			Extended to May 15, 2 Return of Organization Exempt F	024 From li	ncome Tax	OMB No. 1545-0047		
Form 990		QN	•			0000		
FUI		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form as			S) ZUZZ Open to Public		
Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
			ar year, or tax year beginning JUL 1, 2022 and	ending J	UN 30, 2023			
	heck if pplicabl	le: C Name of	organization		D Employer identific	ation number		
	Addre	פתבק פא	Lake County, Inc					
	Name Chang		usiness as		36-294885	57		
	Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	1800	Grand Ave	i to onny outro	847-689-0			
	termir ated	2	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,033,321.		
	Amen return		egan, IL 60085		H(a) Is this a group re	turn		
	Applic dition	F Name a	nd address of principal officer: Kevin Woodside		for subordinates?	? Yes X No		
	pendi	same	as C above		H(b) Are all subordinates ind	cluded? Yes No		
11	ax-ex	empt status:		or 527	If "No," attach a	ist. See instructions		
	Vebsi		padslakecounty.org		H(c) Group exemption			
		f organization:	X Corporation Trust Association Other	L Year	of formation: 1987 M	State of legal domicile: IL		
Pa	art I	Summary	D					
ø	1		e the organization's mission or most significant activities: Prov					
Governance			ive services to families with chil					
ern		Check this bo		ets. 10				
5 Q			ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)			10		
٠ ٥			of individuals employed in calendar year 2022 (Part V, line 2a)			47		
Activities &			of volunteers (estimate if necessary)			1000		
ž			business revenue from Part VIII, column (C), line 12			0.		
Ă			business taxable income from Form 990-T, Part I, line 11			0.		
			· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year		
-	8	Contributions	and grants (Part VIII, line 1h)		4,165,953.	3,763,030.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		195,930.	202,127.		
eve	10	Investment ind	ome (Part VIII, column (A), lines 3, 4, and 7d)		591.	6,003.		
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,770.	62,161.		
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,371,244.	4,033,321.		
			nilar amounts paid (Part IX, column (A), lines 1-3)		1,992,713.	1,527,337.		
			o or for members (Part IX, column (A), line 4)		0.	0.		
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,480,920.	1,603,065.		
ens	16a		Indraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b		ng expenses (Part IX, column (D), line 25) 283, 32		620 200	808,072.		
	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		620,289. 4,093,922.	3,938,474.		
		•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		277,322.	94,847.		
- 2		Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
t Assets or d Balances	20	Total assets (F	Part X line 16)		2,698,285.	2,564,860.		
Asse	20	-	'art X, line 16) (Part X, line 26)		395,006.	165,914.		
Net /	22		fund balances. Subtract line 21 from line 20		2,303,279.	2,398,946.		
	art II	Signature			_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		
Und	er pena	alties of perjury,	declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
	Kevin Woodside, President							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	Mel Padillo	Mel Padillo	05/01/		P03172019			
Preparer	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. (773)779-4720			
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	PADS Lake County, Inc	36-2948857 Page
	Program Service Accomplishments	
	O contains a response or note to any line in this Part III	X
1 Briefly describe the organi	nzation's mission: of PADS Lake County is to stand as a	community bagad
	that provides trauma-informed suppo:	
	dividuals and families experiencing	
	mmunity in which homelessness is ra:	
	ertake any significant program services during the year which were not l	
prior Form 990 or 990-EZ		
	ew services on Schedule O.	
	e conducting, or make significant changes in how it conducts, any pro	gram services?
If "Yes," describe these ch		
	's program service accomplishments for each of its three largest progra	am services as measured by expenses
	(c)(4) organizations are required to report the amount of grants and allo	
revenue, if any, for each p		
4a (Code:) (Expenses		337.) (Revenue \$ 202,127.
	nty is a community-based organization	
	ed support, resources, and shelter	
	riencing a housing crisis. This is	
	d diversion work, street outreach,	
	management, and emergency overnigh	
	role in the community. PADS Lake (
non-restricti	ve night-by-night emergency shelter	in Lake County. Since
	the pandemic most shelter has been y	
	er of beds provided in area houses of	
	any given evening, upwards of 275 in	ndividuals may be
	S shelter services.	
<u>Additionally,</u>	The Day Resource Center is open first state of \$	ve days a week
	omeless and have a disability.	
	s \$ including grants of \$) (Revenue \$
4c (Code:) (Expenses	s \$ including grants of \$) (Revenue \$
4c (Code:) (Expense:	s \$ including grants of \$) (Revenue \$
4c (Code:) (Expense:	s \$ including grants of \$) (Revenue \$)
4c (Code:) (Expenses	s \$ including grants of \$) (Revenue \$
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4c (Code:) (Expense:	s \$ including grants of \$) (Revenue \$
4c (Code:) (Expense:	s \$ including grants of \$) (Revenue \$
4c (Code:) (Expense:	s \$ including grants of \$) (Revenue \$
4c (Code:) (Expenses	s \$ including grants of \$) (Revenue \$
) (Revenue \$
4d Other program services (D	Describe on Schedule O.)	
4d Other program services (C (Expenses \$	Describe on Schedule O.)	
4d Other program services (D	Describe on Schedule O.)	2 \$)
4d Other program services (D (Expenses \$ 4e Total program service exp	Describe on Schedule O.) including grants of \$) (Revenue benses 3,333,795.	2.5) Form 990 (202
4d Other program services (C (Expenses \$	Describe on Schedule O.)	2.\$) Form 990 (202

Form	990	(2022)
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 Form 990 (2022)
 PADS
 Lake
 County
 Inc

 Part IV
 Checklist of Required Schedules
 Checklist
 <td

			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		<u> </u>
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		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a		14a		
D	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	1/1		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 11
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
.,		17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		<u> </u>
13		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
и 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
c 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
	domodalo governimente on raterix, columni (-y, inte 1: II res, complete Schedule I, Parts I and II	21	000	- 23

232003 12-13-22

3 2022.05090 PADS LAKE COUNTY, INC

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Form	990	(2022)
FUIII	330	120221

Pa	1 990 (2022) PADS Lake County, Inc 36-294 rt IV Checklist of Required Schedules (continued)	005/	P	age '
	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
2	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
14	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?			
	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?			
	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
6	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
7	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
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	"Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
,	contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
-		32		x
3	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		11
5		33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
50	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		358		
D	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 postion 512/b)(12)2. (IIIV all payment to 0 to 1 to 0 to 1 to 0 to 2	35b		
6	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
-	If "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
B	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
)a	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
a				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		<u>م</u>	Yes	No
	I I I I I I I I I I I I I I I I I	וע		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1	_		
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
1a b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0 1c	X 990	

Form	990 (2022) PADS Lake County, Inc tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	36-2948857	P	age 5	
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
3a		<u>3a</u>		X	
		<u>3b</u>		<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	' <u>4a</u>		X	
D	If "Yes," enter the name of the foreign country				
52		· / _		x	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz				
	any contributions that were not tax deductible as charitable contributions?			x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi				
	were not tax deductible?				
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov	vided to the payor? 7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	d			
	to file Form 8282?			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X X	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g					
h					
8					
•	sponsoring organization have excess business holdings at any time during the year?				
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b		9b		<u> </u>	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand	14a		x	
14a h	Did the organization receive any payments for indoor tanning services during the tax year?				
ь 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····		\vdash	
.0	excess parachute payment(s) during the year?	15		x	
	If "Yes," see the instructions and file Form 4720, Schedule N.	13			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	? 16		x	
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.				
232005	5 12-13-22	Forr	n 990	(2022)	
	5				

•					
2022.05090	PADS	LAKE	COUNTY,	INC	220878_1

Form 990	(2022)
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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.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

X

Sec	tion A. Governing body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		x
	more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
-	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-	v	
a	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			•		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			IVa		
D.				10b		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	o hing the form.	11a		
b					X X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			12b		
-	on Schedule O how this was done	, -		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arranger	ment w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain		,	£		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	DULIEC C	or interest policy, and	inanc	ai	
00	statements available to the public during the tax year.	alva ar				
20	State the name, address, and telephone number of the person who possesses the organization's boom Maryann Livovich - 317-809-4606	oks and	records			
	1800 Grand Avenue, Waukegan, IL 60085					
000000				Form	990	(2022)
232006	12-13-22 6			1 0111		(2022)

2022.05090 PADS LAKE COUNTY, INC

Form 990 (2022) PADS La	ake County, Inc	36-2948857 Page 7
Part VII Compensation of Officers	s, Directors, Trustees, Key Employees,	Highest Compensated
Employees, and Independ	lent Contractors	
Check if Schedule O contains a re	esponse or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, K	Key Employees, and Highest Compensated Empl	oyees
	· · ·	ar year ending with or within the organization's tax year. anizations), 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, box 6 of 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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both r/trus	an	compensation	compensation	amount of
	week		cer ar		recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		1099-NEC)	1099-NEC)	organization and related
	below	lual ti	tiona		nploy	st cor yee	L	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) Meghan Powell-Filler	40.00	_	-							
Executive Director		1		x				109,362.	0.	0.
(2) Kevin Woodside	1.00							-		
President		х		x				0.	Ο.	0.
(3) Jason Gunther	1.00									
Vice President		х		x				0.	Ο.	0.
(4) Alexandra Beiriger	1.00									
Secretary		х		x				0.	Ο.	0.
(5) Patrick Niday	1.00									
Treasurer		Х		Х				0.	0.	0.
(6) Laura Comilla	1.00									
Director		X						0.	0.	0.
(7) Billy Farlik	1.00									
Director		Х						0.	0.	0.
(8) Kiearrah Lawrence	1.00									
Director		Х						0.	0.	0.
(9) Shelley Majewski	1.00									
Director		Х						0.	0.	0.
(10) Katie Taylor	1.00									
Director		Х						0.	0.	0.
(11) Levoda Walker	1.00									
Director		Х						0.	0.	0.
		1								
232007 12-13-22										Form 990 (2022)

Form 990 (2022)

Form 990 (2022) PADS Lake	e County	7,	In	.C					36-29	<u>4885</u>	57	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	box offic	not cł , unles cer an	ss per	ition more rson i irecto	than c s both pr/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC	on amount of d other s compensation SC/ from the		
	related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiz and rela organiza	ated
										+		
1b Subtotal								109,362.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	·····	· · · · · · · · · · · · · · · · · · ·					0. 109,362.		0.		0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Yes	<u>1</u> s No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3	X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X
rendered to the organization? If "Yes." con											5	X
Section B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for	•	•							•	nsatio	n from	
(A) Name and business			ONE					(B) Description of s		Con	(C) npensat	ion
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	to	thos (ted	above) who received mo	ore than	E-	orm 990) (2022)
										FC	лн Ээ с	· (2022)

232008 12-13-22

				S Lake Co	unty, Inc	<u> </u>		36-2948	857 Page 9
	rt V			venue					
			Check if Schedule O c	ontains a response	e or note to any li		(B)	(C)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
s, G Ame		с	Fundraising events		17,529.	<u> </u>			
Gift Iar		d		1d	1	4			
ns, Simi			Government grants (contril		,157,480.	4			
er S		f	All other contributions, gifts, g		E00 001				
Oth		~	similar amounts not included a		<u>,588,021.</u> 54,858.	-			
no'		g h	Noncash contributions included in li Total. Add lines 1a-1f	ines 1a-1f		3,763,030.			
0 10					Business Code	5,,,05,,050			
e	2	а	Contracted set	rvices	624200	184,235.	184,235.		
Program Service Revenue		b	Program servio		624200	17,892.	17,892.		
Ser		с							
am		d							
'ogr		е							
ď			All other program service r			000 105			
		g	Total. Add lines 2a-2f			202,127.			
	3		Investment income (includi	-		6,003.			6,003.
	4		other similar amounts) Income from investment of	f tax axampt band		0,005.			0,005.
	4 5		Royalties	•	•				
	J			(i) Real	(ii) Personal				
	6	а	Gross rents	6a		1			
		b		6b]			
		с	Rental income or (loss)	6c					
		d	Net rental income or (loss)		·····				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	4			
			assets other than inventory	7a		4			
6		b	Less: cost or other basis						
evenue		~		7b 7c		-			
			Gain or (loss)						
Other R			Gross income from fundraisin						
Oth	Ŭ			,529. of					
-			contributions reported on I						
			Part IV, line 18						
		b	Less: direct expenses		ь 0.				
			Net income or (loss) from f			0.			
	9	а	Gross income from gaming						
			Part IV, line 19			-			
			Less: direct expenses		ומ				
			Net income or (loss) from g Gross sales of inventory, le						
	10	a	and allowances		Da				
		b	Less: cost of goods sold						
			Net income or (loss) from s	·····					
6					Business Code				
sious e	11	а	Miscellaneous		900099	62,161.			62,161.
Miscellaneous Revenue		b							
Seve		С							
Mis			All other revenue			60 1 61			
		е	Total. Add lines 11a-11d			62,161. 4,033,321.	202,127.	0.	68,164.
02000	<u>12</u>	10	Total revenue. See instruction	115		F, UJJ, J41.	202,121.		Form 990 (2022)
23200	a 15-	13-	22						10111 000 (2022)

Form 990 (2	022)
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PADS Lake County, IncPart IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 505 335	1 505 335		
	individuals. See Part IV, line 22	1,527,337.	1,527,337.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 002	EE 407	0 0 0 0	0 605
_	trustees, and key employees	73,902.	55,427.	8,868.	9,607
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,269,601.	960,906.	147,866.	160,829
7	Other salaries and wages	I, 209,001.	900,900.	14/,000·	100,025
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	114,919.	83,808.	18,335.	10 774
9	Other employee benefits	144,643.	108,482.	17,357.	<u>12,776</u> 18,804
0	Payroll taxes	144,043.	100,402.	17,557.	10,004
1	Fees for services (nonemployees):				
a	Management				
b		90,458.		90,458.	
	Accounting	90,430.		90,430.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	195,958.	165,635.	12,615.	17 709
0	column (A), amount, list line 11g expenses on Sch 0.)	24,926.	12,590.	761.	<u>17,708</u> 11,575
12	Advertising and promotion	108,366.	76,058.	4,611.	27,697
3	Office expenses	59,736.	47,197.	2,496.	10,043
4	Information technology	55,150.	47,1976	2,450.	10,045
5	Royalties	57,567.	48,735.	5,728.	3,104
6		167,486.	166,504.	459.	523
7	Travel Payments of travel or entertainment expenses	107,400.	100,304.	±3,7.	545
8	for any federal, state, or local public officials				
0	Conferences, conventions, and meetings	12,617.	9,297.	2,382.	938
9 20		12,017.	5,2576	2,502.	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,594.	45,555.	2,680.	5,359
23		26,550.	22,567.	1,328.	2,655
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				2,000
а	Miscellaneous	10,361.	3,697.	5,126.	1,538
b	Direct client assistanc	453.	·	288.	165
c					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,938,474.	3,333,795.	321,358.	283,321
6	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

232010 12-13-22

Check here

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

10 2022.05090 PADS LAKE COUNTY, INC

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Form 990 (2022)

Form 990 (2022)

PADS Lake County, Inc Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,199,366.	1	1,246,039.
	2	Savings and temporary cash investments			352,515.	2	
	3	Pledges and grants receivable, net			361,267.	3	545,392.
	4	Accounts receivable, net			174,066.	4	171,091.
	5	Loans and other receivables from any current or			,	-	_/_/ •• _ •
		trustee, key employee, creator or founder, substa					
			controlled entity or family member of any of these persons				
	6		Loans and other receivables from other disqualified persons (as defined				
	_	under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		E E E E E E E E E E E E E E E E E E E		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			20,326.	9	26,364.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	879,516.			
	b	Less: accumulated depreciation	10b	351,294.	570,615.	10c	528,222.
	11	Investments - publicly traded securities			20,130.	11	4,311.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	43,441.
	16	Total assets. Add lines 1 through 15 (must equa			2,698,285.	16	2,564,860.
	17	Accounts payable and accrued expenses	165,977.	17	121,522.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F		22	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines					
		of Schedule D			229,029.	25	44,392.
	26	Total liabilities. Add lines 17 through 25			395,006.	26	165,914.
		Organizations that follow FASB ASC 958, chee	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
llan	27				2,015,009.	27	2,208,249.
В	28	Net assets with donor restrictions			288,270.	28	190,697.
oun		Organizations that do not follow FASB ASC 95	58, che	eck here			
ц Т		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated inc Total net assets or fund balances		F	2,303,279.	31 32	2,398,946.
Ž	33				2,698,285.	33	2,564,860.
					_,,,	50	_,

Form 990 (2022)

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Form	1990 (2022) PADS Lake County, Inc	36-2	948857	Pag	_{ge} 12
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	4,033		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,938		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,303		
5	Net unrealized gains (losses) on investments	5		8	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,398	3,9	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		T		
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2022)

SCHED	ULE A			OMB No. 1545-0047		
(Form 990	0)	Public Charity Status and Public Support		0000		
,	,	Complete if the organization is a section $501(c)(3)$ organization or a section		ZUZZ		
Department of	the Treasury	4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.		Open to Public		
Internal Reven	ue Service	Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of th	he organizati	on	Employer	identification number		
		PADS Lake County, Inc	3	6-2948857		
Part I	Reason	for Public Charity Status. (All organizations must complete this part.) See instruction	IS.			
The organi		private foundation because it is: (For lines 1 through 12, check only one box.)				
<u> </u>		nvention of churches, or association of churches described in section 170(b)(1)(A)(i).				
	-	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)				
		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
		earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state					
5	An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	d in		
	section 170	b)(1)(A)(iv). (Complete Part II.)				
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).				
		on that normally receives a substantial part of its support from a governmental unit or from the	ne deneral p	ublic described in		
	•	b)(1)(A)(vi). (Complete Part II.)	5			
		trust described in section 170(b)(1)(A)(vi). (Complete Part II.)				
		al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant (college		
		or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of				
	university:					
		on that normally receives (1) more than 33 1/3% of its support from contributions, membersh	ip fees, and	aross receipts from		
		ted to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it				
		inrelated business taxable income (less section 511 tax) from businesses acquired by the org	• •	•		
		509(a)(2). (Complete Part III.)				
		on organized and operated exclusively to test for public safety. See section 509(a)(4).				
		on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	rrv out the r	ourposes of one or		
	•	supported organizations described in section 509(a)(1) or section 509(a)(2). See section 4		•		
	. ,	ugh 12d that describes the type of supporting organization and complete lines 12e, 12f, and				
a	1	upporting organization operated, supervised, or controlled by its supported organization(s), t		aivina		
		ted organization(s) the power to regularly appoint or elect a majority of the directors or truste				
		n. You must complete Part IV, Sections A and B.		שייי		
b	1 [°]	supporting organization supervised or controlled in connection with its supported organization	n(s), by hav	ina		
		nanagement of the supporting organization vested in the same persons that control or mana-		•		

organization(s). You must complete Part IV, Sections A and C.	
---	--

С	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) d 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 II, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	165	NO		
Total						

Part II

PADS Lake County, Inc

36-2948857 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2247290.	3156699.	4048202.	4165953.	3708172.	<u>17326316.</u>
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	2247290.	3156699.	4048202.	4165953.	3708172.	17326316.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						646,354.
	Public support. Subtract line 5 from line 4.						16679962.
Sec	ction B. Total Support			[1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2247290.	3156699.	4048202.	4165953.	3708172.	17326316.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4.0.0	1.0.0			
	and income from similar sources \dots	275.	188.	109.	591.	6,003.	7,166.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				3,002.	62,161.	65,163.
	Total support. Add lines 7 through 10						17398645.
	Gross receipts from related activities,		,			12	398,057.
13	First 5 years. If the Form 990 is for the						
800	organization, check this box and stor						·····
	tion C. Computation of Publi						95.87 %
	Public support percentage for 2022 (I					14	00.40
	Public support percentage from 2021					15	
168	33 1/3% support test - 2022. If the other have The experimentian events						V
L	stop here. The organization qualifies33 1/3% support test - 2021. If the organization		-		line 15 is 22 1/20/		
U	and stop here. The organization qual						
170					12 160 or 16b o		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
Ь	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-			-	7a and line 15 is	
U.	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	-				• •		
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

232022 12-09-22

Schedule A					County,		
Part III	Support	Schedule	for Organi	izations	Described i	in Sectior	n 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.)

Sec	ction A. Public Support			-	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
6	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
Sec	tion C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			line 13, column (f))			%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	-					line 17 is not
	more than 33 1/3%, check this box a	-	•		•••••		
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						ation
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in		
23202	3 12-09-22		15	5		Sche	dule A (Form 990) 2022

1

2

3a

Yes No

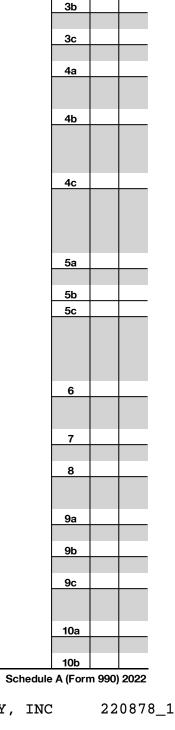
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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.)

232024 12-09-22



16

Part IV	Supporting Orga	anizations /	continued
Schedule A	(Form 990) 2022	PADS	Lake

2

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1

	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			
2	Did the organization operate for the benefit of any supported organization other than the supported			l	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l	

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 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

 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 managed

 1
 1

Section D	. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Check the b	box next to the metho	d that the organization	n used to satisfy the	Integral Part Test c	Juring the year (see	e instructions).
Check the b	box next to the metho	d that the organization	n used to satisfy the) Integral Part Test c	luring the year (see	e insti

- a 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.*

c [The organization supported a governmental entity.	Describe in Part VI ho	ow you supported a governmental entity (se	e instruction <u>s).</u>
------------	--	---	------------------------	--	--------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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 these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

13270501 402354 220878

2022.05090 PADS LAKE COUNTY, INC

Yes No

_	Edule A (Form 990) 2022 PADS Lake County, Inc rt V Type III Non-Functionally Integrated 509(a)(3) Support			36-2948857 Page 6
				D
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	(D) Current Veer
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):			
<u>a</u>	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)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4. unless subject to			

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

a Applied to underdistributions of prior years b Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

4 Distributions for 2022 from Section D,

Part VI. See instructions.

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

Section D - Distributions

2

3

4

6

7

8

9

organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Distributable amount for 2022 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e

PADS Lake County, Inc

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

36-2948857 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1

Current Year

(iii)

Distributable

Amount for 2022

Schedule A (Form 990) 2022

Part VI	Supplemental Info	ormation.	Provide the explanat	tions required by Part	II, line 10; Part II, line 17a or 17b; Part III, line 1	2.
	line 1; Part IV, Section	s 1, 2, 3b, 3c, D, lines 2 and	4b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section E	, 9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a,	c; Part IV, Section B, lines 1 and 2; Part IV, Sec and 3b; Part V, line 1; Part V, Section B, line 1e lete this part for any additional information.	ction C,

		Quantan entel Finencial Otatomonto		OMB No. 1545-0047			
	HEDULE D	Supplemental Financial Statements	anization answered "Yes" on Form 990,				
(Forn	n 990)	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.					
	ment of the Treasury	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection			
	Revenue Service	Emr	loyer identification number				
nam	e of the organizatio	PADS Lake County, Inc	Emb	36-2948857			
Par	t I Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or	coun				
	organization	answered "Yes" on Form 990, Part IV, line 6.		·			
		(a) Donor advised funds	(b) Fun	ds and other accounts			
1	Total number at en	d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5		n inform all donors and donor advisors in writing that the assets held in donor advised fund	ds				
	-	n's property, subject to the organization's exclusive legal control?		Yes No			
6		n inform all grantees, donors, and donor advisors in writing that grant funds can be used o					
	for charitable purpo	oses and not for the benefit of the donor or donor advisor, or for any other purpose conferr	ing				
	impermissible priva	te benefit?		Yes No			
Par	t II Conserva	tion Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.				
1	Purpose(s) of conse	ervation easements held by the organization (check all that apply).					
	Preservation	of land for public use (for example, recreation or education) Preservation of a histo	orically	important land area			
	Protection of	natural habitat Preservation of a certi	fied his	toric structure			
	Preservation	of open space					
2	Complete lines 2a t	hrough 2d if the organization held a qualified conservation contribution in the form of a co	nservat	ion easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of co	nservation easements	2a				
b	Total acreage restri	cted by conservation easements	2b				
с	Number of conserv	ation easements on a certified historic structure included in (a)	2c				
		ation easements included in (c) acquired after July 25,2006, and not on a					
	historic structure lis	sted in the National Register	2d				
3		ation easements modified, transferred, released, extinguished, or terminated by the organi	zation	during the tax			
	year						
4	Number of states w	here property subject to conservation easement is located					
5	Does the organizati	on have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enfo	prcement of the conservation easements it holds?		Yes 🗌 No			
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n ease	ments during the year			
7	Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sement	s during the year			
		_					
8	Does each conserv	ation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)				
	and section 170(h)(
9	In Part XIII, describ	e how the organization reports conservation easements in its revenue and expense statem	ent and	ł			
		include, if applicable, the text of the footnote to the organization's financial statements that	at desc	ribes the			
Dee	organization's acco	ounting for conservation easements.					
Par		tions Maintaining Collections of Art, Historical Treasures, or Other S	Imilai	Assets.			
		the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	•	elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala					
		asures, or other similar assets held for public exhibition, education, or research in furtherar	nce of p	public			
	••	Part XIII the text of the footnote to its financial statements that describes these items.					
b	-	elected, as permitted under FASB ASC 958, to report in its revenue statement and balance					
		ures, or other similar assets held for public exhibition, education, or research in furtherance	of pub	lic service,			
	•	ng amounts relating to these items:					
	(i) Revenue incluc	led on Form 990, Part VIII, line 1		\$			
	.,	d in Form 990, Part X		\$			
2	-	received or held works of art, historical treasures, or other similar assets for financial gain, p	orovide				
	-	nts required to be reported under FASB ASC 958 relating to these items:					
		on Form 990, Part VIII, line 1		\$			
		Form 990, Part X		\$			
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2022			

21				
22	Λ	5	Λ	a

Sche		ke County,				36-	294885	7 р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	imilar As	sets _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	make sign	ificant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	I 🗌 Loan or e	exchange progra	ım				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizatio	n's exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tr	easures, or othe	r similar as	sets			_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "	Yes" on Fo	orm 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								-
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							Amour	τ	
C.	Beginning balance								
d	Additions during the year					1d			
e	Distributions during the year					1e			
1	Ending balance Did the organization include an amount on F					1 f	Yes		No
	If "Yes," explain the arrangement in Part XIII.				-	r			
Par									
	Complete	(a) Current year	(b) Prior year	(c) Two year		Three vears	back (e) Fou	r vears	back
1a	Beginning of year balance							<u> </u>	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	<u>_</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administer	ed for the				
	organization by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza			?			<u>3b</u>		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm			C	Deut V. Ke	- 10			
	Complete if the organization answere						(1) 5		
	Description of property	(a) Cost or o	• • •	ost or other	• •	umulated	(d) Boo	k valu	е
		basis (investr	nenty Das	sis (other)	uepre	ciation	4	6 0	60
	Land			46,060. 547,682.	1 3	1 000		6,0 5,6	
	Buildings			041,002.	13	1,988.	41	ס, כ	74.
	Leasehold improvements			73 171) 1	1 305		<u>a</u> 0	<u>00</u>
	Equipment			273,474.	21	<u>4,386.</u> 4,920.		9,0 7,3	
	Other			· · · · · ·				7,3 8,2	
iota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>x, column (B), line</u>	<u>ə 10c.)</u>				0, 4	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PADS Lake Complete Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and			-2948857 Page 3
(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" of	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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	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 Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	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) Lease liability			44,392.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		44,392.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 PADS Lake County, Inc				294005/ Р	age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rev	venue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,034,1	41.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	820.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		20.
3	Subtract line 2e from line 1			3	4,033,3	21.
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				
	Add lines 4a and 4b			4c		Ο.
С						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	4,033,3	21.
5)				21.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) atements With Ex			n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta) atements With Ex ne 12a.	kpenses per F			
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12, rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With Ex ne 12a.	kpenses per F	Returi	n.	
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements) atements With Ex ne 12a.	kpenses per F	Returi	n.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With Ex ne 12a. 	kpenses per F	Returi	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities) atements With Ex ne 12a. 	kpenses per F	Returi	n.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments) atements With Ex ne 12a. 2a 2b 2c	kpenses per F	Returi	n.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses) atements With Ex ne 12a. 2a 2b 2c 2c 2d	kpenses per F	Returi	n. <u>3,938,4</u>	<u>74.</u> 0.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)) atements With Ex ne 12a. 2a 2b 2c 2d	kpenses per F	1	n.	<u>74.</u> 0.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d) atements With Ex ne 12a. 2a 2b 2c 2d	kpenses per F	1 2e	n. <u>3,938,4</u>	<u>74.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:) atements With Ex ne 12a. 2a 2b 2c 2d	kpenses per F	1 2e	n. <u>3,938,4</u>	<u>74.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:) atements With Ex ne 12a. 2a 2b 2c 2d 2d	kpenses per F	1 2e	n. <u>3,938,4</u>	<u>74.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b) atements With Ex ne 12a. 2a 2b 2c 2d 2d 4a 4b	kpenses per F	1 2e	n. <u>3,938,4</u> <u>3,938,4</u>	74. 0. 74. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)) atements With Ex ne 12a. 2a 2b 2c 2d 2d 4a 4b	kpenses per F	1 2e 3	n. <u>3,938,4</u>	74. 0. 74. 0.

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:

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

24

is obligated to disclose.

 (continued)	
	Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	es o	OMB No. 1545-0047		
(Form 990)	Complete if the	if the	2022							
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a.LULLAttach to Form 990 or Form 990-EZ.Open to Public									
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	ı.		Inspection		
Name of the organization								entification number		
Part I Fundrais		ke County, Inc					6-2948			
	complete this part	Complete if the organization answe	red "Y	es" or	1 Form 990, Part IV, II	ne 17.	Form 990-E2	L filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Yes			
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or i fui	nount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total				•						
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exe	empt from re	egistration		

Schedule G (Form 990) 2022

232081 10-27-22

36-2948857 Page 2

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

 (a) Event #1
 (b) Event #2
 (c) Other events

 Sleep Out
 None
 (ad col. (a) through

a) through
(c))
7,529.
7,529.
-

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
xbens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	Yes %	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
	Is the organization licensed to conduct gaming act If "No," explain:	tivities in each of these s	states?		Yes No
	Were any of the organization's gaming licenses rev If "Yes," explain:		• •	/ear?	Yes No
				• •	

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	PADS	Lake	County,	Inc	36-2948857 Page 3
11	Does the organization conduct ga					
					mber of a partnership or other entity formed	
	to administer charitable gaming?					YesNo
13	Indicate the percentage of gaming					
а	The organization's facility					13 a %
					tion's gaming/special events books and rec	
	Name					
	Address					
1 5a	Does the organization have a con-	tract with a	a third par	ty from whom th	he organization receives gaming revenue?	Yes No
a	If "Yes," enter the amount of gam					amount
-	of gaming revenue retained by the					
С	If "Yes," enter name and address	of the third	i party:			
	Nome					
	Name					
	Address					
	Address					
16	Gaming manager information:					
10	Gaming manager information.					
	Name					
	Gaming manager compensation	\$				
	carming manager compensation	Ψ				
	Description of services provided					
	Director/officer	Emp	loyee	Ir	ndependent contractor	
17	Mandatory distributions:					
а	Is the organization required under	state law	to make c	haritable distrib	utions from the gaming proceeds to	
	retain the state gaming license?					YesNo
b	Enter the amount of distributions	required u	nder state	law to be distri	buted to other exempt organizations or spe	nt in the
_	organization's own exempt activit					
Pa					required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable	e. Also pro	ovide any additio	onal information. See instructions.	
23208	33 10-27-22					Schedule G (Form 990) 2022
					28	

	(0011111000)		
			Schedule G (Form 990)
000004 04 04 00			
232084 04-01-22		<u></u>	

SCHEDULE I			irants and Oth					OMB No. 1545	5-0047
(Form 990)			vernments, an ete if the organizatio					202	22
Department of the Treasury		Compl		Attach to Forn				Open to P	
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspecti	ion
Name of the organizat								Employer identification	
	PADS Lake		Inc					36-2948	8857
	nformation on Grants a								
0	zation maintain records t		0	,	0 0 7	U	,	_	<u> </u>
2 Describe in Part	award the grants or assis IV the organization's pro	stance?	oring the use of grant	funds in the United	N States				No No
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(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.	54,858.	Cost to replace	those in need.
lient assistance to assist those in need	0	1,472,479.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Inspection

ſ

Nam	e of the organization					Employer ident	ificatio	on nur	nber
	PADS Lake Cou	inty,	Inc			36-2	948	857	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) Method of de noncash contribu		•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		35,377.	Thr	ift shop	va	lue	
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								
19	Food inventory	Х		19,481.	Ave	erage cos	t		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement					
								Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28,	that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.				-	·			
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?		31	Х	
32a	Does the organization hire or use third parties of								
	contributions?		-				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	/ for which column (a) is cheo	ked,				
	describe in Part II.	· · ·			,				

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

Schedule M (Form 990) 2022

232141 09-09-22

36 - 2948857Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22	33	Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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.



36-2948857

PADS Lake County, Inc

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 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:

In connection with the Board of Directors' approval of the organization's

annual operating budget, the Board reviews and approves the salaries of the

officers and key employees of the organization. The Board uses

compensation information obtained from outside sources, such as the donors'

 forum, to evaluate compensation and documents approval of the budget in the

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

 232211 10-28-22

13270501 402354 220878

34

Name of the organization	T	Employer identification number
PADS Lake Count	y, Inc	36-2948857
minutes.		
	T-1 10	
Form 990, Part VI, Section C,	Line 19:	
Copies of PADS' governing doc	uments, conflict o	f interest policy and
financial statements are avai	lable upon request	at PADS' offices for a
nominal fee.		
Form 990, Part XII, line 2c:		
The audit oversight process h	as not changed fro	m the prior year.
232212 10-28-22		Schedule O (Form 990) 20
70501 402354 220878	35 2022,05090 PZ	ADS LAKE COUNTY, INC 2208