Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

, 20 For the 2021 calendar year, or tax year beginning 2021, and ending В Check if applicable: D Employer identification number Address change ONE AIM ILLINOIS 82-3786602 1751 HOWARD STREET #138 Telephone number Name change CHICAGO, IL 60626 (312)690-9054Initial return Final return/terminated Amended return **G** Gross receipts \$ 428,469. Application pending F Name and address of principal officer: DANIEL W KOTOWSKI H(a) Is this a group return for subordinates? X No Yes **H(b)** Are all subordinates included? If "No," attach a list. See instructions 1751 HOWARD STEET #138 CHICAGO, IL 60626 Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or Website: ► www.oneaimil.org **H(c)** Group exemption number ▶ Other • X Corporation L Year of formation: 2017 M State of legal domicile: Form of organization: Association Summary Briefly describe the organization's mission or most significant activities: EDUCATE PUBLIC ABOUT DANGERS OF GUN VIOLENCE AND BUILD CITIZEN SUPPORT FOR WAYS TO ADDRESS Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 8 Total number of individuals employed in calendar year 2021 (Part V, line 2a)..... 5 2 Total number of volunteers (estimate if necessary) 6 8 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11. 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 510,479 428,469. Program service revenue (Part VIII, line 2q)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 428,469 510,479 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 47,097 58,950. b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 377,788. 17 400,826. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 424,885 459,776. Revenue less expenses. Subtract line 18 from line 12..... 85,594. -31,307.End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16)..... 463,277. 317,152. 21 Total liabilities (Part X. line 26)..... 266,000.380,818. 22 Net assets or fund balances. Subtract line 21 from line 20..... 82,459. 51,152 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here DANIEL W KOTOWSKI Chair Type or print name and title Print/Type preparer's name Preparer's signature Date Gary Steeno CPA P01257018 Paid self-employed ► Ayotte Decker LLC Preparer Use Only 1730 Park Street, Suite 211 Firm's address Firm's EIN ► 27-0376325 Phone no. 6305968000 Naperville, IL 60563 May the IRS discuss this return with the preparer shown above? See instructions..... No

| Part | | | |
|------|--|---------------------------------------|-----|
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| | Briefly describe the organization's mission: | ZENI CUDDODE EOD LUNG EO | ` |
| | EDUCATE PUBLIC ABOUT DANGERS OF GUN VIOLENCE AND BUILD CITIZ | EN SUPPORT FOR WAYS IC | |
| | ADDRESS | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not lis | sted on the prior | |
| | Form 990 or 990-EZ? | | No |
| - 1 | If "Yes," describe these new services on Schedule O. | | |
| | Did the organization cease conducting, or make significant changes in how it conducts, any progra | am services? Yes X | No |
| | If "Yes," describe these changes on Schedule O. | - - | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations. | n services, as measured by expens | es. |
| ; | and revenue, if any, for each program service reported. | cations to others, the total expense. | ٥, |
| | | | |
| | (Code:) (Expenses \$ 316,789. including grants of \$ |) (Revenue \$ |) |
| | EDUCATIONAL OUTREACH TOWARDS EXEMPT PURPOSE OF ORGANIZATION | | |
| | | | |
| | | | |
| | | | |
| , | | | |
| | | | |
| | | | |
| , | | | |
| | | | |
| | | | |
| • | | | |
| | | | |
| 4 b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |) |
| | | | |
| | | | |
| | | | |
| , | | | |
| | | | |
| • | | | |
| , | | | |
| | | | |
| • | | | |
| | | | |
| • | | | |
| 4 c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |) |
| | | | |
| • | | | |
| • | | | |
| • | | | |
| • | | | |
| • | | | |
| | | | |
| • | | | |
| | · | | |
| | | | |
| | | | |
| | | | |
| | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Reven | nue Ş) | |
| 4 e | Total program service expenses ► 316,789. | | |

Form 990 (2021) ONE AIM ILLINOIS Part IV Checklist of Required Schedules

| | · | | Yes | No |
|------|--|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | X | NO |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> 'Yes,' <i>complete Schedule C, Part II</i> | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | | Х |
| t | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | X |
| C | bid the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | | Х |
| C | I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | | Х |
| e | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | X | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | Х | |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Χ | |
| t | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Χ |
| t | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |

Form 990 (2021) ONE AIM ILLINOIS Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|-----|-----|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a 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 | | Х |
| | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| i | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. | 28b | | Χ |
| | c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | 33 | | Χ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V. | | | . [|
| 1 | a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 7.7 | |
| Β Λ/ | (gambling) winnings to prize winners? | 1 c | X | 2021 |

Form 990 (2021) ONE AIM ILLINOIS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | res | NO |
|-----|--|------|-----|----|
| 2 a | 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 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| b | If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule Q</i> | 3 b | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х |
| b | If 'Yes,' enter the name of the foreign country► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Χ |
| | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| | 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 provided to the payor? | 7 a | | X |
| | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Χ |
| Ч | If 'Yes,' indicate the number of Forms 8282 filed during the year | 70 | | 71 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | , | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | 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 10 b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| | of Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 1. | | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Λ |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule Q | 14 b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | Х |
| 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. | 10 | | 23 |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | 17 | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | ., | | |

Form 990 (2021) ONE AIM ILLINOIS 82-3786602 Page 6 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 No Yes 8 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 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?........... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. See Schedule O. Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 X Χ 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official... See. Schedule . 0 15 a Χ 15 h If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

- UNIT 138 CHICAGO IL 60626 (312)690-9054

20

KRYSTLE BLACK 1751 HOWARD STREET

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| 22 Officers and box is fictines are organization for any re- | | | | (C) | • | | | , | , | |
|--|--|-----------------------------------|-----------------------|--------------|--------------|---------------------------------|--------|--|---|---|
| (A) Name and title | | than is | one both dire | box, an c | unles | | on | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099- MISC/1099-NEC) | related organizations (W-2/1099- MISC/1099-NEC) | compensation from the organization and related organizations |
| (1) DANIEL W KOTOWSKI | 2 | | | | | | | | | |
| Chair/Dir | 0 | Χ | | X | | | | 0. | 0. | 0. |
| (2) KRYSTLE BLACK | 2 | | | | | | | | | |
| Treasurer/Dir | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (3) MIKE KOETTING | 2 | | | | | | | _ | _ | _ |
| Secretary/Dir | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (4) JANICE RODGERS | 2 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| | 11 | | | | | | | _ | _ | _ |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (6) DELPHINE CHERRY | 1 | | | | | | | _ | _ | _ |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| | 1 | | | | | | | _ | _ | _ |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (8) FRANK BASS | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| _(9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Form 990 (2021) ONE AIM ILLINOIS 82-3786602 | | | | | | | | | | | | ge 8 |
|--|---|-----------------------------------|----------------------|---------------------------|------------------------------------|---------------------------------|---------------------|--|---|---------------|--|-------------|
| Part VII Section A. Officers, Directors, Tr | | Key | En | | | es, | an | d Highest Cor | npensated Emp | oloyee | S (con | tinued) |
| (A) Name and title | Average hours per week | box, offic | unle er ar | theck ess pe nd a d | sition more erson directo | than is botl or/trus | h an tee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | Estima of | (F) ted amo | |
| | (list any hours for related organiza - tions below dotted line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC/1099-NEC) | (W-2/1099- MISC/1099-NEC) | the or and | nsation f ganizati I related nization | on |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | = | | | | | | | | | | |
| (21) | | = | | | | | | | | | | |
| (22) | | = | | | | | | | | | | |
| (23) | | - | | | | | | | | | | |
| (24) | | - | | | | | | | | | | |
| (25) | | = | | | | | | | | | | |
| 1 b Subtotal | | | | | | | > | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c) | | | | | | | > | 0. | 0. | | | 0. |
| 2 Total number of individuals (including but not limit from the organization ▶ 0 | ted to tho | se lis | ted | abo | ve) | who | rece | eived more than \$ | 100,000 of reportab | le comp | ensati | on |
| 3 Did the organization list any former officer, direct | | | | | | | | | | | Yes | No |
| on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of | reportable | e con | nper | nsati | on a | and o | the | r compensation from | | . 3 | | X |
| the organization and related organizations greate such individual | | | | | | | | | | . 4 | | X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes | compens ,' complet | e Sci | ı tro hedi | m a ule J | ny u <i>I for</i> | nreia such | ated 1 <i>pe</i> | organization or ir rson | 101V10uai | . 5 | | Χ |
| Section B. Independent Contractors 1 Complete this table for your five highest compens | ated inde | nend | ent | con | tract | ors t | hat | received more tha | an \$100 000 of | | | |
| compensation from the organization. Report com | | | | | | | | | | | | |
| (A) Name and business addi | ess | | | | | | | Description o | of services | Compe | | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (includin \$100,000 of compensation from the organization | • | limit | ed to | o the | ose | listed | d ab | ove) who received | d more than | | | |

Form 990 (2021) ONE AIM ILLINOIS Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or note to ar | ny line in this Part VII | 1 | | |
|---|------------------------------|--|--------------------------|--|---|--|
| | | | Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1 a b c d e f | Federated campaigns | | | | |
| ntrib d Ot | g | Noncash contributions included in lines 1a-1f | | | | |
| Co | h | Total. Add lines 1a-1f. | 428,469. | | | |
| ne | _ | Business Code | | | | |
| Program Service Revenue | 2 a b c d | | | | | |
| mS | е | | | | | |
| ogra | | All other program service revenue | | | | |
| ŗ | | Total: Add IIIIC3 Za Zi | • | | | |
| | 3 4 5 | Investment income (including dividends, interest, and other similar amounts). Income from investment of tax-exempt bond proceeds Royalties. | > | | | |
| | 5 | (i) Real (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | |
| | b | Less: rental expenses 6b | | | | |
| | С | Rental income or (loss) 6c | | | | |
| | d | Net rental income or (loss) | • | | | |
| | 7 a | Gross amount from (i) Securities (ii) Other | | | | |
| | | sales of assets other than inventory 7a | | | | |
| | b | Less: cost or other basis and sales expenses 7b | | | | |
| | С | Gain or (loss) 7c | | | | |
| | | Net gain or (loss) | > | | | |
| enne | 8 a | Gross income from fundraising events (not including \$ | | | | |
| Зev | | of contributions reported on line 1c). See Part IV, line 18 | | | | |
| Other Revenu | b | Less: direct expenses 8b | | | | |
| Σth | | Net income or (loss) from fundraising events | > | | | |
|) | | Gross income from gaming activities. See Part IV, line 19 | | | | |
| | | Less: direct expenses 9b | | | | |
| | С | Net income or (loss) from gaming activities | > | | | |
| | | Gross sales of inventory, less returns and allowances | | | | |
| | | | > | | | |
| S | | Business Code | | | | |
| e 30n | 11 a | | | | | |
| ank and | b | | | | | |
| Miscellaneous Revenue | 11 a b c d | | | | | |
| AIS. R | | | > | | | |
| | | Total: Add lines Tra-Tra | 428.469. | 0. | 0. | 0 |
| | 14 | I OLGI I CVETTUE: OEE TITSH UCHOHS | 1 4/8,4h9. | ı (). | ı U. | 0. |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a re- | sponse or note to any | | | X |
|--------|---|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0. | 0 | 0 | 0 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 54,760. | 16,428. | 21,904. | 16,428. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 01,7001 | 10, 120. | 21,301. | 107 1201 |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 4,190. | 1,257. | 1,676. | 1,257. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| Ŀ | Legal | 1,595. | | 1,595. | |
| c | : Accounting | 27,300. | | 27,300. | |
| c | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) | | | | |
| 12 | Advertising and promotion | 101,516. | 91,364. | | 10,152. |
| 13 | Office expenses | 8,071. | , | 8,071. | |
| 14 | Information technology | , | | , | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,950. | | 3,950. | |
| 17 | Travel | 1,113. | 1,113. | · | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 2,808. | | 2,808. | |
| 23 | Insurance. | 10,283. | | 10,283. | |
| 24 | 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 O.) | | | | |
| a | OUTREACH CONSULTANT | 68,000. | 61,200. | | 6,800. |
| t | LAW ENFORCEMENT ORGANIZER | 56,360. | 56,360. | | |
| | OPERATIONS DIRECTOR | 42,070. | 25,242. | 8,414. | 8,414. |
| | COALITION ORGANIZER | 30,178. | 30,178. | | |
| e | All other expensesSee Sch. 0 | 47,582. | 33,647. | 2,615. | 11,320. |
| 25 | Total functional expenses. Add lines 1 through 24e | 459,776. | 316,789. | 88,616. | 54,371. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) | | | | |

| | | 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 | | 429,627. | 1 | 275,335. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | 2,500. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person | r officer, director, contributor, or 35% cons | | 5 | |
| | 6 | Loans and other receivables from other disqualified pe | rsons (as defined under | | | |
| | | section 4958(f)(1)), and persons described in section 4 | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| ts | 8 | Inventories for sale or use | | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | | 9 | |
| As | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | 10 b | | 10 c | |
| | 11 | Investments – publicly traded securities | | 11 | | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | 39,317. | |
| | 15 | Other assets. See Part IV, line 11 | | 33,650. | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 463,277. | 16 | 317,152. | |
| | 17 | Accounts payable and accrued expenses | 37,153. | 17 | 16,000. | |
| | 18 | Grants payable | | · | 18 | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | <u> </u> | | 20 | |
| ies | 21 | Escrow or custodial account liability. Complete Part IV | <u></u> | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former offickey employee, creator or founder, substantial contribution controlled entity or family member of any of these pers | tor. or 35% | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated thi | <u> </u> | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | · · | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp | to related third parties, lete Part X of Schedule D | 343,665. | 25 | 250,000. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 380,818. | 26 | 266,000. |
| ıces | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | X | | | |
| alaı | 27 | Net assets without donor restrictions | | 82,459. | 27 | 51,152. |
| B | 28 | Net assets with donor restrictions | | | 28 | |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. | k here ► | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipme | ent fund | | 30 | |
| 188 | 31 | Retained earnings, endowment, accumulated income, | or other funds | | 31 | |
| it A | 32 | Total net assets or fund balances | | 82,459. | 32 | 51,152. |
| Ne | 33 | Total liabilities and net assets/fund balances | | 463,277. | 33 | 317,152. |
| RΔ | Δ | | TEEA0111L 09/22/21 | | | Form 990 (2021) |

Form **990** (2021)

| Check if Schedule O contains a response or note to any line in this Part XI | | 4 | 128,4 | <u>. </u> | | | | |
|---|--|------|-------|--|--|--|--|--|
| 2 Total expenses (must equal Part IX, column (A), line 25) | | · · | | 169. | | | | |
| | | 4 | ΙΓΛ - | | | | | |
| 2 Payanua loss aynoncas Subtract line 2 from line 1 | | | 159, | 776. | | | | |
| | | | | | | | | |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column | (A)) 4 | | 82,4 | <u>159.</u> | | | | |
| 5 Net unrealized gains (losses) on investments | | | | | | | | |
| 6 Donated services and use of facilities | 6 | | | | | | | |
| 7 Investment expenses | | | | | | | | |
| 8 Prior period adjustments | | | | | | | | |
| 9 Other changes in net assets or fund balances (explain on Schedule O) | | | | 0. | | | | |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pacolumn (B)) | art X, line 32, | | 51,1 | 152 | | | | |
| Part XII Financial Statements and Reporting | | | JI, 1 | . 32. | | | | |
| . , | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual | Other | | 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 'Otl on Schedule O. | her,' explain | | | | | | | |
| 2 a 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 w separate basis, consolidated basis, or both: | ere compiled or reviewed on a | a | | | | | | |
| Separate basis Consolidated basis Both consolidated and separa | ate 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 w | | | | | | | | |
| basis, consolidated basis, or both: | oro addition orr a soparate | | | | | | | |
| X Separate basis Consolidated basis Both consolidated and separa | ate basis | | | | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes respon | nsibility for oversight of the aud | dit, | Х | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | |
| If the organization changed either its oversight process or selection process during the on Schedule O. | e tax year, explain | | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | | | | | | | | |
| Audit Act and OMB Circular A-133? | | 3a | | X | | | | |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | | | | | | |
| TEEA0112L 09/22/21 | audito | | | (2021) | | | | |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ONE AIM ILLINOIS 82-3786602 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You** must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

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

| Sec | tion A. Public Support | | | | | | |
|---------------|---|--|---|---|--------------------------------------|---------------------------------|---------------|
| begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | 64,500. | 220,029. | 510,479. | 428,469. | 1,223,477. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 0. | 64,500. | 220,029. | 510,479. | 428,469. | 1,223,477. |
| 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) | | | | | | 761,516. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 461,961. |
| Sec | tion B. Total Support | | | | | | |
| Cale: begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 0. | 64,500. | 220,029. | 510,479. | 428,469. | 1,223,477. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | 0. |
| | Total support. Add lines 7 through 10 | | ruotiono) | | | 12 | 1,223,477. |
| | First 5 years. If the Form 990 is for | · | · | | | | 0. |
| | organization, check this box and | stop here | | | | | ► X |
| | tion C. Computation of Pu | | | | | , , | |
| | Public support percentage for 202 Public support percentage from 2 | | | | | | <u>%</u> % |
| | 33-1/3% support test—2021. If the | | | | | L1 | |
| | and stop here. The organization of | | | | | | |
| b | 33-1/3% support test—2020. If the and stop here. The organization | e organization did qualifies as a pub | not check a box o licly supported org | n line 13 or 16a, a ganization | and line 15 is 33-1 | /3% or more, che | eck this box |
| 17a | 10%-facts-and-circumstances tes or more, and if the organization r the organization meets the facts- | neets the facts-an | d-circumstances t | est, check this bo | ox and stop here. | Explain in Part VI | how |
| | 10%-facts-and-circumstances tes or more, and if the organization rorganization meets the facts-and | neets the facts-an -circumstances te | d-circumstances t st. The organization | est, check this bo on qualifies as a p | ox and stop here. bublicly supported | Explain in Part VI organization | how the ▶ |
| 18 | Private foundation. If the organiz | ation did not chec | k a box on line 13 | , 16a, 16b, 17a, c | or 17b, check this | box and see instri | uctions ► |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | , р | | | | | | | |
|-------|---|--------------------|--------------------------|----------------------|----------------------|-----------------|---------------------------|-----------|--|
| | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | (4) = 1 | (4, 23.13 | | (4) 2323 | (9,2 | | () | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | | |
| С | Add lines 7a and 7b | 1 | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| Sec | tion B. Total Support | | | | | 1 | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 | (f) Total | |
| - | Amounts from line 6 | | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | l | | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 assets (Explain in Part VI.) | | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | |
| | First 5 years. If the Form 990 is forganization, check this box and | stop here | | hird, fourth, or fif | th tax year as a s | ection 501(c) |)(3) · · · · · · · · · | ▶ | |
| | tion C. Computation of Pu | | | - 10 - 1 - "." | | 1 | 45 1 | 0 | |
| | Public support percentage for 20 | | 15 | % | | | | | |
| | Public support percentage from 2 | | 16 | % | | | | | |
| | tion D. Computation of Inv | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | Investment income percentage fr | | 18 | 96 | | | | | |
| | 33-1/3% support tests—2021. If the is not more than 33-1/3%, check | this box and stop | here. The organize | zation qualifies as | a publicly suppor | rted organiza | ation | | |
| | 33-1/3% support tests—2020. If the line 18 is not more than 33-1/3%, | , check this box a | nd stop here. The | organization qua | lifies as a publicly | supported of | organizati | on ▶ | |
| 20 | Private foundation. If the organiz | ation aid not ched | ck a box on line 14 | +, 19a, or 19b, ch | eck this box and s | see instruction | การ | | |

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

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 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). | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3с | | |
| 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. | 4a | | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5а | 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). | 5a | | |
| 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? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i> . | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| 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. | 9b | | |
| С | 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. | 9с | | |
| 0 a | 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)? <i>If 'Yes,'</i> answer line 10b below. | 10a | | |
| 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.) | 10b | | |

| | edule A (Form 990) 2021 ONE AIM ILLINOIS 82-378660 | 2 | F | age 5 |
|-----|---|--------|---------|--------------|
| Pai | rt IV Supporting Organizations (continued) | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| á | 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 detail in Part VI . | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more | | 163 | 110 |
| | 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 organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| - | Non-et-Type in eupporting et guintzutions | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | | | |
| | of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | • | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| | 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 | | |
| 2 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant | | | |
| 3 | 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ons). | | |
| á | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| ŀ | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| (| The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | ารtruc | tions). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| á | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted | | | |
| | substantially all of its activities. | 2a | | |
| ŀ | 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. | 2b | | |
| 3 | 3 | | | |
| ā | 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 . | 3a | | |
| t | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ganiza | tions | |
|-----|--|--------------------|---|-----------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | on Nov s must o | . 20, 1970 (explain in l complete Sections A t | Part VI). See hrough E. |
| Sec | tion 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 | | |
| Sec | tion 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): | | | |
| | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | d Total (add lines 1a, 1b, and 1c) | 1d | | |
| | e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |
| Sec | tion 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). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integ (see instructions). | grated T | ype III supporting orga | anization |

BAA Schedule A (Form 990) 2021

| Pa | rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | |
|-----|--|----|--------------|
| Sec | tion D - Distributions | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | |

| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|--------------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ONE AIM ILLINOIS 82-3786602 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

2021

Employer identification number

82-3786602

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ONE AIM ILLINOIS

► Attach to Form 990 or Form 990-PF.

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

| Organiza | ntion type (check one): | |
|------------|---|--|
| Filers of: | | Section: |
| Form 990 | or 990-EZ | \overline{X} 501(c)(3) (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 990 |)-PF | 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| | , , | vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General | Rule | |
| | | ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining ontributions. |
| Special F | Rules | |
| X | regulations under sec 16b, and that receive | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or d from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| | contributor, during the literary, or educations | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III. |
| | contributor, during the contributions totaled a during the year for ar General Rule applies | 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation ered by the General Rule or a Special Rule . 6), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. and Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 corporerty) from any one contributor. Complete Parts I and II. See instructions for determining the bons 509(a)(1) and 170(b)(1)(A)(v)), that checked Schedule A (Form 990), Part III, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. Secribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering |
| Caution: | An organization that is | sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it |

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

ONE AIM ILLINOIS

BAA

Schedule B (Form 990) (2021)

82-3786602

Name of organization Employer identification numbe

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (c) Total contributions (a) No. Name, address, and ZIP + 4 Person Χ **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2_ **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person 3_ **Payroll** 11,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 4 **Payroll** 70,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total contributions (a) No. (b) Name, address, and ZIP + 4 Person 5_ **Payroll** 23,665. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c)
Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

TEEA0702L 10/06/2

Name of organization Employer identification number

ONE AIM ILLINOIS

82-3786602

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | ace is needed. | |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | | | |
| | | - ^{\$} | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | |] \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | - \$ | |
| (-) N - | 45 | (2) | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | _ s | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <u></u> | <u> </u> - | |
| | <u></u> | \$ | |
| | TEE 0.77031 10/06/21 | | D (E 000) (000) |

Name of organization
ONE AIM ILLINOIS

Employer identification number
82-3786602

| Part III | Exclusively religious, charitable, etc. or (10) that total more than \$1,000 for the following line entry. For organizations co contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.) | the year from any one continuous part III, enter the total Enter this information once. See | ributor. Comp of <i>exclusivel</i> | olete columns (a) through (e) and y religious, charitable, etc., |
|---------------------------|---|---|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | N/A | | | |
| | | (e) Transfer of gif | t | |
| | Transferee's name, addres | s, and ZIP + 4 | Rela | ationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | (e) Transfer of gif | | | tionship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | (e) Transfer of gif | t | |
| | Transferee's name, addres | s, and ZIP + 4 | Rela | ationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
| | Transferee's name, addres | (e) Transfer of gif s, and ZIP + 4 | | ationship of transferor to transferee |
| | | | | |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| • | |) (3ee separate instruction 501(c)(4), (5), or (6) or | ganizations: Complete Part III. | | | |
|-----|----------|---|---|---------------------------------------|--|---|
| | of organ | | <u> </u> | | Employer identifica | ation number |
| | | M ILLINOIS | | | 82-378660 | |
| | | | ganization is exempt under section | , , , , , , , , , , , , , , , , , , , | | n. |
| 1 | | | organization's direct and indirect political ca | impaign activities in P | art IV. | |
| • | | | penditures. See instructions | | ▶ ☆ | |
| | | | campaign activities. See instructions | | | |
| | | • | rganization is exempt under secti | | | |
| 1 | Enter | the amount of any exci | se tax incurred by the organization under s | ection 4955 | ►Ś | 0. |
| | | | se tax incurred by organization managers of | | | |
| | | | section 4955 tax, did it file Form 4720 for t | | | |
| | | - | | - | | |
| | | s.' describe in Part IV. | | | | |
| | | -, | rganization is exempt under secti | on 501(c) . excer | ot section 501(c)(3) |). |
| | | | pended by the filing organization for section | | | |
| 2 | | | organization's funds contributed to other of | | | |
| 3 | Total | exempt function expend | ditures. Add lines 1 and 2. Enter here and o | on Form 1120-POL, | · | |
| | | | | | | |
| | | | Form 1120-POL for this year? | | | |
| 5 | amou | int of political contribution | and employer identification number (EIN) on any each organization listed, enter the any received that were promptly and directly action committee (PAC). If additional spaces | v delivered to a separ | ate political organization | ich the filing s. Also enter the n, such as a separate |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

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

Schedule C (Form 990) 2021

| Part II-A Complete if t section 501(| he organization | is exempt under section | on 501(c)(3) and file | ed Form 5768 (election | n under |
|--|-----------------------|--|--------------------------|----------------------------------|------------------------------------|
| <u></u> ` | ** | ongs to an affiliated group (a | and list in Part IV each | affiliated group member's | s name |
| | | d share of excess lobbying | | annated group mornson | , riairio, |
| | · | cked box A and 'limited con | | | |
| (The term | Limits on Lobb | ying Expenditures ans amounts paid or incurr | ed.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu | res to influence pu | blic opinion (grassroots lob | bying) | 6,400. | |
| b Total lobbying expenditu | res to influence a l | egislative body (direct lobby | ying) | | |
| c Total lobbying expenditu | res (add lines 1a a | nd 1b) | | 6,400. | 0. |
| d Other exempt purpose e | xpenditures | | | | |
| e Total exempt purpose ex | kpenditures (add lir | nes 1c and 1d) | | 459,776. | 0. |
| | | ount from the following tab | | 91,955. | |
| If the amount on line 1e, colu | | The lobbying nontaxable a | | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1, | 000,000 | \$100,000 plus 15% of the excess | over \$500,000. | | |
| Over \$1,000,000 but not over \$ | 1,500,000 | \$175,000 plus 10% of the excess | over \$1,000,000. | | |
| Over \$1,500,000 but not over \$ | 17,000,000 | \$225,000 plus 5% of the excess of | over \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000,000. | | | |
| g Grassroots nontaxable a | mount (enter 25% | of line 1f) | | 22,989. | 0. |
| · · | | s, enter -0 | | | 0. |
| i Subtract line 1f from line | 2 1c. If zero or less | , enter -0 | | 0. | 0. |
| | | her line 1h or line 1i, did th | | | Yes No |
| (Sor | | 4-Year Averaging Period Unat made a section 501(h) elelow. See the separate inst | ection do not have to c | | |
| | Lobi | oying Expenditures During | 4-Year Averaging Perio | d | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2 a Lobbying nontaxable amount | | | | 91,955. | 91,955. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 137,933. |
| c Total lobbying expenditures | | | | 6,400. | 6,400. |
| d Grassroots nontaxable amount | | | | 22,989. | 22,989. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 34,484. |
| f Grassroots lobbying expenditures | | | | 6,400. | 6,400. |

BAA Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 ONE AIM ILLINOIS 82-3786602 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| (election under section 501(ii)). | | | | | | |
|--|---------|-------|-----------------|----------------|------|----|
| | (a | (a) | | (b) | | |
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | | Amou | ınt | |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? | | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| c Media advertisements? | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | |
| e Publications, or published or broadcast statements? | | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | | |
| q Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | |
| i Other activities? | | | | | | |
| j Total. Add lines 1c through 1i | | | | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5 |), or | | | | |
| section 501(c)(6). | | • | | | | |
| | | | | , | es (| No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | [| 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | L | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr | ior yea | ar? | | 3 | | |
| Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.' | Part | III-A | secti , line | on 50 3, is | 1(c) |) |
| 1 Dues, assessments and similar amounts from members | | 1 | | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | | |
| a Current year | | 2 a | | | | |
| b Carryover from last year. | | 2 b | | | | |
| c Total | | 2 c | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year? | al | 4 | | | | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | | 5 | | | | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

BAA Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ONE AIM ILLINOIS

Employer identification number

| | | | | 82-3786602 |
|-----|---|--|----------------------------------|--|
| Par | t Organizations Maintaining Donor | Advised Funds or Other | r Similar Fu | inds or Accounts. |
| | Complete if the organization answ | ered 'Yes' on Form 990, | Part IV, line | e 6. |
| | | (a) Donor advised fun | ds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor are the organization's property, subject to the or | advisors in writing that the assiganization's exclusive legal con | ets held in don | nor advised funds |
| 6 | Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit? | f the donor or donor advisor, or | for any other i | ourpose conferring |
| Par | Conservation Easements. Complete if the organization answ | vered 'Yes' on Form 990 | Part IV line | <u></u> |
| 1 | Purpose(s) of conservation easements held by the | | | <i>5</i> 7. |
| • | Preservation of land for public use (for exam | · · | · · · · · | on of a historically important land area |
| | Protection of natural habitat | pie, recreation of educations | | on of a certified historic structure |
| | Preservation of open space | | I Ieservati | on or a certified firstoric structure |
| 2 | Complete lines 2a through 2d if the organization | held a qualified conservation or | ontribution in th | ne form of a conservation easement on the |
| - | last day of the tax year. | Tield a qualified conservation co | ontribution in ti | le form of a conservation easement on the |
| | | | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easeme | ents | | 2b |
| c | Number of conservation easements on a certified | d historic structure included in (| a) | 2c |
| C | Number of conservation easements included in (structure listed in the National Register | c) acquired after 7/25/06, and n | ot on a histori | c |
| 3 | Number of conservation easements modified, tratax year ► | insferred, released, extinguishe | d, or terminate | ed by the organization during the |
| 4 | Number of states where property subject to cons | servation easement is located > | | |
| 5 | Does the organization have a written policy rega | rding the periodic monitoring, in | spection, hand | |
| | and enforcement of the conservation easements | | | |
| 6 | Staff and volunteer hours devoted to monitoring, • | , | | |
| 7 | Amount of expenses incurred in monitoring, insp ▶\$ | ecting, handling of violations, a | nd enforcing c | onservation easements during the year |
| 8 | Does each conservation easement reported on li and section 170(h)(4)(B)(ii)? | ne 2(d) above satisfy the requir | ements of sec | tion 170(h)(4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements. | ts conservation easements in its the organization's financial state | s revenue and ements that de | expense statement and balance sheet, and scribes the organization's accounting for |
| Par | | ons of Art, Historical Treas ered 'Yes' on Form 990, | sures, or Oth Part IV, line | ner Similar Assets. e 8. |
| 1 a | If the organization elected, as permitted under F historical treasures, or other similar assets held Part XIII the text of the footnote to its financial si | for public exhibition, education, | or research in | tement and balance sheet works of art, furtherance of public service, provide in |
| t | If the organization elected, as permitted under F historical treasures, or other similar assets held following amounts relating to these items: | ASB ASC 958, to report in its refor public exhibition, education, | evenue stateme or research in | ent and balance sheet works of art, furtherance of public service, provide the |
| | (i) Revenue included on Form 990, Part VIII, lin | | | |
| | (ii) Assets included in Form 990, Part X | | | |
| | If the organization received or held works of art, amounts required to be reported under FASB AS | historical treasures, or other sin SC 958 relating to these items: | milar assets fo | r financial gain, provide the following |
| a | Revenue included on Form 990, Part VIII, line 1. | | | |
| Ŀ | Assets included in Form 990, Part X | | | ▶\$ |

| Part III Organizations Maintaining Collect | tions of Art, Historic | al Treasures, or Ot | ner Similar Assets | (continuea) | | |
|--|-----------------------------|---------------------------|-------------------------|---------------------|--|--|
| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | | | | | | |
| a Public exhibition | d Loan o | or exchange program | | | | |
| b Scholarly research | e Other | | | | | |
| c Preservation for future generations | | | | _ | | |
| Provide a description of the organization's colle Part XIII. | ections and explain how | they further the organiz | zation's exempt purpose | e in | | |
| 5 During the year, did the organization solicit or to be sold to raise funds rather than to be main | ntained as part of the org | ganization's collection? | | Yes No | | |
| Part IV Escrow and Custodial Arrangement line 9, or reported an amount on | | | d 'Yes' on Form 990 | , Part IV, | | |
| 1 a Is the organization an agent, trustee, custodian | n or other intermediary for | or contributions or othe | r assets not included | | | |
| on Form 990, Part X? | | | | Yes No | | |
| b If 'Yes,' explain the arrangement in Part XIII are | nd complete the following | g table: | | | | |
| | | | | Amount | | |
| c Beginning balance | | | | | | |
| d Additions during the year | | | | | | |
| e Distributions during the year | | | | | | |
| f Ending balance | | | | | | |
| 2a Did the organization include an amount on For | m 990, Part X, line 21, fo | or escrow or custodial a | account liability? | Yes No | | |
| b If 'Yes,' explain the arrangement in Part XIII. C | Check here if the explana | ition has been provided | I on Part XIII | | | |
| | | | | | | |
| Part V Endowment Funds. Complete if the | ne organization ansv | <u>wered 'Yes' on For</u> | m 990, Part IV, line | 10. | | |
| (a) Current | year (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back | | |
| 1 a Beginning of year balance | | | | | | |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| q End of year balance | | | | | | |
| 2 Provide the estimated percentage of the currer | nt year end balance (line | 1g, column (a)) held a | is: | | | |
| a Board designated or guasi-endowment ► | % | | | | | |
| b Permanent endowment ► % | | | | | | |
| c Term endowment ► % | | | | | | |
| The percentages on lines 2a, 2b, and 2c shoul | d equal 100%. | | | | | |
| | • | | | | | |
| 3a Are there endowment funds not in the possess organization by: | ion of the organization the | nat are held and admin | istered for the | Yes No | | |
| (i) Unrelated organizations | | | | 3a(i) | | |
| (ii) Related organizations | | | | <u> </u> | | |
| b If 'Yes' on line 3a(ii), are the related organizations | | | | ``` | | |
| | | | | . 30 | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | | | | | | |
| | wered Yes on Form | 1 990, Part IV, line | TTa. See Form 990 | D, Part X, line 10. | | |
| Description of property | (a) Cost or other basis | (b) Cost or other | (c) Accumulated | (d) Book value | | |
| 4 Lord | (investment) | basis (other) | depreciation | | | |
| 1 a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | | | | |
| d Equipment | | | | | | |
| e Other. | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must eq | ual Form 990, Part X , co | lumn (B), line 10c.) | ▶ | 0. | | |

| (5) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | Part VII | | - Other Securities. | | N/A | |
|--|---------------|-----------------------------|--|---|--|-----------------------|
| (1) Francal derivatives. (2) Closely held equity interests. (3) Other (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | |
| Comparison Com | (a) Desc | ription of security or cate | gory (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (S) Other (P) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S | ` ' | | | | | |
| (A) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B | ` , | held equity interest | ts | | | |
| (5) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | |
| (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | (A) | | | | | |
| (D) (E) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D | (B) | | | | | |
| (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | | | |
| (G) | (D) | | | | | |
| (G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P | | | | | | |
| (c) Total. (Column (b) must equal Form 990, Part X, column (B) fine 12.) Part VIII Investments — Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Signature of the state of t | | | | | | |
| Total. (Column (b) must equal Form 390, Part X, column (B) line 12.). Part VIII Investments Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (3) (4) (5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | |
| Total. (Column (a) must equal Form 390, Part X, column (b) line 13). Part VIII Investments — Program Related. | | | | | | |
| Part IVIII Investments — Program Related. N/A | | | | | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | | | | 37 / 7 | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | Part VIII | Complete if the | - Program Related. - organization answered | 'Yes' on Form 990 | Part IV line 11c See Form 9 | 90 Part X line 13 |
| (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | |
| (3) (4) (5) (6) (7) (8) (9) (10) (10) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | (1) | .,, | | | | , |
| (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (0) must equal Form 990, Part X, column (B) line 13.). Part X Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (d) (d) (e) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | | | | | |
| (6) (7) (8) (9) (10) Total. (Column (0) must equal Form 990, Part X, column (B) line 13.). (9) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) Total. (Column (0) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Book value (10) Total. (Column (0) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250, 000. (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) Total. (Column (0) must equal Form 990, Part X, column (B) line 25.) Part X Other Liability for uncertain tax positions, In Part XIII, provide the text of the footnote to the organizations financial statements that reports the organizations liability for uncertain | | | | | | |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | - | | | | | |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (11) (10) (10 | | | | | | |
| (b) Book value (c) (c) (c) (d) (d) must equal Form 990, Part X, column (g) line 13.). (a) Description (b) Book value (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | | | | | | |
| (3) (3) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part X | | | | | | |
| (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part X Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value | | | | | | |
| Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (c) (d) (d) (d) (d) (e) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | (10) | | | | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | Total. (Colum | | 90, Part X, column (B) line 13.) 🕨 | | | |
| (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 20,000. | Part IX | Other Assets. | organization answered 'V | N/A 'as' on Form 000 Pr | ort IV line 11d See Form 000 F | Part V lina 15 |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | | Complete ii tile | | | art IV, line 11d. See 1 oilil 990, F | • |
| (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (11) (11) (10) (11) (11 | (1) | | (a) 50. | Somption | | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) **Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) **Description of liability of uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15). Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25,) > 250,000. | | | | | | |
| (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 250,000. | | | | | | |
| (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25). 2 50,000. | | | | | | |
| (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2 50,000. | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 250,000. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 250,000. | | | | | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 250,000. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | lumn (h) must egual | l Form 990 Part X column (B |) line 15) | 1 | > |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY 250,000. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (1) Federal income taxes (2) CONDITIONAL GRANT LIABILITY (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 2 50,000. | I alt A | Complete if the or | ganization answered 'Yes' on I | Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line | 25. |
| (2) CONDITIONAL GRANT LIABILITY (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2 50,000. | 1. | • | (a) Descr | iption of liability | | (b) Book value |
| (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | DITIONAL GRA | NT LIABILITY | | | 250,000. |
| (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | | | | | |
| (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | | | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain | | nn (b) must equal Form 9 | 90, Part X, column (B) line 25.) | | | 250,000. |
| | | | | | | |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | ١. | |
|---|------|----------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 428,469. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.). | | |
| e Add lines 2a through 2d. | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 428,469. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.). 4b | | |
| c Add lines 4a and 4b. | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 428,469. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | ırn. | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 459,776. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.). 2d | | |
| e Add lines 2a through 2d. | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 459,776. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.). 4b | | |
| c Add lines 4a and 4b. | 4 c | 450 000 |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 459,776. |

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 XI, 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 - FASB ASC 740 Footnote

Part XIII Supplemental Information.

The Organization has adopted FASB AC 740-10-25, Accounting for Uncertainty in Income Taxes. The Organization will record a liability for uncertain tax positions when it is more likely than not that a tax position would not be sustained if examined by the taxing authority. The Organization continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings.

BAA Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

Part X - FASB ASC 740 Footnote (continued)

The Organization's evaluation on December 31, 2021 revealed no uncertain tax positions that would have a material impact on the financial statements. The Organization does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements. Income tax returns for the year ended December 31, 2019 and subsequent years are still subject to examination by the taxing authorities.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ONE AIM ILLINOIS

Employer identification number
82-3786602

Form 990, Part VI, Line 11b - Form 990 Review Process

990 filings are reviewed by the Board of Directors prior to filing with the IRS

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board has members complete conflict of interest statement each year and board reviews and resolves any conflicts of interest that are discovered

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

BOARD REVIEWED COMPARABLE COMPENSATION DATA AND FORMALLY APPROVED COMPENSATION FOR EXECUTIVE DIRECTOR

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

BOARD REVIEWS COMPARABLE COMPENSATION DATA AND FORMALLY APPROVES COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

ORGANIZATION MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Form 990, Part IX, Line 24e Other Expenses

| | | (A) | (B) | (C) | (D) |
|---|----------|-------------------|---------------------|-------------------------|-------------|
| | | Total | Program Services | Management & General | Fundraising |
| BANK CHARGES DEVELOPMENT DIRECTOR | | 1,060. 11,320. | | 1,060. | 11,320. |
| DUES AND SUBSCRIPTIONS EXECUTIVE SEARCH | | 2,768. | 2,768. | | , |
| FRO ORGANIZERS Gifts | | 29,366. | 29,366. | | |
| MEALS AND ENTERTAINMENT OTHER BUSINESS EXPENSE | | 658. 2,410. | 658. 855. | 1,555. | |
| STUDENT VOICES PROJECT | | 2,410. | 855. | 1,333. | |
| UTILITIES | Total \$ | 47,582. \$ | 33,647. | \$ 2,615. | \$ 11,320. |