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•	Form	990-T	E	xempt ()rga	nization E	3usin	ess	Inco	me I	ax R	etyrn) -	ОМВ	No 1545-06	37
		مر			-	nd proxy tax (NT 20	140		2	018	2
			For cal			ear beginning JUL						<u> </u>	<u> </u>	_	UIU	,
		ment of the Treasury	•			.irs gov/Form990T rs on this form as it						501(c)(3)	<u> </u>	Open to I 501(c)(3)	Public Inspec	tion for
	A [Check box if				Check box if na								yer iden oyees' tr	tification num	ıber
		address changed												ctions)		_
		empt under section	Print			HOME & AI				ILL					L6774 ness activity	
	X]501(c)(3)	or Type			n or suite no. If a P.0								struction		code
	<u> </u>]408(e)	**			ER DR., 1 vince, country, and										
	È	529(a)		CHICAGO			ZIP OF TOTE	gir pos	iai coue				900099			
	C Boo	k value of all assets nd of year				ber (See instruction:										
						e ► X 501(c		on (c) trust		401(a)			Other to	ust
		er the number of the c				_	1				the only (d	•		46	_	
		le or business here					nto Dorto L	مالام		-	complete				ie,	
		cribe the first in the bl			ie previo	us semence, comple	ele Paris I	iliu II, C	complete a	Scriedule	IVI IUI EAU	וו מטטוווטוו	ai ii aue	: OI		
		ring the tax year, was I			arv in an	affiliated group or a	parent-sut	sıdıarv	controlled	aroup?		▶ [Ye	s 3	₹ No	
		res," enter the name a	-		-		paront sut	Sidiai y	001111 01100	group				٠ ــــــــــــــــــــــــــــــــــــ		
•		books are in care of							········	Teleph	one numbe	er > (312)424	1-020	0
	Pai			de or Busine				1	(A) Incor			Expenses			(C) Net	
<u> </u>	1 a	Gross receipts or sale:	s													
9 707	b	Less returns and allow	wances			c Balance	▶ 1c	↓								
	2	Cost of goods sold (Se	chedule	A, line 7)			2	<u> </u>								
4		Gross profit. Subtract					3_								-	
		Capital gain net incom	•	•		.===	4a	•		-						
SEP		Net gain (loss) (Form			ach Forn	1 4797)	4b	1			Ri	CEN	/Er		1	
		Capital loss deduction			ration (a	ttach statement\	4c				,		VEL		 	
ជ		Income (loss) from a p Rent income (Schedul		mp or an S corpo	nanon (a	tiacii Statement)	6			33		V 9 7	2000	SS		
DEVINED OF		Unrelated debt-finance	-	ne (Schedule F)			7			-19	1 "	4-6-6	2020	8-0		
ξ.		Interest, annuities, roy			ontrolled	organization (Schedu	<u> </u>							コミ		
אַ		Investment income of				-	·				<u> </u>	DEN,	UT			
•	10	Exploited exempt activ	vity inco	me (Schedule I)		•	10									
3		Advertising income (S	Schedule	: J)			11	<u> </u>								
Hecel	12	Other income (See ins			e)		12									
8	13	Total. Combine lines					13	<u> </u>		0.						
,₹	·Paı					re (See instruction to be directly connicted to the directly connicted to the first rection of the first rection o					sincome)				
3		Compensation of offi	icers, dir	rectors, and trust	ees (Schi	edule K)						-	14			
	15	Salaries and wages		,		,				-			15			
Ξ	16	Repairs and maintena	ance		\								16			
	17	Bad debts				1							17			
3		Interest (attach sched	dule) (se	ee instructions)									18			
7070	19	Taxes and licenses											19			
		Charitable contribution	•		lımıtatıon	rules)			1.	1			20			
	21	Depreciation (attach I		•					⊢	21	.					
	22	Less depreciation cla	aimed or	i Schedule A and	eisewnei	e on return			[2	2a			22b	-		
	23	Depletion Contributions to defe	ered on	maanaatiaa alaac									23			
	24 25	Employee benefit pro		inpensation plans)								25			
	25 26	Excess exempt exper	-	:hedule I)									26			
	20 27	Excess readership co	•	•									27			
	28	Other deductions (att											28			
	29	Total deductions. Ac											29			0.
	30	Unrelated business to			operatin	g loss deduction. Su	ıbtract line	29 fron	n line 13				30			0.
	31	Deduction for net ope								tions)			31			
2	32	Unrelated business to	axable ır	ncome. Subtract I	ine 31 fro	om line 30							32			0.
		1114 F-	- D	ade Daduation i	1 -4 N -4'-	a coo instructions						α	$\boldsymbol{\wedge}$	Eoro	990-T	/2010

Form 990-	(2018) CHILDREN'S HOME & AID SOCIETY OF ILL 36-216	3//43	1 age 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	> \$7	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
30	enter the smaller of zero or line 36	38	0.
Part I		1 40	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	3,9	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	1	
40		-]-	
44	Tax rate schedule or Schedule D (Form 1041)	44	
41	Proxy tax See instructions	41	-
42	Alternative minimum tax (trusts only)	42	_
43	Tax on Noncompliant Facility Income. See instructions	43	0.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies / Tax and Payments	44	<u> </u>
Part \		1 -	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 4\$a	-	
b	Other credits (see instructions) 45b	-	
С	General business credit. Attach Form 3800	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018 Sia 2,472.		
b	2018 estimated tax payments SIB 506 11,140.	<u>-</u>	
C	Tax deposited with Form 8868 - 50c	4	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	_	
е	Backup withholding (see instructions) 50e	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 X Other 4,446. Total 50g 4,446.		
51	Total payments Add lines 50a through 50g SEE STATEMENT 3	\$1	18,058.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	18,058.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	18,058.
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		-
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here ▶	<u>.</u>	_ <u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax exempt interest received or accrued during the tax year ▶ \$		111 111 118
۵.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wiedge and belief,	it is true,
Sign		May the IRS discuss	s this return with
Here	3/21/28 CFO	he preparer shown	
	Signature Fofficer Date Title	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	self- employed		
Prepa	THOMAS G. ANDREWS Winn / J. John 04/27/20	P0009	
Use C	DNIV Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ►	· 41-0°	746749
	1301 W. 22ND ST, STE 1100		
		<u>(630) 5'</u>	<u>73-8600</u>
		_	000 T (0040)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6_			
2 Purchases	2		7	Cost of goods sold. St	ubtract l	ine 6				
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,				
4 a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No		
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	pert	y) 		
1. Description of property										
(1)		_				·				
(2)						·				
(3)										
(4)				*****						
	2. Rent receive	ed or accrued				7/a\ Daduations dissett		ated with the income in		
` rent for personal property is more than ` of rent for p				onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	directly connected with the income in 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)					 					
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	0.		
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)						
			2	Gross income from		Deductions directly cor to debt-finance		perty		
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	į.	(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%				· · · · · · · · · · · · · · · · · · ·		
(2)				%		······				
(3)				%				<u> </u>		
(4)				%						
	-					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals				>		0		0.		
Total dividends-received deductions in	cluded in column	18					-	0.		
								Form 900-T (2018)		

Schedule F - Interest,	Annuities, Roya		_			zations (see instr	uctions	s)
•		Exem	ot Controlled C	Organizati	ons	 		-	
Name of controlled organiza	identi		unrelated income (see instructions)	4 Tot paye	tal of specified ments made	included in	 Part of column 4 that included in the controllin organization's gross incor 		Deductions directly connected with income in column 5
<u></u>				1		 			
(1)						-			
(2)				+ .					
(3)		- 		 	-			-	
(4)				ł		L			
Nonexempt Controlled Organi	izations								
7 Taxable Income	8. Net unrelated inco (see instruction		otal of specified pay made	yments		mn 9 that is in ing organizatio s income	on's	11. Ded with	luctions directly connected income in column 10
(1)		"							<u>-</u> ,
(2)	 								
(3)						-			
_(4)	J						-		
					Enter here and	nns 5 and 10 I on page 1, Pa column (A)	art I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
Totals							0.		0
Schedule G - Investme	ent Income of a	Section 5016	c)(7) (9) or	(17) Or	rganization	`			
(see inst			-,(-,, (-,, 0)	(, 0	Januardioi	-	•		
;	cription of income	₹	2 Amount o	of income	3. Deduction directly connected (attach scheduler)	ected	4 Set-asi		5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)				•					
(3)									
(4)									
_(4)			Enter here and	l on page 1					Enter here and on page
			Part I, line 9, c	column (A)					Part I, line 9, column (B)
Totals			<u> </u>	0.					0
Schedule I - Exploited (see instru	-	y Income, Otl	ner Than A	dvertisi	ing Income	•			
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net inco from unrelate business (c minus colur gain, compu throug	ed trade or column 2 nn 3), If a ite cols 5	5 Gross inco from activity is not unrela business inco	that ted	6 Expensattributable column	e to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)	· · · · · · · · · · · · · · · · · · ·								
		 	<u> </u>			- 			<u> </u>
(3)		 							
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		**	-		1		Enter here and on page 1, Part II, line 26
Totals •	0.		0.					•	0
Schedule J - Advertisi									
Part I Income From	Periodicals Rep	orted on a C	onsolidate	d Basis					
1. Name of periodical	2 Gross advertising income	3. Direct advertising of	or (loss) (osts col 3) If a	rtising gain col 2 minus gain, compu through 7			6. Readersi costs	hip	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					 				
	-								
(2)						-			
(3)			 						
(4)					 				
					1				
Totals (carry to Part II, line (5))	▶	0.	0.						0
, <i></i>	•	· · · · · · · · · · · · · · · · · · ·							Form 990-T (201)

%

>

columns 2 through 7 on	2 Gross	3 Direct	4. Advertising gain or (loss) (col 2 minus	5. Circulation	6. Readership	7. Excess readership costs (column 6 minus
1. Name of periodical	advertising income	advertising costs	col 3) If a gain, compute cols 5 through 7	income	costs	column 5, but not more than column 4)
(1)			-			
(2)						
(3)			1			
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		· .	,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers,	Directors, and	d Trustees (see ins	structions)		
1. Name			2 Title	3. Percent of time devoted to business	_ ~ Com	pensation attributable related business
(1)					%	***************************************

Form 990-T (2018)

(3<u>)</u> (4<u>)</u>

Total Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

PROVIDER OF QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

2

THE 2018 FORM 990-T IS BEING AMENDED FOR THE ORGANIZATION DUE TO THE REPEAL OF CODE SECTION 512(A)(7). AS A RESULT OF THIS CHANGE, TAXABLE TRANSPORTATION FRINGE BENEFITS PREVIOUSLY REPORTED ON LINE 34 OF \$86,277 HAVE BEEN REDUCED TO \$0. THE TAX AND PENALTIES TOTALING \$18,058 THAT HAD BEEN ASSESSED ON THE BENEFITS AND PREVIOUSLY REPORTED ON LINES 48 AND 52 HAVE ALSO BEEN REDUCED TO \$0 AND A FULL REFUND IS BEING REQUESTED.

FORM 990-T	990-T OTHER CREDITS AND PAYMENTS				
DESCRIPTION		AMOUNT			
TAX DUE AND PENALTIES	4,446				
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	4,44	46.		