

March 28, 2023

The Josselyn Center, NFP 405 Central Avenue Northfield, IL 60093

Dear Susan:

We have prepared the following returns from information provided by you without verification or audit:

2021 Form 990

2021 Illinois Form AG990-IL

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Very truly yours,

Tighe, Kress & Orr, P.C.

Certified Public Accountants

Tighe Kross : On, PC

2021 Exempt Organization Income Tax Return The Josselyn Center, NFP



PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

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The Josselyn Center, NFP 405 Central Avenue Northfield, IL 60093

Prepared By:

Tighe, Kress & Orr, P.C. 2001 Larkin Avenue, Suite 202 Elgin, IL 60123

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

IRS e-file Signature Authorization for a Tax Exempt Entity

_		_			
, 2	2021, and ending	1	JUN	30	, 20 2 2

OMB No. 1545-0047

Department of the Treasury

For calendar year 2021, or fiscal year beginning JUL 1

▶ Do not send to the IRS. Keep for your records.

Name of filer	EIN or SSN
THE JOSSELYN CENTER, NFP	**-***7996
Name and title of officer or person subject to tax GREGORY PAULUS	
CFO	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the application one line in Part I.	on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here > X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	ъ15,112,948.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here > b Tax based on investment income (Form 990-PF, Part V, line	e 5) 4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part	
Part II Declaration and Signature Authorization of Officer or Person Subject to T	
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to	to tax with respect to (name
of entity)	and that I have examined a copy of the
of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electro entry to the financial institution account indicated in the tax preparation software for payment of the federal taxe financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial institutions institutions involve payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and, if applicable, the consent to electronic return and the consent to electr	s owed on this return, and the ancial Agent at 1-888-353-4537 no ed in the processing of the electronic the payment. I have selected a
X authorize TIGHE, KRESS & ORR, P.C.	to enter my PIN 17996
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the son the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on return. If I have indicated within this return that a copy of the return is being filed with a state agency(in IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	at a copy of the return is being filed aforementioned ERO to enter my PIN the tax year 2021 electronically filed
	Data 🏊
Signature of officer or person subject to tax Part III Certification and Authentication	Date ▶
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 3680346013 Do not enter all zer	
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indi submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Business Returns.	
ERO's signature \blacktriangleright TIGHE, KRESS & ORR, P.C. Date \blacktriangleright 0	3/28/23
ERO Must Retain This Form - See Instructions	
LITO MUSE METALLI TIIIS I VIIII - OEE IIISUUULUUIS	

Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public

Department of the Treasury 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change THE JOSSELYN CENTER, NFP Name change **-***7996 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 847-441-5600 405 CENTRAL AVENUE 15,807,115. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 60093 NORTHFIELD, IL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN B. RESKO for subordinates? Yes X No 405 CENTRAL AVENUE, NORTHFIELD, IL 60093 H(b) Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or [If "No," attach a list. See instructions J Website: ► WWW.JOSSELYN.ORG **H(c)** Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1951 M State of legal domicile: IL Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY PROVIDING **Activities & Governance** QUALITY MENTAL HEALTH CARE FOR COMMUNITIES. 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) 29 3 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 184 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a 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. 7h **Current Year Prior Year** 5,514,729. 7,001,997. Contributions and grants (Part VIII, line 1h) 8 3,687,047. 7,775,087. Program service revenue (Part VIII, line 2g) 95,111. 162,941. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 137,775. 172,923. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,434,662. 15,112,948. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,144,522. 10,821,842. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,432,552. 3,292,178. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,577,074. 14,114,020. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,857,588. 998,928. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 10,236,921. 16,357,674. 20 Total assets (Part X, line 16) 7,571,672. 2,693,600. 21 Total liabilities (Part X, line 26) 三年 7,543,321. 8,786,002 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GREGORY PAULUS, CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature TIMOTHY A. KING, CPA, MAS TIMOTHY A. KING, CPA 03/28/23 self-employed P01338371 Paid Firm's EIN > **- ***6995 Firm's name ► TIGHE, KRESS & ORR, P.C. Preparer Firm's address > 2001 LARKIN AVENUE, SUITE 202 Use Only Phone no. (847) 695-2700 ELGIN, IL 60123

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Га	Charle if Cahadula O acutaina a managana annata ta anu lina in this Dart III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO IMPROVE LIVES BY PROVIDING QUALITY MENTAL HEALTH CARE FOR
	COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$10 , 471 , 189including grants of \$) (Revenue \$7 , 812 , 253 .
	THE JOSSELYN CENTER'S OUTPATIENT CLINICAL SERVICES CONTINUES TO GROW
	WITH THE ADDITION OF A NEW LOCATION IN NORTHBROOK, IL. THESE SERVICES
	INCLUDE THERAPY, PSYCHIATRIC, CASE MANAGEMENT, CARE COORDINATION, AND
	AN INTENSIVE OUTPATIENT PROGRAM FOR AGES 12-18.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 10,471,189.

Form 990 (2021) THE JOSSELYN CENTER, NFP
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		7.7	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the second of the projection of the second of the seco	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	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? If "Yes," complete Schedule G, Part 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) THE JOSSELYN CENTER, NFP
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Octobrillo I Porti	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
-	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?	002		
	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			igsqcut
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	Х	
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2021) THE JOSSELYN CENTER, NFP
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 184									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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).			37						
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C -		x						
h	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD								
и 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?	7a		х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5								
Ŭ	to file Form 8282?	7с		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b										
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
a										
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
19a	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?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes." complete Form 6069.									

Form 990 (2021) THE JOSSELYN CENTER, NFP **-***/996 Page
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.

<u> </u>						X						
Sec	tion A. Governing Body and Management				1							
		1 1	2.0		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29	4								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		0.5									
b	Enter the number of voting members included on line 1a, above, who are independent		27	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other									
	officer, director, trustee, or key employee?			2	X							
3	B 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?											
4												
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X						
6	Did the organization have members or stockholders?			6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or									
	more members of the governing body?			7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?	-	-	8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (Code.)									
			,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such of											
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes." de	scribe									
	on Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approv											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•									
а	The organization's CEO, Executive Director, or top management official			15a	Х							
	Other officers or key employees of the organization			15b	Х							
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	h a									
	taxable entity during the year?			16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100								
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	-	=									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure			100	1							
17	List the states with which a copy of this Form 990 is required to be filed ▶IL											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	Γ (section 501(c)(3)s	s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.		,	3)								
	X Own website X Another's website X Upon request Other (expla	in on Sol	nedule (O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			l finan	cial							
.5	statements available to the public during the tax year.	or milet of		ICI I	Jiui							
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke and	records -									
20	GREGORY PAULUS - 312-927-7552	ons and										
	405 CENTRAL AVENUE, NORTHFIELD, IL 60093											
	· · · · · · · · · · · · · · · · · · ·											

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

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

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

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

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

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

Check this box if neither the organization n		orga	nıza			npen	isate			(E)
(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per		not c	heck i	more	than o		compensation	compensation	amount of
	week	offi	cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		ao	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	moo a		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSAN RESKO	35.00	_=	느	0	, K	工品	<u> </u>			
CEO		Х		х				188,405.	0.	0.
(2) MELISSA FRICK	35.00									
APN						Х		155,936.	0.	0.
(3) MICHAEL SCHOLL	35.00									
CHIEF CLINICAL OFFICER				X				113,287.	0.	0.
(4) DR. KARAMJIT SINGH	35.00									_
PSYCHIATRIST						X		103,221.	0.	0.
(5) LACI GATEWOOD	35.00								_	_
<u>coo</u>				X				6,346.	0.	0.
(6) PAM MARTIN	3.00			∇						
CHAIR		X		X				0.	0.	0.
(7) ADRIENNE HEPWORTH WEISENBERGER	3.00	7,		,,					0	0
VICE CHAIR (8) DR. RUTH KRAUS	3.00	X		Х				0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
(9) SCOTT WEISENBERGER	1.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) MARY CAMPOBASSO	3.00	22						•	•	<u>. </u>
SECRETARY	3.00	х		х				0.	0.	0.
(11) PABLO ALVAREZ	1.00								•	
BOARD MEMBER		Х						0.	0.	0.
(12) SOL ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KITTY BLISS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) RICHARD DORSEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TONY DUNCAN	1.00									_
BOARD MEMBER	1 1 1 1	Х						0.	0.	0.
(16) LILI DUQUETTE	1.00									_
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) CATHERINE FIELDS, JD	1.00	٦,						_	_	•
BOARD MEMBER		X		<u> </u>			<u> </u>	0.	0.	0.

-*7996 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) NORMA FUENTES 1.00 BOARD FELLOW 0 . Х 0. 0. (19) WADE GLISSON 3.00 X X 0. 0. 0. TREASURER 1.00 (20) PETE GOVORCHIN Х 0. 0. BOARD MEMBER 0. (21) CYNTHIA HELLE 1.00 BOARD MEMBER X 0. 0. (22) MICHAEL HOLLING 1.00 BOARD MEMBER Х 0. 0. 0. (23) JANICE MACVICAR 3.00 BOARD DIRECTOR Х 0. 0. 0. (24) JAKE MOY 1.00 Х 0. 0. BOARD MEMBER 0. (25) DAVE MURDOCH 1.00 0. BOARD MEMBER 0. 0. (26) DENISE NASH 1.00 BOARD MEMBER 0. 0. 0. 0. 0. 567,195. 1b Subtotal Ō. 0. 0. c Total from continuation sheets to Part VII, Section A 567,195. 0. 0. Total (add lines 1b and 1c)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
M3 DEVELOPMENT, LLC		
PO BOX 426, RICHMOND, IL 60071	GENERAL CONTRACTOR	323,265.
OAK MARK, LLC, 830 S BUFFALO GROVE RD,		
SUITE 106, BUFFALO GROVE, IL 60089	LANDLORD	145,804.
NOORANI NOORANI	PSYCHIATRIC	
2516 ANNE LN, NORTHBROOK, IL 60062	SPECIALIST	127,051.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Form 990 THE JOSS	ELYN CEN	1TE	ER,	N	ΙFΡ)			**_**	7996
Part VII Section A. Officers, Directors, Tre							est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c		call:			ly)	compensation	compensation	amount of
	per					ΓĖ	ĺ	from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	or director				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	Suedic				and related
	organizations below	dual tr	tional	١.	n ploy	stcon	_			organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CAROLYN RAITT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) BILL ROGALLA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) SHERWIN SHENFELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) MARY WOMSLEY	3.00									
BOARD DIRECTOR		Х						0.	0.	0.
(31) KEN FISHMAN	1.00	 								_
BOARD MEMBER	1 00	Х	_	-		_		0.	0.	0.
(32) NEIL FITZPATRICK	1.00								0	•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(33) GAILLEE FITZPATRICK	1.00	.,							_	0
BOARD MEMBER	+	Х						0.	0.	0.
		-								
	+									
		_	4							
		-								
			М		1					
				М						
		1		ľ						
		ľ								
		4								
-	+					\vdash				
	+									
		L	L	L		L				
Total to Part VII, Section A, line 1c										

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		Check if Schedule O contains a response	onse or note to any lin	e in this Part VIII			
		Officer if Generalic G contains a respe	insc of flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
		- · · · · · · · · · · · · · · · · · · ·	45 057				300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a	45,857.				
	b	Membership dues 1b					
	С	Fundraising events1c					
	d	Related organizations 1d					
s, imi	е	Government grants (contributions) 1e	4,039,128.			A	
ibutions ther Sir	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f	2,917,012.				
d d	g	Noncash contributions included in lines 1a-1f	\$				
a C a	h	Total. Add lines 1a-1f)	7,001,997.			
			Business Code				
ø	2 a	CLINIC FEES	624100	7,775,087.	7,775,087.		
Ş.	b						
Program Service Revenue	c						
m S	_						
gra Re	d						
Š.	e	·	_				
ъ.		All other program service revenue		5 555 005			
		Total. Add lines 2a-2f		7,775,087.			
	3	Investment income (including dividends, i					
		other similar amounts)		78,480.			78,480.
	4	Income from investment of tax-exempt bo	nd proceeds				
	5	Royalties					
		(i) Rea	l (ii) Personal				
	6 a	Gross rents 6a 38,	150.				
	b	Less: rental expenses 6b	0.				
	С		150.				
		Net rental income or (loss)		38,450.			38,450.
		Gross amount from sales of (i) Securi	ies (ii) Other				7 - 7 - 7
	ı a	(7	111				
•	D	Less: cost or other basis	202				
nue l		and sales expenses 7b 681,					
Revenue		Gain or (loss) 7c 84,					
		Net gain or (loss)	······	84,461.			84,461.
her	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 109,672.				
	b	Less: direct expenses	8b 12,365.				
		Net income or (loss) from fundraising ever	nts	97,307.			97,307.
		Gross income from gaming activities. See					
		Part IV, line 19	9a				
	h	Less: direct expenses	9b				
		Net income or (loss) from gaming activitie	s				
	и а	Gross sales of inventory, less returns					
		and allowances	10a				
		Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of invento					
S			Business Code				
o o	11 a	MISCELLANEOUS REVENUE	999999	37,166.	37,166.		
ane	b						
Miscellaneous Revenue	С						
isc B	d	All other revenue					
≥	e	Total. Add lines 11a-11d		37,166.			
		Total rayanua Sae instructions		15 112 948.	7 812 253.	0.	298 698.

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Form 990 (2021)

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).

secti	on 501(c)(3) and 501(c)(4) organizations must comp			ipiele column (A).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	279,438.	207,315.	56,335.	15,788.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,141,769.	6,782,278.	1,842,981.	516,510.
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	129,845.	96,332.	26,177.	7,336.
9	Other employee benefits	659,641.	489,387.	132,984.	37,270.
10	Payroll taxes	611,149.	453,411.	123,208.	7,336. 37,270. 34,530.
11	Fees for services (nonemployees):	•			•
	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A), amount, list line 11g expenses on Sch 0.)	360,176.	267,215.	72,611.	20,350.
12	Advertising and promotion	141,134.	104,707.	28,453.	20,350. 7,974. 29,119.
13	Office expenses	515,385.	382,364.	103,902.	29,119.
14	Information technology		,	·	
15	Royalties				
16	Occupancy	815,770.	605,220.	164,459.	46,091.
17	Travel	5,542.	4,112.	1,117.	313.
18	Payments of travel or entertainment expenses				
=	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	141,880.	105,261.	28,603.	8,016.
21	Payments to affiliates	-	-		-
22	Depreciation, depletion, and amortization	307,092.	227,831.	61,910.	17,351.
23	Insurance	176,702.	131,095.	35,623.	9,984.
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 0.)				
а	MISCELLANEOUS	328,215.	243,503.	66,168.	18,544.
b	PROPERTY TAXES	158,541.	117,621.	31,962.	8,958.
С	BILLING AND CREDENTIALI	130,675.	96,948.	26,344.	7,383.
d	STAFF DEVELOPMENT	84,907.	62,993.	17,117.	4,797.
е	All other expenses	126,159.	93,596.	25,435.	7,128.
25	Total functional expenses. Add lines 1 through 24e	14,114,020.	10,471,189.	2,845,389.	797,442.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			546,237.	1	264,432.
	2				2		
	3	Pledges and grants receivable, net			1,232,431.	3	2,010,378.
	4	Accounts receivable, net			36,139.	4	1,747,430.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	ial c	ontributor, or 35%			
		controlled entity or family member of any of these p	ersc	ons		5	
	6	Loans and other receivables from other disqualified	l pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	·
Ä	9				175,817.	9	336,886.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10	0a	10,402,838.			
	b	Less: accumulated depreciation1	0b	1,112,875.	4,493,686.	10c	
	11	Investments - publicly traded securities			3,752,611.	11	2,591,830.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	66,755.
	15				0.	15	50,000.
	16	Total assets. Add lines 1 through 15 (must equal lin			10,236,921.	16	16,357,674.
	17	Accounts payable and accrued expenses			781,164.	17	1,634,587.
	18	Grants payable Deferred revenue			100 000	18	100 110
	19				100,263.	19	100,412.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
es	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substant					
iab.		controlled entity or family member of any of these p			1 010 172	22	F 026 672
_	23	Secured mortgages and notes payable to unrelated			1,812,173.	23	5,836,673.
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17					
		of Schedule D			2,693,600.	25	7,571,672.
	26	Total liabilities. Add lines 17 through 25			2,093,000.	26	7,371,072.
တ္က		Organizations that follow FASB ASC 958, check	nere				
nce	07	and complete lines 27, 28, 32, and 33.			5,304,486.	07	6,863,496.
alaı	27	Net assets without donor restrictions			2,238,835.	27	1,922,506.
d B	28	Net assets with donor restrictions			2,230,033.	28	1,922,500.
n-		Organizations that do not follow FASB ASC 958,	cne	ck nere			
ρ		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equip				30 31	
et A	31	Retained earnings, endowment, accumulated incom			7,543,321.	31	8,786,002.
ž	32	Total liabilities and not assets/fund balances			10,236,921.	33	16,357,674.
	33	Total liabilities and net assets/fund balances			10,430,341.	33	

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

-orm	1990 (2021) THE JOSSELYN CENTER, NFP	× × .	_ ^ ^ ^	1996	Pa	ge 1≱
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	5,11	2,9	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	4,11	4,0	20.
3	Revenue less expenses. Subtract line 2 from line 1	3		99	8,9	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,54	3,3	21.
5	Net unrealized gains (losses) on investments	5		-49	2,7	52.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		73	6,5	05.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		8,78	6,0	02.
Pa	rt XII Financial Statements and Reporting		_			
	Check if Schedule O contains a response or note to any line in this Part XII	·				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule (O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** **-***7996 THE JOSSELYN CENTER, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning 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.")	2045082.	2225545.	2500616.	5514729.	7001997.	19287969 .		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to					A			
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2045082.	2225545.	2500616.	5514729.	7001997.	<u> 19287969.</u>		
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)						1292807.		
	Public support. Subtract line 5 from line 4.						17995162.		
	Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	2045082.	2225545.	2500616.	5514729.	7001997.	19287969.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	F1 700	60 212	74 500	60 220	70 400	222 511		
	and income from similar sources	51,798.	60,313.	74,582.	68,338.	78,480.	333,511.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain	4							
	or loss from the sale of capital								
	assets (Explain in Part VI.)						19621480.		
	Total support. Add lines 7 through 10						<u> 19021400.</u>		
12	Gross receipts from related activities,					12			
13	First 5 years. If the Form 990 is for the			-			▶□		
organization, check this box and stop here Section C. Computation of Public Support Percentage									
	Public support percentage for 2021 (li			column (f))		14	91.71 %		
15						15	81.92 %		
	IS Public support percentage from 2020 Schedule A, Part II, line 14								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization									
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	-	-	*	-				
_	more, and if the organization meets th	· ·				•			
	organization meets the facts-and-circu				-		▶ □		
18									

Schedule A (Form 990) 2021 THE JOSSELYN CENTER, NFP 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 rualify under the tests listed below please complete Part II \

Se	ction A. Public Support	now, please comp	nete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		. ,	,	. ,		, ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					, i	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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		4				
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				Г	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	4					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)	1					
14	14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
80	check this box and stop here						P
	ction C. Computation of Public			L (n)		45	
	Public support percentage for 2021 (li					15	<u>%</u>
	6 Public support percentage from 2020 Schedule A, Part III, line 15						
	•			no 12 nolumn (f\)		47	04
	Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2020 Schedule A. Part III. line 17 %						
	8 Investment income percentage from 2020 Schedule A, Part III, line 17						
196	more than 33 1/3%, check this box an						, 19 110f
L	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1				
1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a	_		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		2		
3b 3c 4a 4b 4c 5a 5b 5c 6				
3b 3c 4a 4b 4c 5a 5b 5c 6		3a		
3c		53		
3c		3b		
4a 4b 4c 5a 5b 5c 6 7 8				
4a 4b 4c 5a 5b 5c 6 7 8		3с		
4b 4c 5a 5b 5c 6 7 8				
4b 4c 5a 5b 5c 6 7 8		4a		
5a 5b 5c 6 7 8		is		
5a 5b 5c 6 7 8		4b		
5a 5b 5c 6 7 8				
5a 5b 5c 6 7 8		4c		
5b 5c 6 7 8				
5b 5c 6 7 8		5a		
6 7 8				
6 7 8		5b		
6 7 8	Γ			
7 8 9a				
7 8 9a		6		
9a				
9a		7		
9a				
9a		8		
9b	L	9a		
9b				
		9b		
9c		9с		
10a	L	10a		
10b		10b		

Par	t IV	Supporting Organizations (continued)			-g
		, community		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
•		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
-		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	how providing such benefit carried out the purposes of the supported organization(s) that operated.			
			2		
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations			
		A type in eapper unity or gammatitions		Yes	No
1	Woro :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tne su tion D	pported organization(s). D. All Type III Supporting Organizations			l
		yram type in cupper unit organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
			2		
3	•	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3		cant voice in the organization's investment policies and in directing the use of the organization's			
		the or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sec	suppo tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	<u> </u>		l
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	(2)	
2		ties Test. Answer lines 2a and 2b below.	straction.	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	orga	nizations	7 7 7 0 1 age 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations must		•	,
Sect	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		
	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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		

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

Schedule A (Form 990) 2021

instructions).

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations (continued)	7556 Tage 1
Sect	on D - Distributions		(00.7	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	_	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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 t	he 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	
Sect	ion 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	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: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
<u>C</u>	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
b	Excess from 2018			

Schedule A (Form 990) 2021

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

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.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GAILLEE AND NEIL FITZPATRICK	1,066,667.	674,237.
ELIZABETH AND KENT DAUTEN	1,011,000.	618,570
otal Excess Contributions to Schedule A, Part II, Line 5	1	1,292,807

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization Employer identification number

THE JOSSELYN CENTER **-***7996 NFP Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE JOSSELYN CENTER, NFP

-*7996

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No1_	Name, address, and ZIP + 4 CYNTHIA AND DAN HELLE P.O. BOX 1498 EDWARDS, CO 81632-1498	\$ 216,076.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GAILLEE AND NEIL FITZPATRICK 513 SHERIDAN RD KENILWORTH, IL 60043-1222	\$1,066,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ELIZABETH AND KENT DAUTEN 16 COUNTRY LANE NORTHFIELD, IL 60093-1003	\$ 1,011,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4 NEW TRIER TOWNSHIP 739 ELM STREET WINNETKA, IL 60093-2586	* 189,999.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ILLINOIS DEPARTMENT OF HUMAN SERVICES 401 S CLINTON ST CHICAGO, IL 60607-3800	\$ 889,057.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SAMHSA 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 1,235,309.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE JOSSELYN CENTER, NFP

-*7996

(a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I				
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
No. from Part I		\$		
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
No. from		\$		
$ \frac{-}{-} $	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Name of organization **Employer identification number** **-***7996 THE JOSSELYN CENTER, NFP Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

• 5	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	e of organization			Empl	oyer identification number
	THE JOS	SELYN CENTER, NFP			**-***7996
Pa	rt I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai rt I-B Complete if the org	ures		▶ \$	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	▶\$	
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				
		anization is exempt under			
1	Enter the amount directly expended	by the filing organization for section	on 527 exempt functio	n activities >\$	
	Enter the amount of the filing organ				
	exempt function activities			▶\$	
	Total exempt function expenditures			. .	
	line 17b				
	Did the filing organization file Form				
	Enter the names, addresses and emmade payments. For each organizar		•	-	
	contributions received that were pro-				•
	political action committee (PAC). If			•	o oogrogatoa tanta or a
	(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

expenses, and share of exce	ngs to an affiliated group (and list in Part IV each affilia ss lobbying expenditures). ked box A and "limited control" provisions apply.	ted group member's nam	e, address, EIN,
Limits on Lok	obying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pul	olic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a le	egislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a ar	nd 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add line	es 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount	ount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
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 \$1,000,00	0.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	of line 1f)		
h Subtract line 1g from line 1a. If zero or less,	enter -0-		
i Subtract line 1f from line 1c. If zero or less,	enter -0-		
j If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720)	
reporting section 4911 tax for this year?			Yes No
•	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete a te the separate instructions for lines 2a through 2f.)		elow.
Lok	bying Expenditures During 4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	2018 (b) 2019 (c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount			
b Lobbying ceiling amount (150% of line 2a, column(e))			
c Total lobbying expenditures			
d Grassroots nontaxable amount			
e Grassroots ceiling amount (150% of line 2d, column (e))			

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021 THE JOSSELYN CENTER, NFP **-***79 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(á	a)	(b)	
	e lobbying activity.	Yes	No	Amount	
1 a b	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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c	Media advertisements?		X		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	X	Х	48,000	
j	Total. Add lines 1c through 1i			48,000	•
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				_
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/o\/	E/ or ooc	tion	
Fai	501(c)(6).	11 30 1 (0)(oj, di sec	, tion	
				Yes 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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line 3, is	
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).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
_	expenditure next year?		4		_
	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		_
		list\. Dort II	Λ lines 1 s	nd 0 (Coo	_
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	ilist), Part II-	A, imes i a	nu z (See	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
AD\	OCATE FOR MENTAL HEALTH ISSUES, MEDICAID/MEDICARE E	AY RAT	TES,		
ΑΤιΤ	OCATION OF STATE FUNDS FOR MENTAL HEALTH PROGRAMS I	N OUR	AREAS		
				-	
					_
					_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NFP THE JOSSELYN CENTER,

Employer identification number **-***7996

		(a) Donor advised funds	(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 advisors in wi	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
		······	
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	<u></u>
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it \boldsymbol{k}	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing co	onservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	ements that describes the
<u> </u>	organization's accounting for conservation easements.	A . I I I I I I I I I I I I I I I I I I	Other Other Assessed
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publi		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	ırtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
L-	Assets included in Form 000, Part V		A

	mr	ant int ar			44.44	±5006	_
	dule D (Form 990) 2021 THE JOSS t III Organizations Maintaining C	SELYN CENT ollections of A		asures, or Othe	r Similar Assets	*7996	Page 2
3	Using the organization's acquisition, accession					COntinue	<i></i>
	collection items (check all that apply):	,	,,,				
а	Public exhibition		d Loan or exc	hange program			
b	Scholarly research			3 1 3			
С	Preservation for future generations						
	Provide a description of the organization's co	llections and expla	in how they further th	e organization's exe	mpt purpose in Part	XIII.	
	During the year, did the organization solicit or	r receive donations	of art, historical treas	sures, or other simila	r assets		
	to be sold to raise funds rather than to be ma					Yes	No
ar	t IV Escrow and Custodial Arrang					line 9, or	
	reported an amount on Form 990, Par						
а	Is the organization an agent, trustee, custodia	an or other interme	diary for contributions	or other assets not	included		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
2	Beginning balance				1c		
d	Additions during the year				1d		
	Distributions during the year				1e		
Ī	Ending balance				lf		
а	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for escrow or cu	stodial account liab	ility?	Yes	No
	If "Yes," explain the arrangement in Part XIII.					<u></u>	
ar	t V Endowment Funds. Complete in	f the organization a					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	 	
3	Beginning of year balance	2,120,785.		2,111,246.	2,100,342.	2,09	0,447.
)	Contributions	37,762.		7,475.			
	Net investment earnings, gains, and losses			24,026.	131,246.	12	5,686.
	Grants or scholarships						
•	Other expenditures for facilities						
	and programs			21,962.	120,342.	11	5,791.
•	Administrative expenses						
_	End of year balance	2,158,547.		2,120,785.	2,111,246.	2,10	0,342.
	Provide the estimated percentage of the curr	ent year end baland) held as:			
а	Board designated or quasi-endowment		%				
1	Permanent endowment	%					

а	Board designated or quasi-endowmen	t 🕨		4		_%
b	Permanent endowment >		%			

c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,007.		89,007.
b Buildings		9,593,573.	658,156.	8,935,417.
c Leasehold improvements				
d Equipment		720,258.	454,719.	265,539.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	9,289,963.			

Schedule D (Form 990) 2021

Yes

No

Scriedule D	(1 01111 330) 202 1		00000011	O /	
Part VII	Investments - Ot	her Se	curities.		
	Complete if the organi	ization a	nswered "Yes" on	Form 990, Parl	IV. line

Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

| Part VIII | Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, col. (R) line 13.)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>

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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

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

0 - 1	dule D (Form 990) 2021 THE JOSSELYN CENTER, NFP			**_	***7996 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		The second of the second		
1				1	14,620,196
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-492,752.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-492,752.
3	Subtract line 2e from line 1			3	15,112,948.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	15,112,948.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			_	
1	Total expenses and losses per audited financial statements			1	14,114,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	14,114,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

c Add lines 4a and 4b

ENDOWMENT FUNDS CONSIST OF A DONOR-RESTRICTED ENDOWMENT FUND AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS.

PART X, LINE 2:

THE ORGANIZATION ADOPTED THE IMPLEMENTATION FOR FASB ASC 740. UNDER FASB ASC 740, MANAGEMENT MUST EVALUATE THE POSITIONS IT HAS TAKEN ON TAX RETURNS. MANAGEMENT HAS DETERMINED THAT THERE ARE NO TAX POSITIONS THAT WOULD RESULT IN A MORE LIKELY THAN NOT (50% CHANCE) OF NOT BEING SUSTAINED UNDER A POTENTIAL AUDIT OR EXAMINATION. THE JOSSELYN CENTER HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2022.

4с

Schedule D (Form 990) 2021	THE JOSSELYN	CENTER.	NFP	**-***7996	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation (continued)				i age e
	(oonanada)				

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE TOCCET VN CENTED NED

Employer identification number ** - * * * 7 9 9 6

	SELIN CENTER, NEP					330			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
		Á							
otal									
List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration			
3									

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

		of fundraising event contributions and gro	oss income on Form 990	-LZ, ili les i aliu ob. List e	vents with gross receipt	s greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPRING		NONE	, , ,
			LUNCHEON	FALL EVENT		(add col. (a) through
					(total number)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	99,657.	10,015.		109,672.
Œ						
	9	Less: Contributions				
	-	Legg. Contributions				
	_	Cross income (line 1 minus line 0)	99,657.	10,015.		109,672.
	3	Gross income (line 1 minus line 2)	99,031.	10,013.		109,012.
	4	Cash prizes				
	5	Noncash prizes				
SO						
)Su	6	Rent/facility costs				
ĝ	١	Tione radiity decid				
ŵ	_					
Direct Expenses	7	Food and beverages				
₫						
	8	Entertainment				
	9	Other direct expenses	11,315.	1,050.		12,365.
	10					12,365.
	11	Net income summary. Subtract line 10 from li				97,307.
Pa	rt I	Gaming. Complete if the organization				, , , ,
		\$15,000 on Form 990-EZ, line 6a.				
		\$ 10,000 011 0111 000 11 , 1110 001		(b) Pull tabs/instant		(d) Total gaming (add
æ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c)
ě						
	1	Gross revenue				
S	2	Cash prizes				
Se				ľ l		
Direct Expenses	3	Noncash prizes				
$\bar{\Sigma}$						
첧	4	Pont/facility costs				
Ë	4	Rent/facility costs				
_						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
			. ,			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		The garming meetine carrinary. Cabitaet mie r	TOTAL INTO 1, COLORER (C)			L
0	En	ter the state(s) in which the organization condu	ucte gaming activities:			
			_			N
		the organization licensed to conduct gaming ac				Yes No
b) If "	No," explain:				
	_					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				

Sch	nedule G (Form 990) 2021 THE JOSSELYN CENTER, NFP **-	-***7	996	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	□ No
40	to administer charitable gaming?	. []	Yes	NO
	Indicate the percentage of gaming activity conducted in:	120	l	0/
	a The organization's facility			<u>%</u>
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	,		
	of gaming revenue retained by the third party > \$			
(c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	L No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<u> </u>	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lin	ies 9,	9b, 10b,

132083 10-21-21 Schedule G (Form 990) 2021

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

NFP

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

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

THE JOSSELYN CENTER,

Employer identification number **-***7996

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
р	Any related organization?	5b		^
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Х
	The organization?	6a 6b		X
D	Any related organization?	OD		-21
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	É		
U	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	٦		
-	Regulations section 53.4958-6(c)?	9		
	·			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D))-(D) in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) SUSAN RESKO	(i)	188,405.	0.	0.	0.	0.	188,405.	0.		
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) MELISSA FRICK	(i)	155,936.	0.	0.	0.	0.	155,936.	0.		
APN	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE JOSSELYN CENTER, NFP

Employer identification number **-***7996

SECTION A, LINE 2: FORM 990, PART VI, TWO MEMBERS OF THE BOARD ARE MARRIED TO EACH OTHER. FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED BY STAFF THEN AUDIT & FINANCE COMMITTEES, THEN FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST AFFIDAVITS ARE SIGNED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE OF BOARD REVIEWS COMPENSATION SURVEYS AND RECOMMENDS SALARY AND ANNUAL MERIT INCREASES FOR A. FOR B. THE BOARD CHAIR AND VICE CHAIR ARE ADVISED OF SALARY MERIT INCREASES AND FULL BOARD APPROVES BUDGET WITH DETAILED SALARY INFORMATION FORM 990, PART VI, SECTION C, LINE 19: ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORTS CAN BE OBTAINED THROUGH THEIR WEBSITE OR BY PHONE. FEDERAL FORM 990 AND THE ILLINOIS ANNUAL REPORT CAN ALSO BE REOUESTED THROUGH THE ORGANIZATION IN WRITING, OR THROUGH THE ORGANIZATION' S WEBSITE . ALL OTHER INFORMATION CAN BE OBTAINED BY WRITING TO THE ORGANIZATION. FORM 990, PART XII, LINE 2C: THE PROCESS FOR OVERSIGHT OF THE AUDIT AHD SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

The Josselyn Center, NFP 405 Central Avenue Northfield, IL 60093

Prepared By:

Tighe, Kress & Orr, P.C. 2001 Larkin Avenue, Suite 202 Elgin, IL 60123

Amount of Tax:

No payment is required.

Make Check Payable To:

Not applicable

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Return Must Be Mailed On Or Before:

May 15, 2023

Special Instructions:

The report should be signed and dated by an authorized individual(s).

For Off	# ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attorney General KWAME RAOUL State of III		Form AG990-IL Revised 1/19
	Charitable Trust Bureau, 100 West Rando		# 01-002716
	11th Floor, Chicago, Illinois 60601		Check all items attached:
AMT	Report for the Fiscal Period:	X	
		Make Checks X	
	Beginning <u>07/01/2021</u>	Payable to the Illinois	Copy of Form IFC
INIT	& Ending 06/30/2022	Charity \sqsubseteq	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Fodor	al ID# **-***7996 MO DAY YR	Bureau Fund	MO DAY YR
		ganization was create	
	LEGAL	Year-end	
	NAME THE JOSSELYN CENTER, NFP	amounts	
	MAIL	A) ASSETS	A) \$ 16,357,674.
	DDRESS 405 CENTRAL AVENUE	B) LIABILITIES	B) \$ 7,571,672.
	STATE NORTHFIELD, IL	C) NET ASSETS	C) \$ 8,786,002.
<u>Z</u> I	P CODE 60093 SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
1.	p) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	70.690%	D) \$ 10,692,099.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	27.008%	E) \$ 4,084,985.
	F) OTHER REVENUES	2.302%	F) \$ 348,229.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 15,125,313.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	H) OPERATING CHARITABLE PROGRAM EXPENSE	74.125%	H) \$ 10,471,189.
	I) FRUGATION PROCESS AN OFRIGE EVERNOR	0/	I)
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	74.125%	J) \$ 10,471,189.
	of Total Stratification of the End End Carbon and		ο, φ = • γ = ε = γ = • •
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	1) TOTAL CHARITARI F DROCDAM CERVICE EVENINITIES (ADD. 1.9 K)	74.125%	L) \$ 10,471,189.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	7 4 • 125 %	L) \$ 10, 4/1, 100.
	M) MANAGEMENT AND GENERAL EXPENSE	20.142%	$ _{M)}$ \$ 2,845,389.
			, , , , , , , , , , , , , , , , , , , ,
	N) FUNDRAISING EXPENSE	5.733%	N) \$ 809,807.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 14,126,385.
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS;		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS;	C) ¢ 0	
IV	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE.	S) \$ 0.	
•••	T) NAME, TITLE: SUSAN RESKO, CEO	T) \$ 188,405.	
	U) NAME, TITLE: MELISSA FRICK, APN		U) \$ 155,936.
	V) NAME, TITLE: MICHAEL SCHOLL		V) \$ 113,287.
٧.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on back side of instructions

111

W)# X)#

Y) #

W) DESCRIPTION: MENTAL HEALTH SERVICES

X) DESCRIPTION: Y) DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO		
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X		
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY					
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,					
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,					
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE					
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE					
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON					
	OR ORGANIZATION?	5.		Х		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х		
٠.		٠.				
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS					
, u.	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х		
	BETWEEN THOUTHAND SERVICE AND FONDIANOING EACEO.	· ·				
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT					
75.	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND					
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$					
	, AND (N) THE MINOUNT ALEGORIED TO TONDITAIONNA W					
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х		
٠.		٠.				
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR					
٠.	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х		
		٠.				
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,					
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х		
		(
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS					
	THREE LARGEST ACCOUNTS:					
	NORTHFIELD BANK & TRUST, 9801 W. HIGGINS, BOX 32, ROSEMONT, IL	60	018			
	CHASE BANK, PO BOX 182051, COLUMBUS, OH 43218					
	FIFTH THIRD BANK, 6116 NORTH RIVER ROAD, ROSEMONT, IL 60018					
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: GREGORY PAULUS - 312-927-7552					
ALL ATTACHMENTO MUCT ACCOMPANY THIS DEPORT. OF INSTRUCTIONS						
AI I	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS					

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

BE SURE TO INCLUDE ALL FEES DUE:

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

SUSAN B. RESKO

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

GREGORY PAULUS

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TIMOTHY A. KING, CPA, MAS