Extended to May 15, 2023

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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. TIIN 30

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning $JUL 1$, 2021 and endir	ng Jl	JN 30, 2	022						
B (Check if pplicable	C Name of organization		D Employer i	dentific	cation number					
Г	Addres	PADS Lake County, Inc									
F	Name change	26 2040057									
	Initial return		n/suite	E Telephone number							
	Final return/	1800 Grand Ave	847-6								
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	4,371,244.					
	Amend return	Waukegan, IL 60085		H(a) Is this a g	group re	eturn					
	Applica tion	F Name and address of principal officer: Revill woodside		for subor	dinates	? Yes X No					
	pending	same as C above	H(b) Are all subor	dinates in	cluded? Yes No						
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," a	ttach a	list. See instructions					
		e:▶ www.padslakecounty.org		H(c) Group ex							
			L Year of	f formation: 19	87 _N	1 State of legal domicile: IL					
Pa		Summary			, ,						
Ģ		Briefly describe the organization's mission or most significant activities: Provide									
auc		supportive services to families with childre									
Activities & Governance	l	Check this box if the organization discontinued its operations or disposed of			1 1						
<u>3</u> 0		Number of voting members of the governing body (Part VI, line 1a)				10 10					
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			. —	45					
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			. —	3000					
ξ.		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			. —	0.					
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.					
		Net allibrated business taxable meanic norm of the second		Prior Year	. 10	Current Year					
	8 (Contributions and grants (Part VIII, line 1h)		4,209,0	81.	4,165,953.					
evenue	ı	Program service revenue (Part VIII, line 2g)		207,3		195,930.					
š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			.09.	591.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,0	22.	8,770.					
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,481,5		4,371,244.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,017,1		1,992,713.					
	ı	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
ģ	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,546,0	35.	1,480,920.					
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
x	b T	Total fundraising expenses (Part IX, column (D), line 25) 333,514.									
Ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		484,5							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,047,7		4,093,922.					
	19 F	Revenue less expenses. Subtract line 18 from line 12		433,7		277,322.					
Net Assets or Find Balances				inning of Curren		End of Year					
Sset	20	Total assets (Part X, line 16)	-	2,187,2		2,698,285.					
et A	21	Total liabilities (Part X, line 26)		199,6 1,987,5		395,006. 2,303,279.					
	22 i	Net assets or fund balances. Subtract line 21 from line 20		1,907,5	119.	2,303,213.					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemen	nts and to the he	et of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			-	Knowledge and Boller, it is					
	1	A COMPONDED CONTRACTOR OF PROPERTY (CONTRACTOR OF CONTRACTOR OF CONTRACT	. op a. o		,						
Sig	n	Signature of officer		Date							
Her	1	▲ Kevin Woodside, President									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature			Check	PTIN					
Paid	ı	Jason L. Gierhahn, CPA Jason L. Gierhahn,	C 04	4/19/23							
Prep	oarer	Firm's name DESMOND & AHERN, LTD.		Firm's	EIN 🛌	36-3321958					
Use	Only	Firm's address 10827 S. WESTERN AVENUE									
		CHICAGO, IL 60643-3206		Phone	_{no.} (7	73)779-4720					
Maν	the IR	S discuss this return with the preparer shown above? See instructions				X Yes No					

PADS Lake County, Inc

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of PADS Lake County is to stand as a community based
	organization that provides trauma-informed support, resources, and
	shelter to individuals and families experiencing a housing crisis. We
	envision a community in which homelessness is rare, brief and
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? LYes X 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 X No
3	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 \$ 3,076,320. including grants of \$ 1,992,713.) (Revenue \$ 198,932.)
	PADS Lake County is a community-based organization that provides
	trauma-informed support, resources, and shelter to individuals and
	families experiencing a housing crisis. This is done via homelessness
	prevention and diversion work, street outreach, permanent supportive
	housing, case management, and emergency overnight shelter, which is
	PADS' primary role in the community. PADS Lake County is the only
	non-restrictive night-by-night emergency shelter in Lake County. Since the start of the pandemic most shelter has been provided in hotels with
	a small number of beds provided in area houses of worship coordinated
	by PADS. On any given evening, upwards of 275 individuals may be
	utilizing PADS shelter services.
	Additionally, The Day Resource Center is open five days a week
4b	(Code:) (Expenses \$ 478,552 • including grants of \$) (Revenue \$)
	Permanent Supportive Housing: Program for twenty-three adults who are
	chronically homeless and have a disability.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,554,872.
	Form 990 (2021)

09200419 402354 220878

Form 990 (2021) PADS Lake County, Inc 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		_ -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	-''-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) PADS Lake County, Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₹7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fart v		Yes	N ₂
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
132004	4 12-09-21			(2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Maryann Livovich - 317-809-4606

Form **990** (2021)

60085

1800 Grand Avenue, Waukegan,

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B)	Docition				1		(D)	(E)	(F) Estimated
Name and title	Average hours per		do not check more			than o		Reportable compensation	Reportable compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	98			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	Institutional trustee		ee ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	rtio na	_	nploy	st con	-	1033-NEO)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) Meghan Powell-Filler	40.00									
Executive Director				Х				96,912.	0.	0.
(2) Jason Gunther	1.00									
President		Х		Х				0.	0.	0.
(3) Katie Taylor	1.00									
Vice President		Х		Х				0.	0.	0.
(4) Alexandra Beiriger	1.00									
Secretary		Х		Х				0.	0.	0.
(5) Patrick Niday	1.00							_	_	_
Treasurer		Х		Х				0.	0.	0.
(6) Laura Comilla	1.00									
Director		Х						0.	0.	0.
(7) Billy Farlik	1.00									
Director	1 00	Х						0.	0.	0.
(8) Blake Hunter	1.00								_	
Director	1 00	Х						0.	0.	0.
(9) Shelley Majewski	1.00	٠,,							_	_
Director	1 00	Х						0.	0.	0.
(10) Arlene Ryndak Director	1.00	х						0.	0.	0.
(11) Levoda Walker	1.00	Λ						0.	0.	U .
Director	1.00	Х						0.	0.	0.
(12) Kevin Woodside	1.00	22						0.	0.	
Director	1.00	Х						0.	0.	0.
								•	•	, ·
		1								
		1								
		1								
		1								

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B)		(C)					(D)	(E)		(F)			
Name and title	Average	(do		Posi neck i		າ than d	one	Reportable	Reportable	6	stimate	ed		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	a	mount	of		
	week		Jer an	uad		, , a us	(CE)	from	from related		other			
	(list any hours for	Individual trustee or director						the	organizations	_ I	npensa			
	related	3 or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	- 1	from the ganizat			
	organizations	ruste	al trus		99/	mpen		1099-NEC)	1033-NEO)	_ I	garıızat nd relat			
	below	idual t	Institutional trustee	*	key employee	est co	e				ganizati			
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former				-			
					_					_				
		ļ												
di Oriental	l				<u> </u>		\vdash	96,912.	0			0.		
1b Subtotal								0.	0			0.		
c Total from continuation sheets to Part VI								96,912.	0			0.		
d Total (add lines 1b and 1c)							<u> </u>			•		<u> </u>		
compensation from the organization	ot illflited to th	036	IISLE	u au	ove	;) vvii	O I E	ceived more than \$100,	000 of reportable			0		
compensation from the organization											Yes	No		
3 Did the organization list any former officer,	director truste	⊃e k	ev e	mnl	OVE	e or	hia	hest compensated emp	lovee on					
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		•		•	3		Х		
4 For any individual listed on line 1a, is the su														
and related organizations greater than \$150	•							-	•	4		Х		
5 Did any person listed on line 1a receive or a														
rendered to the organization? If "Yes." com	Iplete Schedule	e J fo	or su	ıch r	oers	on .				5		Х		
Section B. Independent Contractors														
Complete this table for your five highest co	mpensated ind	lepe	nder	nt cc	ontra	actor	rs th	nat received more than \$	100,000 of compen	sation f	rom			
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin	the organization's tax y	ear.					
(A)								(B)			C)			
Name and business	address	NC	ONE	3				Description of s	ervices	Comp	ensatio	n		
							4							
							\dashv							
							\dashv							
2 Total number of independent contractors (in		ot lin	nited	to t	_		ted	above) who received mo	ore than					
\$100,000 of compensation from the organization	zation				(,				_	000	2021		
										Form	990 (2021)		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 13,063. 1c 1d d Related organizations 2,459,032. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1,693,858 similar amounts not included above ... 1f 95,024 g Noncash contributions included in lines 1a-1f 4,165,953. h Total. Add lines 1a-1f **Business Code** 178,541 178,541. 2 a Contracted services 624200 Program Service Revenue b Program service fees 624200 17,389. 17,389. f All other program service revenue 195,930. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 591 591. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 13,063. of contributions reported on line 1c). See 5,768. Part IV, line 18 **b** Less: direct expenses 5,768. 5,768. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 3,002. 3,002. 11 a Miscellaneous 900099 d All other revenue 3,002. e Total. Add lines 11a-11d 371,244. 198,932. 6,359. Total revenue. See instructions 12

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,992,713. 1,992,713. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 99,761. 64,845. 14,964. 19,952. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,147,155. 965,187. 44,555. 137,413. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 111,865. 93,094. 5,126. 13,645. Other employee benefits 9 122,139. 101,189. 5,491. 15,459. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 88,280. 88,280. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 118,241. 72,944. 28,675. 16,622. column (A), amount, list line 11g expenses on Sch O.) 20,836. 12,684. 746. 7,406. Advertising and promotion 12 161,026. 55,361. 6,027. 99,638. Office expenses 13 57,189. 45,220. 2,983. 8,986. Information technology 14 15 Royalties 43,716. 2,041. 39,379. 2,296. 16 Occupancy 44,337. 38,928. 1,803. 3,606. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 759. 10,006. 8,167. 1,080. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 49,376. 41,971. 2,467. 4,938. Depreciation, depletion, and amortization 22 27,282. 23,190. 1,364. 2,728. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses 4,093,922. 3,554,872. 205,536. 333,514. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X Balance Sheet

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			881,186.	1	1,199,366
	2	Savings and temporary cash investments		2	352,515		
	3	Pledges and grants receivable, net	675,050.	3	361,267		
	4	Accounts receivable, net		4	174,066		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9				76,897.	9	20,326
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	874,710.			
	b	Less: accumulated depreciation	10b	304,095.	554,079.	10c	570,615
	11	Investments - publicly traded securities				11	20,130
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			2,187,212.	16	2,698,285
	17	Accounts payable and accrued expenses	199,336.	17	165,977		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u> a</u>		controlled entity or family member of any of the	357.	22			
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	337•	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin of Schedule D	es 17-24).	Complete Part X	0.	25	229,029
	26				199,693.		395,006
_	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl	nock horo	<u> </u>	100,000.	20	333,000
န္က		and complete lines 27, 28, 32, and 33.	IECK HEIE				
ğ	27				1,657,768.	27	2,015,009
39	28	Net assets with donor restrictions	329,751.	28	288,270		
<u>ğ</u>		Organizations that do not follow FASB ASC			0_0,.0_1		
ᆵ		and complete lines 29 through 33.	000, 01100	m nere			
გ │	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,987,519.	32	2,303,279
4	33	Total liabilities and net assets/fund balances			2,187,212.	33	2,698,285

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,37			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,09			
3	Revenue less expenses. Subtract line 2 from line 1	3		7,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,98			
5	Net unrealized gains (losses) on investments	5		3,4	<u>00.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	4	1,8	<u> 38.</u>	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,30	3,2	79.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?		3a	Х	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х		
			Form	990	(2021)	

PADS Lake County, Inc

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization 36-2948857 PADS Lake County, Inc Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				. ,	.,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	2242601.	2247290.	3156699.	4048202.	4165953.	15860745.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2242601.	2247290.	3156699.	4048202.	4165953.	15860745.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						397,696.
6	Public support. Subtract line 5 from line 4.						15463049.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2242601.	2247290.	3156699.	4048202.	4165953.	15860745.
	Gross income from interest,			0_00000			
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	208.	275.	188.	109.	591.	1,371.
۵	Net income from unrelated business	2001	2731	1001	1031	331.	1/3/11
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·					3,002.	3,002.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						15865118.
		ata (aga inatu satia	no)			12	195,930.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			ourth or fifth toy v			133,3301
13	organization, check this box and stop						ightharpoonup
Sec	etion C. Computation of Public		centage				
	Public support percentage for 2021 (li			olumn (f))		14	97.47 %
	Public support percentage from 2020					15	98.07 %
	33 1/3% support test - 2021. If the o						
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
D		~					
47.	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts					vi now the organiz	ation
L-	meets the facts-and-circumstances tes	-	•	* **	-	70 and line 15 in	
b	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets th				•		▶ □
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 1/a, or 17b	, cneck this box ar	nd see instructions	

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Van Na

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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		
Sect	ion 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		
Sect	ion 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 on line 2, above, 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			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, 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	O.L		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5.5 gain=action one fold a case tartial addition of allocation over the policies, programs, and activities of cach			

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations						
1	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.								
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
_4	Add lines 1 through 3.	4							
_5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion 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							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount	_		Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)								
_4	4 Enter greater of line 2 or line 3. 4								
_5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting organ	nization (see					
	instructions)								

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization **Employer identification number** 36-2948857 PADS Lake County, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
- the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 PADS La	ke County,	Inc					36-29	4885	7 Pí	age 2
Pai	rt III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, access								•		
	collection items (check all that apply):	•	,	,	Ü		·				
а	Public exhibition		d 🔲	Loan or exc	hange progra	am					
b	□ • · · · ·	•			9- 9						
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ev further th	e organizatio	nn's exen	ant nurno	se in Part	XIII		
5	During the year, did the organization solicit	•		•	ū			JO IIII GIL	7.III.		
•	to be sold to raise funds rather than to be m		,		,				Yes		No
Pai	rt IV Escrow and Custodial Arran										<u> </u>
	reported an amount on Form 990, Pa			organizatio	ii answered	163 011	1 01111 990	, raitiv,			
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contributions	s or other ass	sets not i	ncluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun [*]	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
_	rt V Endowment Funds. Complete						0.				
	•	(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1	r column (a)) pelq as.				l		
	Board designated or quasi-endowment		% %	y, 001411111 (d)	y riola ao.						
h	Permanent endowment										
0	Term endowment										
·	The percentages on lines 2a, 2b, and 2c sho	- ′ -									
22	Are there endowment funds not in the posse		ation tha	t are hold ar	nd administa	rad for th	o organiza	ation			
Ja		ession of the organiz	ation tha	i are rielu ar	iu auriii iistei	eu ioi iii	e organiza	111011	ſ	Yes	No
	by:								20(i)		
	(i) Unrelated organizations								3a(i)	\rightarrow	
	(ii) Related organizations								3a(ii)	-	
_	If "Yes" on line 3a(ii), are the related organiz								3b		
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		wment i	unas.							
ı uı	Complete if the organization answere		0, Part I\	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k valu	
	2 333 in property	basis (invest			(other)		oreciation	-	(4, 500	. value	-
12	Land	<u> </u>	,		6,060.				4	6,06	50.
	Land Buildings				7,682.	1	L17,48	38.		0,19	
	Leasehold improvements			34	.,0021					<u>, , </u>	
_	LOGOCITOIG II IPI O VOI I IOI ILO	1									

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		46,060.		46,060.
b Buildings		547,682.	117,488.	430,194.
c Leasehold improvements				
d Equipment		268,668.	182,507.	86,161.
e Other		12,300.	4,100.	8,200.
Total. Add lines 1a through 1e. (Column (d) must equa	570,615.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PADS Lake C Part VII Investments - Other Securities.	ounty, Inc	36	-2948857 Page 3
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	d-of-vear market value
(1) Financial derivatives	()	` '	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Refundable advances			229,029.
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(5) (6) (7) (8)

Sche	dule D (Form 990) 2021 PADS Lake County, Inc				494885/ Pa	age 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	its With R	evenue per Re	turn.		
	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	4,367,8	<u>44.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-3,400.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-3,4	
3	Subtract line 2e from line 1			3	4,371,2	<u>44.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	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	4,371,2	44.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per R	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,093,9	<u>22.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,093,9	<u>22.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. | 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 X, Line 2:

c Add lines 4a and 4b

FIN 48 Note from Audited Financial Statement:

The Organization was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The Organization qualifies for the charitable contribution deduction and has been classified as an organization that is not a private Organization under Section 509(a)(1). The tax-exempt purpose of the Organization and the nature in which it operates is described above. The Organization continues to operate in compliance with its tax-exempt purpose.

As of June 30, 2022, PADS did not have any uncertain tax positions that it is obligated to disclose.

Schedule D (Form 990) 2021	PADS Lake County,	Inc	36-2948857 P	age 5
Schedule D (Form 990) 2021 Part XIII Supplemental Information	rmation (continued)			
	•			
<u></u>				

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 36-2948857 PADS Lake County, Inc Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

36-2948857 Page 2 PADS Lake County, Inc Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Sleep Out None (add col. (a) through for Shelter col. (c)) (event type) (total number) (event type) 16,726. 16,726. Gross receipts 2 Less: Contributions 13,063. 13,063. Gross income (line 1 minus line 2) 3,663. 3,663. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 3,663. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021 PADS Lake County, Inc	36-2948857 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
THE LINE THE HAITE AND ADDITION OF THE PERSON WHO Propares the organization's garming/special events books and recon	us.
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year \$\B\$\$	iii tiic
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.), and r art iii, iii iee e, ee, ree,

Schedule G	(Form 990)	PADS	Lake	County,	Inc	36-2948857	Page 4
Part IV	(Form 990) Supplemental Inform	mation $_{\it (c)}$	ontinued)				
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Name of the organization **Employer identification number** 36-2948857 PADS Lake County, Inc Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Non-cash food assistance to
Non-cash food assistance	0	0.	95,024.	Cost to replace	those in need.
Client assistance to assist those in need	0	1,897,689.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization PADS Lake County, Inc Employer identification number 36-2948857

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	_		
		applicable		Form 990, Part VIII, line 1g	Horicasii contribu	tion amou	unts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		65,436.	Thrift shop	valu	ιe	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			00.500	_			
19	Food inventory	X		29,588.	Average cos	<u>t</u>		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()	- 4:						
29	Number of Forms 8283 received by the organization completed Form 828	-	•					
	for which the organization completed Form 828	o, Part V, L	onee Acknowledge	ement 29			es	No.
202	During the year did the organization receive by	contributio	n any proporty rop	orted in Part I lines 1 throug	h 28 that it	16	es	NO
Sua	During the year, did the organization receive by must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
h	If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance po	olicy that re	equires the review (of any nonstandard contribut	ions?	31 X	7	
	Does the organization have a gift acceptance properties of the organization hire or use third parties of the organization hire or use the organization hire organization					31 2	+	
JŁa			_			32a		Х
h	contributions? If "Yes," describe in Part II.					JEU		
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked.			
	describe in Part II.	(0) 101	, po or proporty	milon oblamin (a) to onec				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PADS Lake County, Inc

Employer identification number 36-2948857

11122 24110 00411011 00 13 10 00 1
Form 990, Part I, Line 1, Description of Organization Mission:
experiencing homelessness in Lake County.
Form 990, Part III, Line 1, Description of Organization Mission:
non-recurring; one in which anyone who may experience a housing crisis
has timely access to the proper resources and services based on their
individual need.
PADS works in partnership
Form 990, Part III, Line 4a, Program Service Accomplishments:
providing advocacy, case management, referral, and follow-up services
as well as assistance in gaining access to mainstream benefits.
Form 990, Part VI, Section A, line 4:
The following changes were made to the Bylaws during the fiscal year:
Language updated to people first style. Membership minimum/maximum changed
to 6/15. Meeting frequency changed to minimum of 6 per year.
Form 990, Part VI, Section B, line 11b:
An approved representative of the Board reviews and signs the 990.
Form 990, Part VI, Section B, Line 12c:
Conflict of interest policy is reviewed and discussed by the Board
periodically during monthly Board meetings.

Form 990, Part VI, Section B, Line 15:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization PADS Lake County, Inc	Employer identification number 36-2948857
In connection with the Board of Directors' approval of the	organization's
annual operating budget, the Board reviews and approves th	e salaries of the
officers and key employees of the organization. The Board	uses
compensation information obtained from outside sources, su	ch as the donors'
forum, to evaluate compensation and documents approval of	the budget in the
minutes.	
Form 990, Part VI, Section C, Line 19:	
Copies of PADS' governing documents, conflict of interest	policy and
financial statements are available upon request at PADS' o	ffices for a
nominal fee.	
Form 990, Part XII, line 2c:	
The audit oversight process has not changed from the prior	year.

For Of	ffice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-IL Revised 1/19
PM	T# 	Attorney General KWAME RAOUL State of III Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601	_		L – 010 , 332
AM	Т	Report for the Fiscal Period:	X		f IRS Return
		-	Make Checks X		d Financial Statements
l	_	Beginning <u>07/01/2021</u>	Payable to the Illinois		f Form IFC
INIT	<u> </u>	& Ending 06/30/2022	Charity Bureau Fund		Annual Report Filing Fee O Late Report Filing Fee
Feder	ral ID# 36-2948857	00/00/2022	Buleau Fullu		MO DAY YR
	contributions to the organization		ganization was create		12/24/1987
	LEGAL		Year-end		
	NAME PADS Lake	c County, Inc	amounts A) ASSETS	A) \$	2,698,285.
Δ.	MAIL DDRESS 1800 Gran	d Ave	B) LIABILITIES	B) \$	395,006.
	Y, STATE Waukegan,		C) NET ASSETS	C) \$	2,303,279.
	ZIP CODE 60085		,		•
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	,	TRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	43.531%	D) \$ E) \$	1,902,851.
	E) GOVERNMENT GRANTSF) OTHER REVENUES	& MEMBERSHIP DUES	0.214%	F) \$	2,459,032. 9,361.
	r) OTHER REVENUES		0.214/0	Ι, ψ	3,301.
	G) TOTAL REVENUE, INCO	ME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	4,371,244.
II.	SUMMARY OF ALL	EXPENDITURES DURING THE YEAR:			
	H) OPERATING CHARITABL	LE PROGRAM EXPENSE	38.158%	H) \$	1,562,159.
	I) EDUCATION DDOCDAM	CEDIMOE ENDENICE	0/	1) \$	
	I) EDUCATION PROGRAM	SERVICE EXPENSE	%	1) \$	
	J) TOTAL CHARITABLE PR	OGRAM SERVICE EXPENSE (ADD H & I)	38.158%	J) \$	1,562,159.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):				
	K) GRANTS TO OTHER CHA	ARITABLE ORGANIZATIONS	48.675%	K) \$	1,992,713.
	K) GIVINIO TO OTHER OW	WITH BEE STUMBENIONS	10107076	ΙΚ) Ψ	1,332,7130
	L) TOTAL CHARITABLE PR	OGRAM SERVICE EXPENDITURE (ADD J & K)	86.833%	L) \$	3,554,872.
					005 506
	M) MANAGEMENT AND GE	NERAL EXPENSE	5.021%	M) \$	205,536.
	N) FUNDRAISING EXPENSE	=	8.147%	N) \$	333,514.
	N) TONDINIONA EXITENSE	-	0011770	Ν) Ψ	333,311
	0) TOTAL EXPENDITURES	THIS PERIOD (ADD L, M, & N)	100 %	0) \$	4,093,922.
III.	SUMMARY OF ALL	PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			
		oort of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PN TOTAL AMOUNT RAISE	<u>:RS;</u> D by Paid Professional fundraisers	100 %	P) \$	0.
) TOTAL ANIGON TOTAL	S STITAL THOILEGGIOWAL TONDIN NOLING	100 70	1 7 4	
	Q) TOTAL FUNDRAISERS F	EES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE	CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS; S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS				0.
IV.		O THE (3) HIGHEST PAID PERSONS DURING THE YEA			J.
	T) NAME, TITLE: Meghan Powell-Filler, Executive Director			T) \$ U) \$	99,762.
	U) NAME, TITLE: Eric Foote, Deputy Executive Director				80,135.
1	v) NAME, TITLE: Reagan Piechowski, Housing/Outreach Coordinator				55,723.

List on back side of instructions $\begin{array}{c} \text{CODE} \end{array}$

126

131

W)#

X) # Y) #

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

 $\underline{\text{W)}}$ DESCRIPTION: Services for the Poor X) DESCRIPTION: Housing for the Poor

198091 04-01-21

Y) DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO		
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х		
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х		
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$					
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X		
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:					
	Lake Forest Bank and Trust, 727 N Bank Ln, Lake Forest, IL 60045					
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Maryann Livovich - 317-809-4606					
ALI	ATTACHMENTS MIIST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS					

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Kevin Woodside

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE Eric Foote TREASURER or TRUSTEE (PRINT NAME) **SIGNATURE** DATE

DATE

Jason L. Gierhahn,