338	10,398	-	-	10,398
Membership	3,703	31,326	140	35,051	8,588	25,950	25	34,563
Miscellaneous	4,271	36,176	22	40,549	2,292	1,199	8,971	12,462
Postage	-	-	2,532	2,532	200	-	3,245	3,445
Printing	1,871	-	4,373	6,244	3,689	693	1,172	5,554
Professional fees	-	24,800	-	24,800	52,788	47,205	-	47,205
Program and office supplies	112,237	1,388	3,694	117,319	29	29	3,415	56,232
Recreation/events	561	732	631	1,924	201	200	72	473
Recruitment	1,662	325	9	1,996	923	-	-	2,104
Staff and client transportation	48,744	5,708	143	54,595	22,469	1,865	153	24,487
Staff training	13,203	2,046	285	15,534	3,874	3,490	-	7,364
Telephone	74,804	-	1,423	76,227	75,827	-	-	75,827
Utilities	98,186	-	1,060	99,246	103,725	-	-	103,725
Vehicles - operating costs	31,091	-	2	31,093	30,711	-	1	30,712
Vehicles - repairs	15,315	-	189	15,504	16,138	-	5	16,143
Total Other expenses	1,389,046	114,850	42,056	1,545,952	1,289,060	89,380	22,086	1,400,526
Depreciation	243,178	-	5,040	248,218	206,263	-	2,456	208,719
Total Expenses	\$ 5,869,732	\$ 730,485	\$ 216,564	\$ 6,816,781	\$ 5,826,455	\$ 650,903	\$ 189,216	\$ 6,666,574

See Independent Auditor's Report.
The accompanying notes are an integral part of these financial statements.

**Orchard Village
Statement of Cash Flows
Year Ended June 30, 2019
With Comparative Information for 2018**

	<u>2019</u>	<u>2018</u>
Cash Flows from Operating Activities:		
Increase in Net Assets	\$ 590,948	\$ 709,713
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities		
Depreciation	248,218	208,719
Investment income on investment portfolio	(44,517)	(50,603)
Changes in Operating Assets and Liabilities		
Grants and contracts receivable	(42,671)	113,149
Promises to give	10,000	10,000
Prepaid expenses and deposits	3,207	(4,513)
Accounts payable and accrued expenses	55,686	(27,214)
Funds held for clients	(3,614)	1,989
Deferred income	(16,840)	11,457
Net Cash Provided by Operating Activities	<u>800,417</u>	<u>972,697</u>
Cash Flows from Investing Activities:		
Purchase of Property and equipment	<u>(245,455)</u>	<u>(163,361)</u>
Net Cash (Used in) Investing Activities	<u>(245,455)</u>	<u>(163,361)</u>
Cash Flows from Financing Activities:		
Payments on note and mortgages payable	<u>(202,167)</u>	<u>(148,264)</u>
Net Cash (Used in) Financing Activities	<u>(202,167)</u>	<u>(148,264)</u>
Net Increase in Cash	352,795	661,072
Cash and Cash Equivalents, Beginning of Year	<u>1,192,567</u>	<u>531,495</u>
Cash and Cash Equivalents, End of Year	<u>\$ 1,545,362</u>	<u>\$ 1,192,567</u>
Supplemental Disclosure of Cash Flow Information:		
Cash Paid for Interest	<u>\$ 88,116</u>	<u>\$ 95,901</u>

See Independent Auditor's Report.
The accompanying notes are an integral part of these financial statements.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

1. Nature of Organization

Orchard Village (the "Organization") provides residential, vocational, and educational services to individuals with developmental disabilities in the northern suburbs of the Chicago metropolitan area, with funding primarily from the State of Illinois Department of Human Services.

2. Significant Accounting Policies

Basis of Accounting

The accounts of the Organization are maintained on the accrual basis.

Net assets of the Organization are classified based on the presence or absence of donor-imposed restrictions.

Net assets are comprised of two groups as follows:

Net Assets Without Donor Restrictions:

Amounts that are not subject to usage restrictions based on donor-imposed requirements. This class also includes assets previously restricted where restrictions have expired or been met.

Net Assets With Donor Restrictions:

Assets subject to usage limitations based on donor-imposed or grantor restrictions. These restrictions may be temporary or may be based on a particular use. Restrictions may be met by the passage of time or by actions of the Organization. Certain restrictions may need to be maintained in perpetuity.

Earnings related to restricted net assets will be included in net assets without donor-restrictions unless otherwise specifically required to be included in donor-restricted net assets by the donor or by applicable state law. The Organization does not interpret the guidance in the standard to include amounts restricted by federally funded contracts as donor-restricted. The Organization believes that these amounts do not meet the spirit of the standard for such a classification or is there any industry standard indicating that others will treat these assets as donor-restricted.

There are no assets with donor restrictions at June 30, 2019 and 2018.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

2. Significant Accounting Policies (Continued)

Contracts Receivable and Bad Debt Expense

Management considers receivables to be fully collectible; accordingly, no allowance for doubtful accounts has been provided. If an amount becomes uncollectible, it is charged to operations in the period in which that determination is made. Accounting principles generally accepted in the United States of America require that the allowance method be used to recognize bad debts; however, the effect of using the direct write-off method is not materially different from the results that would have been obtained under the allowance method.

Fair Value Measurements

Under GAAP, *fair value* is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). The Organization utilizes market data or assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique.

The Organization's assessment of the significance of a particular input to the fair value measurements requires judgment and may affect the valuation of fair value of assets and liabilities and their placement within the fair value hierarchy levels.

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, maximizes the use of observable inputs, and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I measurements) and the lowest priority to measurements involving significant unobservable inputs (Level III measurements). The three levels of fair value hierarchy are as follows:

Level I - Valuation based on quoted prices in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date, and where transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level II - Valuation based on inputs other than quoted prices included within Level I that are observable for the asset or liability, either directly or indirectly. Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets, or liabilities in markets that are not active, that is, markets in which there are few transactions, prices are not current, or prices vary substantially over time.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

2. Significant Accounting Policies (Continued)

Fair Value Measurements (Continued)

Level III - Valuation based on inputs that are unobservable for an asset or liability and should be used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. This input, therefore, reflects the Organization's assumptions about what market participants would use in pricing the asset or liability based on the best information available in the circumstances.

Property and Equipment

Fixed assets are recorded at historical cost, if purchased, or at the approximate fair value at the date of donation, if donated, less accumulated depreciation. The Organization capitalizes fixed asset additions over \$5,000. Depreciation is computed using the straight-line method for all fixed assets, building, and building improvements.

The estimated useful lives in computing depreciation of property and equipment are as follows:

<u>Description</u>	<u>Years</u>
Building	40
Building Improvements	10
Furniture and Equipment	5
Vehicles	5

Maintenance and repairs, which neither materially add to the value of property nor appreciably prolong the lives, are charged to expense as incurred. Gains or losses on dispositions of property and equipment are included in the statements of activities and changes in net assets.

Revenue Recognition: Contributions, Grants/Contracts

Contracts and grants are recognized as revenue in the periods in which the contracts or grants are received, at the face amounts stated therein; however, they may be subject to adjustment in subsequent periods. All revenues from contracts or grants are considered to be available for unrestricted use unless specifically restricted as to time or purpose by the respective grantors or contracting agencies. Amounts received that are designated for future periods or are restricted for specific purposes are reported as support with restrictions that increases net assets with donor restrictions. Contract and grant revenues for which time or purpose restrictions expire in the period received are considered revenues without donor restrictions.

A restriction expires when a stipulated time restriction ends, when an unconditional promise with an implied time restriction is collected or when a purpose restriction is accomplished. Upon expiration, net assets with restrictions are reclassified to net assets without restrictions and are reported in the statements of activities and changes in net assets as net assets released from restrictions.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

2. Significant Accounting Policies (Continued)

Revenue Recognition: Contributions, Grants/Contracts (Continued)

Donations are recognized as revenue upon receipt of a donor's commitments. Unconditional promises to give, which do not state a due date or use restriction, are presumed to be unrestricted net assets.

Revenue Recognition: Donations and Contributed Goods and Services

Contributed professional services are recognized if the services received create or enhance long-lived assets or require specialized skills, are provided by individuals possessing those skills, and would typically be purchased if not provided by donation.

Many unpaid volunteers have made significant contributions of their time to develop the Organization's programs. The value of the contributed time by volunteers and other contributed resources is not reflected in these financial statements, as they do not meet the criteria for recognition as contributed services.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and changes in net assets. Expenses that are easily and directly associated with a particular program or supporting service are allocated directly to that functional category. Certain costs have been allocated among the programs and supporting services benefited based on time devoted to the functional areas and other appropriate methods.

Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and is not considered to be a private foundation. It is also required to recognize or derecognize in its financial statements positions taken or expected to be taken in a tax return on a "more likely than not" threshold. Management does not believe its financial statements include any uncertain tax positions. The Organization's income tax filings for the years 2015 and thereafter remain subject to examination by the Internal Revenue Service.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the relevant period. Actual results could differ from those estimates.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

2. Significant Accounting Policies (Continued)

Adoption of Accounting Pronouncement

In August 2016, the Financial Accounting Standards Board ("FASB") issued *Accounting Standards Update ("ASU") No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, which requires significant changes to the financial reporting model of organizations who follow the not-for-profit reporting model. The changes include reducing the classes of net assets from three classes to two – net assets with donor restrictions and net assets without donor restrictions. The ASU will also require changes in the way certain information is aggregated and reported by the Organization, including required disclosures about liquidity and availability of resources and increased disclosures on functional expenses. The new standard is effective for the Organization's year ending June 30, 2019, and thereafter and must be applied on a retrospective basis. The Organization adopted the ASU effective July 1, 2018 with retrospective restatement for the year ended June 30, 2018. Adoption of the ASU did not result in any reclassification or restatements to net assets or changes in net assets.

Reclassifications

Certain items in the financial statements of the previous independent auditor's report dated November 30, 2018, for the fiscal year ended June 30, 2018, have been reclassified to conform to the 2019 presentation.

3. Concentrations of Credit Risk

Certain financial instruments, potentially subject the entity to concentrations of credit risk. These financial instruments consist primarily of cash and cash equivalents and receivables.

The Organization maintains its cash in various bank deposit accounts, which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts.

The Organization receives a significant amount of support from federal, state and local government agencies. A substantial reduction in the level of this support, if it were to occur, could have a significant negative effect on the Organization's programs and activities.

During the years ended June 30, 2019 and 2018, the percentage of the Organization's total support, which came from the Illinois Department of Human Services and Illinois State Board of Education, was 80% and 74%, respectively.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

4. Liquidity

At June 30, 2019 and 2018, the Organization has \$1,545,362 and \$1,192,567 of cash and cash equivalents available, respectively, to meet needs for general expenditures. None of these financial assets are subject to donor or other contractual restrictions. Accordingly, all such funds are available to meet the cash needs of the Organization in the next 12 months.

The Organization manages its liquidity by developing and adopting annual operating budgets that provide sufficient funds for the general expenditures in meeting its liabilities and other obligations as they become due.

5. Grants and Contracts Receivable

Grants and contracts receivable are deemed to be fully collectible by management and consist of the following at June 30th:

	<u>2019</u>	<u>2018</u>
Illinois State Board of Education	\$ 173,958	\$ 75,568
Illinois Department of Human Services	104,564	148,157
Social Security Administration	51,247	51,192
Other grant receivables	<u>6,165</u>	<u>18,346</u>
	<u>\$ 335,934</u>	<u>\$ 293,263</u>

6. Investment Portfolio and Investment Income

At June 30, 2019 and 2018, the Organization's investment portfolio consists of the following:

	<u>2019</u>		<u>2018</u>	
	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>
Money Market Funds	\$ 8,657	\$ 8,657	\$ 16,083	\$ 16,083
Fixed Income	176,848	181,508	155,035	151,253
Equities	<u>289,063</u>	<u>468,243</u>	<u>289,063</u>	<u>446,555</u>
Total Investments	<u>\$ 474,568</u>	<u>\$ 658,408</u>	<u>\$ 460,181</u>	<u>\$ 613,891</u>

The following elements comprise investment income for the fiscal years ending June 30th:

	<u>2019</u>	<u>2018</u>
Portfolio unrealized gains	\$ 30,130	\$ 37,411
Portfolio interest and dividends	14,387	13,042
Cash and equivalents interest	<u>20,682</u>	<u>2,109</u>
Total	<u>\$ 65,199</u>	<u>\$ 52,562</u>

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

7. Notes Payable and Line of Credit

Bank Financial

The Organization has a note payable with Bank Financial in the original amount of \$1,230,298. The note calls for monthly principal and interest payments of \$9,294 through April 30, 2020, at which time lump-sum balloon payment in the amount of approximately \$760,000 will be due. The note bears interest at a fixed interest rate of 4.25%. Interest incurred and paid during the years ended June 30, 2019 and 2018, amounted to \$37,002 and \$40,138, respectively. The note payable outstanding balance is \$818,011 and \$892,538 at June 30, 2019 and 2018, respectively.

IFF - Greenleaf

The Organization had an unsecured note payable with IFF in the original amount of \$57,856. The note called for monthly principal and interest payments of \$578 through October 2021. The note bore interest at a fixed interest rate of 2.38%. Interest incurred and paid during the years ended June 30, 2019 and 2018, amounted to \$393 and \$458, respectively. The note payable was paid in full in May 2019. The outstanding balance was \$22,206 at June 30, 2018.

IFF – Floral/Henley

The Organization has a secured note payable with IFF in the original amount of \$405,000. The note calls for monthly principal and interest payments of \$3,256 through December 2027. The note bears interest at a fixed interest rate of 5.25%. Interest incurred and paid during the years ended June 30, 2019 and 2018, amounted to \$14,079 and \$15,766, respectively. The note payable outstanding balance is \$261,923 and \$293,592 at June 30, 2019 and 2018, respectively.

IFF – Gross Point

The Organization has a secured note payable with IFF in the original amount of \$900,000. The note calls for monthly principal and interest payments of \$7,235 through June 2029. The note bears interest at a fixed interest rate of 5.25%. Interest incurred and paid during the years ended June 30, 2019 and 2018, amounted to \$36,644 and \$39,386, respectively. The note payable outstanding balance is \$650,539 and \$724,305 at June 30, 2019 and 2018, respectively.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

7. Notes Payable and Line of Credit (Continued)

Expected maturities of notes payable of the Organization based on monthly payments currently being made for the ensuing 5 years ending June 30th, and thereafter, are as follows:

	<u>Bank Financial</u>	<u>IFF Floral/Henley</u>	<u>IFF Gross Point</u>	<u>Total</u>
2020	\$ 818,011	\$ 47,995	\$ 51,439	\$ 917,445
2021	-	50,450	54,075	104,525
2022	-	53,031	56,841	109,872
2023	-	55,744	59,747	115,491
2024	-	54,703	62,805	117,508
Thereafter	-	-	<u>365,632</u>	<u>365,632</u>
	<u>\$ 818,011</u>	<u>\$ 261,923</u>	<u>\$ 650,539</u>	<u>\$ 1,730,473</u>

Line of Credit

The Organization has a \$1,500,000 line of credit with Bank Financial. The line of credit matures on April 1, 2020, and the variable interest rate is Prime plus 1.125%. The line of credit was not utilized by the Organization at any time during the fiscal years ended June 30, 2019 and 2018.

8. Accrued Vacation Pay

All full-time employees of the Organization are granted paid vacation days. The Organization's policies provide for a maximum number of vacation days an employee can have accrued at year-end. The amount of vacation pay for which the Organization is obligated to accrue in accordance with its policies at June 30, 2019 and 2018, is \$126,669 and \$116,502, respectively. The accrued vacation pay has been included as a current liability in accounts payable and accrued expenses of the accompanying statements of financial position.

9. Retirement Plan

The Organization has a defined-contribution retirement plan, which covers all eligible employees. Each year, the Organization makes a safe harbor contribution to the plan in the amount equal to 3% of eligible compensation earned by the participants, and a 2% profit-sharing contribution. In addition, the Organization also matches employee contributions up to 2%. The Organization's contributions to the plan for the fiscal years ended June 30, 2019 and 2018, amounted to \$99,658 and \$94,963, respectively.

Orchard Village
Notes to Financial Statements (Continued)
June 30, 2019
With Comparative Information for 2018

10. Board Designated Net Assets

Board designated net assets consist of the investment portfolio as discussed in Note 6, which is required by the Board of Directors to be held indefinitely except in emergency situations as defined in the "Declaration of the Orchard Village Endowment Fund", and is to be invested in accordance with the Organization's investment policy. Board designated net assets included in the investment portfolio amounted to \$658,408 and \$613,891 at June 30 2019 and 2018, respectively.

11. Subsequent Events

Subsequent events have been evaluated through December 20, 2019, which is the date the financial statements were available to be issued; there are no other subsequent events requiring recognition and/or additional disclosure in the financial statements.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Board of Directors
Orchard Village
Skokie, Illinois

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Orchard Village, which comprise the statements of financial position as of June 30, 2019, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 20, 2019.

Internal Control Over Financial Reporting

In planning and performing our audits of the financial statements, we considered Orchard Village's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Orchard Village's internal control. Accordingly, we do not express an opinion on the effectiveness of Orchard Village's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of Orchard Village's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those in charge with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section, and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Orchard Village's financial statements are free from material misstatement, we performed tests of compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audits, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Orchard Village's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Orchard Village's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Evolve Financial I

December 20, 2019

ORCHARD VILLAGE BOARD of DIRECTORS

FY 2020

(Initial Year of Service)

TERM ENDING - 2020

PLEASON, Donna (1991)
1451 Lori Lyn Lane
Northbrook, IL. 60062
H: (847) 272-4737
M: (847) 924-7774
AZ: (480) 421-6519
FAX: (847) 272-4781
dpleason@aol.com

NOLAND, Corey (2018)
6816 W. Palatine Avenue
Chicago, IL 60631
312-320-1390
coreynoland@yahoo.com

TERM ENDING 2021

ELLIS, David (2010)
Vice Chairman, Treasurer
2202 Ewing Avenue
Evanston, Illinois 60201
H: (847) 332-1996
db1911@comcast.net

FREEMAN, Arnold (2019)
431 Kelburn Road, #113
Deerfield, IL 60015
847-702-0544
afreem28@yahoo.com

GREEN, Stephen (2010)
Chairman
2122 W. Waveland
Chicago, IL 60618
H: (773) 388-0228
M: (312) 560-5693
stephen.edward.green@citi.com

KALINA, Jack (2005)
1315 Margate Court
Naperville, IL 60540
M: (630) 842-8566
jackccity@att.net

KNIGHT, Kathleen A. (2002)
6423 N. Nashville
Chicago, IL. 60631
H: (773) 792-9188
M: (773) 428-9188
knight1210@comcast.net

LAUBE, Mark (2017)
2136 Beaver Creek Drive
Vernon Hills, IL 60061
M: (224) 430-2580
mjlaube@comcast.net

WITZ, Steve (2013)
341 Harris Avenue
Clarendon Hills, IL 60514
H: (630) 325-3433
B: (630) 288-0302
M: (847) 875-5609
switz@four-gen.com

TERM ENDING 2022

BAKER, Erin (2017)
208 Grandview Place #8
San Antonio, TX 78209
Local: c/o Guggenheim Partners
227 West Monroe Street, #4900
Chicago, IL 60606
M: (312) 952-7128
erinmbaker@icloud.com

BRANDELL, Catherine (2011)
Secretary
1829 Thornwood Lane
Northbrook, IL 60062
M: (847) 951-8915
cbrandell1@gmail.com

LEONG, Michael (2016)
1936 W. Cuyler
Chicago, IL 60613
M: (773) 459-7660
Michael.Leong@53.com

MILLER, Doug (2020)
1006 Ridge Avenue
Evanston, IL 60202
M: 847-867-5738
dmiller722@comcast.net

PALIN, Catherine (2020)
2646 Bennett Avenue
Evanston, IL 60201
M: 224-420-6927
catherinepalin@gmail.com

QUIGLEY, John (2017)
205 S Fourth Ave
Libertyville, IL 60048
M: (312) 543-4995
JFQuigley5@yahoo.com

EMERITUS BOARD MEMBERS

CARROLL, Howard W.
7250 North Cicero Ave #201
Lincolnwood, IL. 60712
B: (847) 568-7000
senhwc@carrollandsain.com

SMEEKES, Frank
smeekes@ameritech.net

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2018 calendar year, or tax year beginning 7/1/2018, and ending 6/30/2019

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

C Name of organization Orchard Village
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7660 Gross Point Road
 City or town State ZIP code
Skokie IL 60077
 Foreign country name Foreign province/state/country Foreign postal code

D Employer identification number
36-2773481

E Telephone number
(847) 967-1800

G Gross receipts \$ 7,448,217

F Name and address of principal officer:
MARLENE HODGES, INTERIM AND CO-CEO 7660 GROSS POINT RO

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

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

J Website: www.orchardvillage.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1972

M State of legal domicile: IL

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ORCHARD VILLAGE PARTNERS WITH FAMILIES A COMMUNITIES TO OPTIMIZE PERSONAL OUTCOMES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES THROUGH A COMMUNITY-INTEGRATED APPROACH.</u>		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	165
	6 Total number of volunteers (estimate if necessary)	6	150
	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)	5,721,559	6,148,315
	9 Program service revenue (Part VIII, line 2g)	1,457,041	975,825
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,151	35,069
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,125	218,389
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,338,876	7,377,598
	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	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		5,057,329	5,022,610
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>216,564</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,609,245	1,794,170
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,666,574	6,816,780
19 Revenue less expenses. Subtract line 18 from line 12	672,302	560,818	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,293,947	End of Year 7,717,959
	21 Total liabilities (Part X, line 26)	2,356,498	2,189,563
	22 Net assets or fund balances. Subtract line 21 from line 20	4,937,449	5,528,396

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 Michael R Sieczkowski Preparer's signature _____ Date 12/19/2019 Check if self-employed PTIN P01473144

Firm's name ▶ EVOLVE ACCOUNTING & BUSINESS SERVICES INC Firm's EIN ▶ 46-2665629

Firm's address ▶ 4256 N ARLINGTON HEIGHTS RD, STE 104, ARLINGTON HEIGHTS IL Phone no. 847-749-1851

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. X

1 Briefly describe the organization's mission:
ORCHARD VILLAGE PARTNERS WITH FAMILIES AND COMMUNITIES TO OPTIMIZE PERSONAL OUTCOMES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES THROUGH A COMMUNITY-INTEGRATED APPROACH.

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,820,528 including grants of \$) (Revenue \$ 4,263,211)
COMMUNITY INTEGRATED LIVING ARRANGEMENTS - COUNSELING, SUPPORT AND TRAINING FOR ADULTS WITH DEVELOPMENTAL DISABILITIES LIVING IN THE COMMUNITY.

4b (Code:) (Expenses \$ 728,059 including grants of \$) (Revenue \$ 932,429)
ORCHARD ACADEMY - THERAPEUTIC SCHOOL

4c (Code:) (Expenses \$ 636,128 including grants of \$) (Revenue \$ 767,813)
SUPPORTIVE EMPLOYMENT SERVICES

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 685,017 including grants of \$ 0) (Revenue \$ 896,267)

4e Total program service expenses ▶ 5,869,732

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about grants, compensation, tax-exempt bonds, and other IRS requirements.

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. []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, Forms W-2G, and backup withholding rules.

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		165
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 (FBAR).		
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?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
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?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
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	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: MARLENE HODGES 7660 GROSS POINT ROAD., SKOKIE, IL 60077 847-967-1800

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNA PLEASON DIRECTOR	2.00 2.00	X					0	0	0	
(2) COREY NOLAND DIRECTOR	2.00 2.00	X					0	0	0	
(3) BRYAN SCHNEIDER DIRECTOR	2.00 2.00	X					0	0	0	
(4) DAVID ELLIS VICE CHAIRMAN, TREASURER	2.00 2.00	X		X			0	0	0	
(5) ARNOLD FREEMAN DIRECTOR	2.00 2.00	X					0	0	0	
(6) STEPHEN GREEN CHAIRMAN	2.00 2.00	X		X			0	0	0	
(7) JACK KALINA DIRECTOR	2.00 2.00	X					0	0	0	
(8) MARK LAUBE DIRECTOR	2.00 2.00	X					0	0	0	
(9) KATHLEEN KNIGHT DIRECTOR	2.00 2.00	X					0	0	0	
(10) STEVE WITZ DIRECTOR	2.00 2.00	X					0	0	0	
(11) ERIC BAKER DIRECTOR	2.00 2.00	X					0	0	0	
(12) CATHERINE BRANDELL SECRETARY	2.00 2.00	X		X			0	0	0	
(13) MICHAEL LEONG DIRECTOR	2.00 2.00	X					0	0	0	
(14) DOUG MILLER DIRECTOR	2.00 2.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CATHERINE PALIN DIRECTOR	2.00 2.00	X					0	0	0	
(16) JOHN QUIGLEY DIRECTOR	2.00 2.00	X					0	0	0	
(17) ALLISON STARK FORMER PRESIDENT AND CEO	40.00 40.00	X				X	122,679	0	0	
(18) MARLENE HODGES INTERIM AND CO-CEO	40.00 40.00					X	105,861			
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							228,540	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							228,540	0	0	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 5,867,946				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 280,369				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f	6,148,315				
Program Service Revenue	2a CLIENT FEES	Business Code	845,318	845,318		
	b PRIVATE PAY REVENUE		12,858	12,858		
	c OTHER		117,649	117,649		
	d		0			
	e		0			
	f All other program service revenue		0			
	g Total. Add lines 2a-2f		975,825			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		35,069	35,069		
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	0	0		
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	289,008			
	b Less: direct expenses	b	70,619			
c Net income or (loss) from fundraising events		218,389		218,389		
9a Gross income from gaming activities. See Part IV, line 19	a	0				
b Less: direct expenses	b	0				
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a	0				
b Less: cost of goods sold	b	0				
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a			0			
b			0			
c			0			
d All other revenue			0			
e Total. Add lines 11a-11d			0			
12 Total revenue. See instructions			7,377,598	1,010,894	0	
					218,389	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
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	3,973,501	3,327,468	512,528	133,505
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,658	62,345	32,893	4,420
9	Other employee benefits	655,610	599,675	33,604	22,331
10	Payroll taxes	293,841	248,020	36,609	9,212
11	Fees for services (non-employees):				
a	Management	64,590	56,539	6,796	1,255
b	Legal	11,693		11,693	
c	Accounting	13,107		13,107	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	8,776	1,871		6,905
14	Information technology	0			
15	Royalties	0			
16	Occupancy	175,473	172,990		2,483
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	88,116	86,185		1,931
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	248,218	243,178	0	5,040
23	Insurance	65,084	64,137		947
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	DATA PROCESSING	86,940	78,875	990	7,075
b	AUTO EXPENSES	107,935	107,376		559
c	REPAIRS & MAINTENANCE	484,833	478,528	144	6,161
d	PROGRAM RELATED EXPENSES	354,739	334,571	14,618	5,550
e	All other expenses	84,666	7,974	67,502	9,190
25	Total functional expenses. Add lines 1 through 24e	6,816,780	5,869,732	730,484	216,564
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 <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,192,567	2	1,545,362
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	313,264	4	345,934
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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 instructions). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	5,707	9	2,500
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,021,903		
	b Less: accumulated depreciation	10b 4,856,148	5,168,518	10c 5,165,755
	11 Investments—publicly traded securities	613,891	11	658,408
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,293,947	16	7,717,959	
Liabilities	17 Accounts payable and accrued expenses	372,652	17	428,338
	18 Grants payable	0	18	
	19 Deferred revenue	30,889	19	14,049
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	1,932,640	23	1,730,473
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	20,317	25	16,703
	26 Total liabilities. Add lines 17 through 25	2,356,498	26	2,189,563
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,323,557	27	4,869,988
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	613,892	29	658,408
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,937,449	33	5,528,396	
34 Total liabilities and net assets/fund balances	7,293,947	34	7,717,959	

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	7,377,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,816,780
3	Revenue less expenses. Subtract line 2 from line 1	3	560,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,937,449
5	Net unrealized gains (losses) on investments	5	30,129
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,528,396

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 type="checkbox"/> Cash <input checked="" 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? 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		X
b	Were the organization's financial statements audited by an independent accountant? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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.	X	
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization Orchard Village	Employer identification number 36-2773481
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) - 99.68%; 15 Public support percentage from 2017 Schedule A, Part II, line 14 - 99.74%; 16a 33 1/3% support test—2018 (checked); 16b 33 1/3% support test—2017; 17a 10%-facts-and-circumstances test—2018; 17b 10%-facts-and-circumstances test—2017; 18 Private foundation.

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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.00%

- 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	0
5	Depreciation and depletion	5	0
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	0
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	0
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	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035.	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0
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).		

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

Orchard Village

Employer identification number

36-2773481

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)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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 Orchard Village	Employer identification number 36-2773481
---	--

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	ILLINOIS DEPARTMENT OF HUMAN SERVICES 100 SOUTH GRAND AVENUE EAST SPRINGFIELD IL 62762 Foreign State or Province: _____ Foreign Country: _____	\$ 4,940,473	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ILLINOIS BOARD OF EDUCATION 100 N 1ST STREET SPRINGFIELD IL 62777 Foreign State or Province: _____ Foreign Country: _____	\$ 927,473	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Orchard Village	Employer identification number 36-2773481
---	--

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

Name of organization Orchard Village	Employer identification number 36-2773481
---	--

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 information once. See instructions.) ▶ \$ _____ 0
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	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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 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.

Name of the organization: Orchard Village; Employer identification number: 36-2773481

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including a table for lines 2a-2d.

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.

Form with questions 1a-1b and 2a-2b regarding art and historical treasures.

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 0 |
- 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	613,891	563,439	499,756	491,560	404,941
b Contributions					
c Net investment earnings, gains, and losses	44,517	50,452	63,683	8,196	73,590
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	658,408	613,891	563,439	499,756	478,531

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100%
 - 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(ii), 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	0	1,313,251		1,313,251
b Buildings	0	4,672,945	1,429,476	3,243,469
c Leasehold improvements	0	2,657,191	2,164,972	492,219
d Equipment	0	1,168,722	1,151,942	16,780
e Other	0	209,794	109,758	100,036
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,165,755

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	0	
(2) Closely-held equity interests	0	
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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.) ▶	0

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) Funds Held for Clients	16,703
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,703

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,407,728
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	30,130	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	30,130	
3	Subtract line 2e from line 1	3	7,377,598	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,377,598	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,816,780
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1	3	6,816,780	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,816,780	

Part XIII Supplemental Information.

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

Part V Line 4 THE QUASI ENDOWMENT'S PURPOSE IS TO BE USED FOR EMERGENCY PURPOSES ONLY, AND IS TO BE INVESTED IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY.

Part X Line 2 PART X FIN 48 FOOTNOTE - THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. IT IS ALSO REQUIRED TO RECOGNIZE OR DE-RECOGNIZE IN ITS FINANCIAL STATEMENTS POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ON A "MORE LIKELY THAN NOT" THRESHOLD. THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. THE FOUNDATION'S INCOME TAX FILINGS FOR THE YEARS 2015 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	GOLF OUTING (event type)	NONE (total number)	(add col. (a) through col. (c))
1	Gross receipts	184,539	104,469	0	289,008
2	Less: Contributions			0	0
3	Gross income (line 1 minus line 2)	184,539	104,469	0	289,008
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs		0	0
	7	Food and beverages		0	0
	8	Entertainment		0	0
	9	Other direct expenses	60,231	10,388	0
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(70,619)
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				218,389

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	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) ▶				(0)
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

- 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: _____
- _____
- _____

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Orchard Village

Employer identification number

36-2773481

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i) (ii)							
2	(i) (ii)							
3	(i) (ii)							
4	(i) (ii)							
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Orchard Village

Employer identification number

36-2773481

Form 990, Part III, Line 4d: Program Service Expenses: 685,017, Grants and allocations: 0,

Revenue: 896,267 OTHER PROGRAM SERVICES

Form 990, Part VI, Line 11b: THE FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR AND IS

DISTRIBUTED TO THE BOARD TREASURER AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER THEIR DISCUSSION AND REVIEW, THE FINANCE COMMITTEE THEN RECOMMENDS THAT IT BE DISTRIBUTED TO THE FULL BOARD BEFORE IT IS FILED.

Form 990, Part VI, Line Line 12c: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY AT THEIR ANNUAL MEETINGS.

Form 990, Part VI, Line 15a: THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE. THIS COMMITTEE REPORTS TO AND MAKES RECOMMENDATIONS REGARDING PERFORMANCE AND CHANGE TO COMPENSATION TO THE BOARD OF DIRECTORS. RECOMMENDATIONS FOR COMPENSATION WERE REVIEWED AGAINST INFORMATION OBTAINED FROM AN EXECUTIVE DIRECTOR SALARY SURVEY.

Form 990, Part VI, Line 15b: THE PROCESS IS THE SAME AS LINE 15A ABOVE.

Form 990, Part III, Line 4d: BEHAVIORIAL SERVICES, HOME BASED SUPPORTIVE SERVICES

Form 990, Part VI, Line Line 19: DURING THE TAX YEAR, ORCHARD VILLAGE DID NOT PUBLISH NOR HAS ANYONE ASKED FOR OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS.

Name of the organization

Employer identification number

Orchard Village

36-2773481

Area with horizontal dashed lines for supplemental information.

Orchard Academy Annual Budget

FY 2020 Budget

Revenue

Illinois State Board of Education (ISBE)	862,400
--	---------

FY 2020 assumption: 11 Non-Intensive full year, 2 intensive-need students

TOTAL REVENUE	862,400
----------------------	----------------

Expense

Payroll, benefits	586,965
-------------------	---------

Occupancy (<i>building maintenance, utilities, insurance, depreciation</i>)	87,500
---	--------

Transportation, Program and other expenses	84,500
--	--------

Subtotal - Direct Program Expense	758,965
-----------------------------------	---------

Administrative Expense	94,871
------------------------	--------

Total Expense	853,836
---------------	---------

NET SURPLUS / (DEFICIT)	8,564
--------------------------------	--------------