

**REGULAR MEETING OF THE DUPAGE
TOWNSHIP SUPERVISOR AND THE
BOARD OF TRUSTEES
251 Canterbury Lane
Levy Center
Bolingbrook IL
& via Remote "Zoom"
Conference^{***}**

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/87537341290?pwd=R3NvRmNFV1VEUvFWZmZCdEZBbDV3Zz09>

Webinar ID: 875 3734 1290

Passcode: 832689

Tuesday, December 15, 2020

7:00PM

AGENDA

I. Call to Order

II. Pledge of Allegiance

****Supervisor's Statement & Findings****

III. Roll Call for Quorum

IV. Approval of Agenda

V. Approval of Minutes

A. Approval of November 17, 2020 Regular Board Meeting Minutes.

B. Approval of December 4, 2020 Special Board Meeting Minutes.

VI. Supervisor's Report

VII. Action Items

A. Approval of Ordinance 20-23, DuPage Township Tax Levy 2020 payable in 2021.

B. Approval of DuPage Township Employee Insurance Broker and services from Alliant/Mesirow with Township Supervisor's authority to execute any required plan documents.

C. Approval of Resolution No. 20-24, A Resolution Authorizing the Settlement of Various Tax Objection Cases Concerning The General Assistance Fund Levy

D. Approval of the DuPage Township Board and Committee 2021 Meeting Dates Calendar.

E. Approval of the DuPage Township Holiday Calendar for 2021.

VIII. Audit of Bills & Claims

IX. Approval of Township Bills & Claims (for 11/13/20 through 12/10/20) in the amount of \$83,170.90

- i. Open Payables - \$13,359.38
- ii. Paid Payables - \$69,811.14

X. New Business

- A. Presentation by ABC Community Builders and discussion about proposed Grant Application.

XI. Reports from Administrative Staff and Contractors

- A. Legal Report – Township Attorney
- B. Assistant to the Supervisor Report
- C. Senior Report – Lynne Woodard
- D. Senior Report – Maureen Fox
- E. Food Pantry – Report Dave Locke
- F. General Assistance Report – Kimberlee Owens
- G. Human Resource Report – Amy Albright
- H. Banquets Report – Kelli Lizardo

XII. Elected Officials & Advisory Committee Reports

- A. Assessor
- B. Clerk
- C. Trustees
 - i. Alyssia Benford
 - ii. Ken Burgess
 - iii. Maripat Oliver
 - iv. Dennis Raga

XIII. Public Comments**

Invitation to speak on any issue on the agenda or anything regarding Township government. **

(Limited to one 3-minute comment per person).

****Please note that Public Comment procedures have been modified pursuant to the Statewide Gubernatorial Disaster Proclamation and DuPage Township Ordinance 20-11, *an Ordinance Enacting and Establishing a Disaster Remote Meeting Policy*. Consistent with the rules and regulations previously adopted by DuPage Township, all those attending in-person may provide their comment as recognized by the Township Board. Additionally, a person unable to attend the meeting in-person and desiring to make public comment may email their public comment to Township Clerk at kali@dupagetownship.com by 5:00 p.m. on the day upon which the Board of Trustees holds a meeting. Public Comments received by email will be read during the public comment section and will be noted in the meeting minutes. Emailed public comments must be limited to 200 words, must identify the commenter, and are limited to one (1) comment per person. Any profanity and obscene words contained in public comments will not be read out loud. All public comments shall adhere to the applicable rules and regulations for same as adopted by the Township.**

XIV. Roll Call to Enter Closed Session (If Necessary)

- A.** Approval to convene Closed Session of the DuPage Township Board of Trustees to consider one or more of the following subjects pursuant to the Illinois Open Meetings Act, 5 ILCS 120/1, *et seq.*:
- v. Section 2(c)(1): The appointment, employment, compensation, discipline, performance, or dismissal of specific employees, specific individuals who serve as independent contractors in a park, recreational, or educational setting, or specific volunteers of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee, a specific individual who serves as an independent contractor in a park, recreational, or educational setting, or a volunteer of the public body or against legal counsel for the public body to determine its validity. However, a meeting to consider an increase in compensation to a specific employee of a public body that is subject to the Local Government Wage Increase Transparency Act may not be closed and shall be open to the public and posted and held in accordance with this Act;
 - vi. Section 2(c)(11): Litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting; and
 - vii. Section 2(c)(21): Discussion of minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06

XV. Return to Open Session

XVI. Action Items Following Closed Session

- A. Consideration and possible Approval to release February 15, 2019 Closed Session Meeting Minutes.
- B. Consideration and possible Approval to release December 19, 2019 Closed Session Meeting Minutes.
- C. Consideration and possible Approval to release September 15, 2020 Closed Session Meeting Minutes.
- D. Consideration and possible Approval to release December 4, 2020 Closed Session Meeting Minutes.
- E. Approval of Resolution 20-22, A Resolution Reporting the Determination of the DuPage Township Board of Trustees Regarding the Review of Closed Session Minutes Pursuant to Section 2.06 of the Illinois Open Meetings Act (for the period ending June 30, 2020).

XVII. Adjournment

****+NOTICE REGARDING IN-PERSON MEETING MODIFICATIONS**

Pursuant to the Statewide Gubernatorial Disaster Proclamations and DuPage Township Ordinance 20-11, *an Ordinance Enacting and Establishing a Disaster Remote Meeting Policy*, the Township Supervisor, as head of the public body, has determined that a meeting held entirely in-person meeting or a meeting otherwise conducted in accordance with the Illinois Open Meetings Act is neither practical nor prudent because of the declared disaster. Only **ten (10)** persons shall be admitted into the **modified** meeting room with all individuals required to wear face coverings and to practice social distancing. **PLEASE NOTE THE MODIFIED, IN-PERSON MEETING ROOM LOCATION.**

After any elected or appointed officials, in-person admission shall be determined on a first-come, first-serve basis. Members of the news media may email the Township Clerk at kali@dupagetownship.com to request reserved in-person admission. Members of the public may participate and listen to the Township Board meetings via Alternative Arrangements (Zoom Teleconference) and shall contemporaneously be able to hear all discussion, testimony, and roll call votes, in addition to the various methods provided to submit public comment.

A verbatim recording of the open portion of this meeting will be created and will made available upon request. Persons participating at this meeting hereby acknowledge and are informed of this meeting's public recording. Persons unable to attend in person, or via the Alternative Arrangements, and desiring to know if action was taken on an agenda item by the Supervisor and Board of Trustees for DuPage Township may contact the Township Clerk at kali@dupagetownship.com the following day or thereafter.

Persons with disabilities requiring reasonable accommodations in this meeting should contact Supervisor Felix George at the Township Administrative Office, 241 Canterbury Lane, Bolingbrook. Office hours are Monday through Friday from 8:30 a.m. until 4:30 p.m. Please give at least 48 hours notice prior to the meeting. Request for ASL interpreters require five (5) working days advance notice. Telephone number: (630) 759-1317; Email: fgeorge@dupagetownship.com

**TAX LEVY ORDINANCE
DUPAGE TOWNSHIP
ORDINANCE NO. 20-23**

An ordinance levying taxes for all town purposes for DuPage Township, Will County, Illinois, for the tax year 2021, collectable in 2021/2022.

BE IT ORDAINED by the Board of Trustees of DuPage Township, Will County, Illinois, as follows:

SECTION 1: That the sum of TWO MILLION FOUR HUNDRED TWO THOUSAND, FIVE HUNDRED EIGHTY DOLLARS (\$2,402,580.00) are hereby levied upon all property subject to taxation within the Township as that property is assessed and equalized, in order to meet and defray all the necessary expenses and liabilities of the Township as required by statute or voted by the people in accordance with the law, for such purposes as:

GENERAL TOWN FUND,
ILLINOIS MUNICIPAL RETIREMENT FUND (IMRF),
SOCIAL SECURITY FUND, and
GENERAL ASSISTANCE FUND,

For the year 2021.

SECTION 2: That the total amount levied shall be as follows:

	<u>Amount</u> <u>Levied</u>	
<u>GENERAL TOWN FUND</u>		
<u>ADMINISTRATION</u>		
Personnel	\$339,800	
Contractual Services	\$339,100	
Commodities	\$30,500	
Capital Outlay	\$500	
TOTAL ADMINISTRATION:		\$709,900
<u>ASSESSOR</u>		
Personnel	\$337,700	
Contractual Services	\$46,650	
Commodities	\$2,000	
Capital Outlay	\$4,000	
Other Expenditures	\$500	
TOTAL ASSESSOR:		\$390,850
<u>CEMETERY</u>		
Commodities	\$200	
TOTAL CEMETERY:		\$200
<u>YOUTH SERVICES</u>		
Personnel	\$10,000	
Contractual Services	\$20,000	
Commodities	\$900	
Other Expenditures	\$55	
TOTAL YOUTH DEPARTMENT		\$30,955
<u>SENIOR SERVICES</u>		
Personnel	\$190,325	
Contractual Services	\$57,000	
Commodities	\$5,000	
Other Expenditures	\$150	
Capital Outlay	\$4,000	

TOTAL SENIORS SERVICES \$256,475

SOCIAL SERVICES

PACE Services \$35,000
Social Service/Grants \$75,000

TOTAL SOCIAL SERVICE DEPARTMENT \$110,000

LEVY SENIOR CENTER

Contractual Services \$15,000
Commodities \$21,000
Capital Outlay \$500
Other expenditures \$100

TOTAL LEVY SENIOR CENTER \$36,600

MAINTENANCE DEPT ADMINISTRATION:

Personnel \$75,500
Contractual Services \$100,200
Commodities \$17,000
Capital Outlay \$200
Other Expenditures \$100

TOTAL MAINTENANCE ADMINISTRATION \$193,000

FOOD PANTRY

Personnel \$125,000
Contractual Services \$33,600
Commodities \$17,500
Capital Outlay \$500

TOTAL FOOD PANTRY \$176,600

TOTAL GENERAL TOWN FUND \$1,904,580

REF: General Corporate Tax 60 ILCS1/235-10

ILLINOIS MUNICIPAL RETIREMENT FUND (IMRF)

Personnel \$100,000

TOTAL IMRF FUND: \$100,000

REF: IMRF Tax 40 ILCS 5/7-171

SOCIAL SECURITY FUND

Personnel \$95,000

TOTAL SOCIAL SECURITY FUND: \$95,000

REF: Social Security Tax 40 ILCS 5/21-110 & 110.1

GENERAL ASSISTANCE FUND

ADMINISTRATION

Personnel \$150,000
Contractual Services \$5,000
Commodities \$1,400
Capital Outlay \$100
Other Expenditures \$50

TOTAL ADMINISTRATION \$156,550

HOME RELIEF

Contractual Services \$93,450
Commodities \$50,000

TOTAL HOME RELIEF: \$143,450

TOTAL GENERAL ASSISTANCE FUND: \$300,000

REF: Public Assistance Tax 60 ILCS 1/235-20

TAX LEVY SUMMARY

General Town Fund	\$ 1,904,580
General Assistance	\$ 300,000
Illinois Municipal Retirement Tax	\$ 100,000
Social Security Tax	\$ 98,000

TOTAL TSECTION 3: That the Town Clerk shall make and file with the County Clerk of said County of

Will, on or before the last Tuesday of December, a duly certified copy of this ordinance.

SECTION 4: That if any section, subdivision, or sentence of this ordinance shall for any reason be held invalid, or to be unconstitutional, such finding shall not affect the validity of the remaining portion of this ordinance.

SECTION 5: That this ordinance shall be in full force and effect after its adoption, as provided by law ADOPTED THE 15TH day of December 2020, pursuant to a roll call vote by the Board of Trustees of DuPage Township, Will County, Illinois.

<u>BOARD OF TRUSTEES</u>	AYE	NAY	ABSENT
Alyssia Benford	_____	_____	_____
Dennis Raga	_____	_____	_____
Ken Burgess	_____	_____	_____
Maripat Oliver	_____	_____	_____
Felix George – SUPERVISOR	_____	_____	_____

X _____
Kulsum Ali, Town Clerk

X _____
Felix George, Chairman-Board of Trustees

TAXES LEVIED \$ 2,402,580

DuPage Township Tax Levy 2021 Payable 2021 Worksheet

Equalized Assessed Value (EAV) for 2021 Payable 2021
\$3,407,915,076.00

2020 Payable 2021	LEVY	EAV	Rate:
Town Fund	\$ 1,904,580.00	\$ 3,407,915,076.00	0.0559%
General Assistance	\$ 300,000.00	\$ 3,407,915,076.00	0.0088%
Social Security	\$ 98,000.00	\$ 3,407,915,076.00	0.0029%
IMRF	\$ 100,000.00	\$ 3,407,915,076.00	0.0029%
Total:	\$ 2,402,580.00	\$ 3,407,915,076.00	0.0705%

2019 Payable 2020 Actual	LEVY	EAV	Rate:
Town Fund	\$ 1,880,213.63	\$ 3,297,331,046.00	0.0570%
General Assistance	\$ 244,460.04	\$ 3,297,331,046.00	0.0074%
Social Security	\$ 95,000.00	\$ 3,297,331,046.00	0.0029%
IMRF	\$ 120,642.61	\$ 3,297,331,046.00	0.0037%
Total:	\$ 2,340,316.28	\$ 3,297,331,046.00	0.0710%

2021	\$ 2,402,580.00	Rate:	0.0705%
2020	\$ 2,340,316.28	Rate:	0.0710%
Difference:	\$ 62,263.72		

RESOLUTION NO. 20-24

**A RESOLUTION AUTHORIZING THE SETTLEMENT
OF VARIOUS TAX OBJECTION CASES
CONCERNING THE GENERAL ASSISTANCE FUND LEVY**

WHEREAS, DuPage Township ("Township") is a body corporate and politic existing and operating in the State of Illinois pursuant to the Illinois Township Code, 60 ILCS 1.01 *et seq.*; and

WHEREAS, the Township is a defendant in various cases in which Plaintiffs are objecting to the Township's levy and resultant tax rate for the General Assistance Fund for the levy years 2016, 2017 and 2018 pending, respectively, as Case Nos. 17TX286, 18TX251 and 19TX56 in the Twelfth Judicial Circuit; and

WHEREAS, at issue in these three tax objection cases is a total amount, not inclusive of interest, of approximately \$102,761.78; and

WHEREAS, counsel for the Plaintiffs and the Township have engaged in settlement negotiations resulting in an agreement to settle the claims herein named for the total amount of \$50,000.00; and

WHEREAS, pursuant to the settlement proposed, the Township will pay to the Plaintiffs' counsel the total amount of \$50,000.00 from the current fiscal year's General Assistance Fund; and

WHEREAS, the Township has determined that it is reasonable and prudent and in the best interests of the taxpayers of the Township to enter into the proposed settlement.

NOW, THEREFORE BE IT RESOLVED by the Supervisor and Board of Trustees, DuPage Township, Will County, Illinois, as follows:

SECTION ONE: That the recitals set forth above are incorporated herein and made a part hereof.

SECTION TWO: That the settlement proposed herein is approved, and the officers, officials, employees and counsel for the Township are authorized to take such action, including execution of any documents required for purposes of settlement in the court cases, as are necessary to carry out and effectuate the intent and purposes of the settlement and this Resolution.

SECTION THREE: That this Resolution shall be effective immediately upon its passage.

SECTION FOUR: That all resolutions or motions in conflict with this Resolution are hereby repealed to the extent of such conflict.

ADOPTED AND APPROVED by the Supervisor and the Board of Trustees of DuPage Township, Illinois on this 15th day of December, 2020.

APPROVED:

FELIX GEORGE, Supervisor

ATTEST:

KULSOM ALI, Township Clerk

Ayes: _____

Nays: _____

Absent _____

**DUPAGE TOWNSHIP
PAYROLL/ ACCOUNTS PAYABLE SCHEDULE**

2021

All invoices are due by 9:00 AM the **Wednesday** prior to the scheduled Tuesday board meeting to comply with proper posting of the board meeting agenda.

2021	DUE TIME SHEETS DUE by 9AM	PAY DAY	DUE INVOICES/PO'S DUE BY 9AM	BOARD MEETING	CHECKS CUT
JANUARY	13	15	13	19	20
	27	29			
FEBRUARY	11	15	10	16	17
	24	26			
MARCH	11	15	10	16	17
	29	31			
APRIL	13	15	*ASAP	*7	8
	28	30	**ANNUAL MTG	**13	** NO BILLS PAID
			14	20	21
MAY	12	14	12	18	19
	27	31			
JUNE	11	15	9	15	16
	28	30			
JULY	13	15	14	20	21
	28	30			
AUGUST	11	13	11	17	18
	27	31			
SEPTEMBER	13	15	15	21	22
	28	30			
OCTOBER	13	15	13	19	20
	27	29			
NOVEMBER	12	15	10	16	17
	24	30			
DECEMBER	13	15	15	21	22
	28	30			

*Wednesday April 7th meeting to approve final bill pay of the fiscal year

**April 13th is the Annual Town Meeting-NO bill pay

COPY:	L. Youngs	R. Martin	C. Castelton
	L. Woodard	M. Fox	K. Lizardo
	D. Locke	K. Owens	T. Odum
	A. Albright	D. Huginin	
	Supervisor	Board of Trustees	

**PUBLIC NOTICE OF HOLIDAY CALENDAR
DUPAGE TOWNSHIP
WILL COUNTY, IL**

2021 Holiday Calendar

New Year's Day	Friday January 1, 2021
Martin Luther King Day	Monday January 18, 2021
Presidents' Day	Monday February 15, 2021
Spring Holiday	Friday April 2, 2021
Memorial Day	Monday May 31, 2021
Independence Day	Monday July 5, 2021
Labor Day	Monday September 6, 2021
Columbus Day	Monday October 11, 2021
Veterans Day	Thursday November 11, 2021
Thanksgiving	Thursday November 25, 2021
Day after Thanksgiving	Friday November 26, 2021
Christmas Eve	Friday December 24, 2021
Christmas Day	Saturday December 25, 2021
New Year's Eve	Friday December 31, 2021

Cc: Trustees, Clerk, Assessor, Collector, Senior Services of Will County, Will County Clerk, Village of Bolingbrook, Village of Romeoville, All boards and commissions

December 15, 2020

Approval of Township Bills \$ November 12, 2020- December 10, 2020

Open Payables

Town \$10,405.59

Banquets \$170.68

General Assistance \$2,783.11

Paid Payables

Town \$59,182.24

Banquets \$6,397.14

General Assistance \$4,232.14

See attached invoices.

THE ABOVE HAS BEEN AUDITED AND APPROVED FOR PAYMENT ON THIS 15th DAY OF DECEMBER 2020.

FELIX GEORGE, SUPERVISOR

KULSUM ALI, TOWN CLERK

DENNIS R. RAGA, TRUSTEE

ALYSSIA BENFORD, TRUSTEE

KEN BURGESS, TRUSTEE

MARIPAT OLIVER, TRUSTEE

ATTESTATION

I, _____, the duly elected Clerk of DuPage Township, pursuant to 60 ILCS 1/7-27, hereby attest to the signature and/or authorization of the Supervisor with respect to the above payments made from DuPage Township funds, each of which payments were reviewed and approved by majority vote of the DuPage Township Board of Trustees on the ____ day of _____, 20__.

Attest: _____

Clerk, DuPage Township

Date: _____

Inv Num	Vendor Description GL Distribution	Inv Date Entered By	Due Date	Inv Amt	Amt Due	Status	Jrnlnz	Post Date
2377-798322								
22355	ADVANCE AUTO PARTS PARTS 01-08-5200 MAINTENANCE	11/20/2020 CARRIE.ROE	12/15/2020	13.78	13.78	Open	Y	11/20/2020
ATK20350								
22368	ATEKI CORPORATION COMPUTERS 01-01-5410 COMPUTERS	11/18/2020 CARRIE.ROE	12/15/2020	192.57	192.57	Open	Y	11/18/2020
11.2020								
22395	BANK PROCESSING FMB VISA VISA CHARGES 01-01-5200 MAINTENANCE 01-01-5280 DUES 01-01-5300 TRAINING 01-01-5380 VOLUNTEER APPRECIATION 01-05-5400 SOCIAL/ENTERTAINMENT 01-05-5425 EDUCATION/RECREATION 01-08-5200 MAINTENANCE 01-08-5205 MAINTENANCE ROADS	11/29/2020 CARRIE.ROE	12/15/2020	1,607.16	1,607.16	Open	Y	11/29/2020
11.2020G								
22396	BANK PROCESSING FMB VISA VISA CHARGES 03-01-5240 POSTAGE 03-01-5500 SUPPLIES 03-09-5200 MAINTENANCE 03-09-5290 TRAVEL 03-09-5510 FOOD SUPPLIES	11/29/2020 CARRIE.ROE	12/15/2020	1,936.11	1,936.11	Open	Y	11/29/2020
20200765								
22362	BLUE DIAMOND COFFEE SERVICE SUPPLIES 01-01-5500 SUPPLIES	11/17/2020 CARRIE.ROE	12/15/2020	36.00	36.00	Open	Y	11/17/2020
17117								
22369	BOND, DICKSON & ASSOCIATES, PC LEGAL SERVICES 01-01-5230 LEGAL	07/08/2020 CARRIE.ROE	12/15/2020	37.00	37.00	Open	Y	07/08/2020
17298								
22370	BOND, DICKSON & ASSOCIATES, PC LEGAL SERVICES 01-01-5230 LEGAL	12/03/2020 CARRIE.ROE	12/15/2020	555.00	555.00	Open	Y	12/03/2020

INVOICE REGISTER REPORT FOR DUPAGE TOWNSHIP
 EXP CHECK RUN DATES 09/01/2020 - 12/15/2020
 BOTH JOURNALIZED AND UNJOURNALIZED
 OPEN

Inv Num	Vendor Description	GL Distribution	Inv Date Entered By	Due Date	Inv Amt	Amt Due	Status	Jrnld Post Date
7255	BOND, DICKSON & ASSOCIATES, PC		11/05/2020 CARRIE.ROE	12/15/2020	388.50	388.50	Open	Y 11/05/2020
2371	LEAL SERVICES	LEGAL	01-01-5230		388.50			
7162	BOND, DICKSON & ASSOCIATES, PC		09/03/2020 CARRIE.ROE	12/15/2020	92.50	92.50	Open	Y 09/03/2020
2372	LEGAL SERVICES	LEGAL	01-01-5230		92.50			
7155	BOND, DICKSON & ASSOCIATES, PC		08/06/2020 CARRIE.ROE	12/15/2020	37.00	37.00	Open	Y 08/06/2020
2373	LEGAL SERVICES	TELEPHONE/INTERNET	03-01-5250		37.00			
6905	BOND, DICKSON & ASSOCIATES, PC		11/07/2020 CARRIE.ROE	12/15/2020	777.00	777.00	Open	Y 11/07/2020
2385	LEGAL	LEGAL	01-01-5230		777.00			
2987572N	CNA SURETY DIRECT BILL		11/20/2020 CARRIE.ROE	12/15/2020	30.00	30.00	Open	Y 11/20/2020
2365	DUES	DUES	01-02-5280		30.00			
192193	ENTERPRISE NEWSPAPERS		11/12/2020 CARRIE.ROE	12/15/2020	299.26	299.26	Open	Y 11/12/2020
2358	PUBLICATIONS	PUBLICATIONS	01-01-5260		299.26			
60054906	GORDON FOOD SERVICE		10/28/2020 CARRIE.ROE	12/15/2020	51.47	51.47	Open	Y 10/28/2020
2386	SOCIAL	SOCIAL/ENTERTAINMENT	01-05-5400		51.47			
7004421	HERITAGE FS, INC.		11/20/2020 CARRIE.ROE	12/15/2020	795.85	795.85	Open	Y 11/20/2020
2356	FUEL	AUTOMOTIVE FUEL/OIL	01-08-5530		795.85			
11220	HOME DEPOT		11/12/2020 CARRIE.ROE	12/15/2020	18.97	18.97	Open	Y 11/12/2020
2299	MAINTENANCE	MAINTENANCE	01-08-5200		18.97			

Inv Num	Vendor	Inv Date	Due Date	Inv Amt	Amt Due	Status	Jrnld	Post Date
Inv Ref#	Description	Entered By						
	GL Distribution							
11.13.20								
22374	HOME DEPOT	11/13/2020	12/15/2020	18.97	18.97	Open	Y	11/13/2020
	MONTHLY STATEMENT	CARRIE.ROE						
	01-08-5200	MAINTENANCE		18.97				
21-10188784								
22366	IAAO	11/20/2020	12/15/2020	220.00	220.00	Open	Y	11/20/2020
	DUES	CARRIE.ROE						
	01-02-5280	DUES		220.00				
622058322								
22363	ILLINOIS MATERIAL HANDLING	12/20/2020	12/15/2020	543.20	543.20	Open	Y	11/20/2020
	MAINTENANCE	CARRIE.ROE						
	01-08-5200	MAINTENANCE		543.20				
10.20.20								
22359	JEAN KELLY	11/30/2020	12/15/2020	314.68	314.68	Open	Y	11/30/2020
	CLASS	CARRIE.ROE						
	01-02-5300	TRAINING		314.68				
10.18.20								
22360	JEAN KELLY	11/30/2020	12/15/2020	121.90	121.90	Open	Y	11/30/2020
	MILEAGE	CARRIE.ROE						
	01-02-5290	TRAVEL		121.90				
W48696								
22376	JOHANSEN & ANDERSON INC	11/24/2020	12/15/2020	357.00	357.00	Open	Y	11/24/2020
	MAINTENANCE	CARRIE.ROE						
	01-09-5200	MAINTENANCE		357.00				
12.2020								
22353	LINDA YOUNGS	12/01/2020	12/15/2020	80.00	80.00	Open	Y	12/01/2020
	TELEPHONE	CARRIE.ROE						
	01-01-5250	TELEPHONE/INTERNET		80.00				
11.19.20								
22377	MENARDS	11/19/2020	12/15/2020	21.69	21.69	Open	Y	11/19/2020
	SUPPLIES	CARRIE.ROE						
	01-08-5500	SUPPLIES		21.69				
11.18.20								
22378	MENARDS	11/18/2020	12/15/2020	19.99	19.99	Open	Y	11/18/2020
	SUPPLIES	CARRIE.ROE						
	01-08-5500	SUPPLIES		19.99				

IV Num	Vendor Description GL Distribution	Inv Date Entered By	Due Date	Inv Amt	Amt Due	Status	Jrnlized Post Date
1.23.20 2379	MENARDS SUPPLIES 01-08-5500	11/23/2020 CARRIE.ROE	12/15/2020	32.47	32.47	Open	Y 11/23/2020
1.16.20 2380	MENARDS SUPPLIES 01-08-5500	11/16/2020 CARRIE.ROE	12/15/2020	73.30	73.30	Open	Y 11/16/2020
1.20.20 2381	MENARDS SUPPLIES 01-08-5500	11/20/2020 CARRIE.ROE	12/15/2020	199.98	199.98	Open	Y 11/20/2020
2.2.20 2382	MENARDS SUPPLIES 01-08-5500	12/02/2020 CARRIE.ROE	12/15/2020	26.94	26.94	Open	Y 12/02/2020
2.3.20 2383	MENARDS SUPPLIES 01-08-5500	12/03/2020 CARRIE.ROE	12/15/2020	110.94	110.94	Open	Y 12/03/2020
2.4.20 2384	MENARDS SUPPLIES 01-08-5500	12/04/2020 CARRIE.ROE	12/15/2020	85.67	85.67	Open	Y 12/04/2020
30903 2301	MONROE TRUCK EQUIPMENT MAINTENANCE 01-08-5200	11/17/2020 CARRIE.ROE	12/15/2020	90.16	90.16	Open	Y 11/17/2020
30929 2364	MONROE TRUCK EQUIPMENT PARTS 01-08-5200	11/19/2020 CARRIE.ROE	12/15/2020	135.34	135.34	Open	Y 11/19/2020
49425 2367	PORTABLE JOHN MAINTENANCE 03-09-5200	11/20/2020 CARRIE.ROE	12/15/2020	810.00	810.00	Open	Y 11/20/2020

INVOICE REGISTER REPORT FOR DUPAGE TOWNSHIP
 EXP CHECK RUN DATES 09/01/2020 - 12/15/2020
 BOTH JOURNALIZED AND UNJOURNALIZED
 OPEN

Inv Num	Vendor Description	GL Distribution	Inv Date Entered By	Due Date	Inv Amt	Amt Due	Status	Jrnalized Post Date
103081	RENDELS		11/13/2020	12/15/2020	2,320.00	2,320.00	Open	Y
22298	MAINTENANCE		CARRIE.ROE					11/13/2020
	01-08-5200	MAINTENANCE			2,320.00			
01-122929-03								
2357	RENTALS UNLIMITED		11/25/2020	12/15/2020	590.00	590.00	Open	Y
	TENT RENTAL		CARRIE.ROE					11/25/2020
	01-09-5200	MAINTENANCE			590.00			
12.2020								
2354	ROBERT MARTIN		12/01/2020	12/15/2020	50.00	50.00	Open	Y
	TELEPHONE		CARRIE.ROE					12/01/2020
	01-01-5250	TELEPHONE/INTERNET			50.00			
399398								
2302	SWANEL BEVERAGE INC		11/01/2020	12/15/2020	85.34	85.34	Open	Y
	SUPPLIES		CARRIE.ROE					11/01/2020
	02-01-5500	SUPPLIES			85.34			
403634								
2352	SWANEL BEVERAGE INC		12/01/2020	12/15/2020	85.34	85.34	Open	Y
	SUPPLIES		CARRIE.ROE					12/01/2020
	02-01-5500	SUPPLIES			85.34			
3447-7								
2361	THE SHERWIN-WILLIAMS CO.		11/19/2020	12/15/2020	35.00	35.00	Open	Y
	PAINTS		CARRIE.ROE					11/19/2020
	01-01-5500	SUPPLIES			35.00			
4829974-0								
2351	WAREHOUSE DIRECT		11/30/2020	12/15/2020	63.30	63.30	Open	Y
	SUPPLIES		CARRIE.ROE					11/30/2020
	01-01-5500	SUPPLIES			63.30			
					13,359.38	13,359.38		
			Totals:		0.00	0.00		
			Totals:		13,359.38	13,359.38		

let of Invoices and Credit Memos:

iv Num	Vendor	Inv Date	Due Date	Inv Amt	Amt Due	Status	Unrlized
iv Ref#	Description	Entered By					Post Date
--	TOTALS BY FUND ---						
01	- TOWN FUND			10,405.59	10,405.59		
02	- BANQUETS			170.68	170.68		
03	- GENERAL ASSISTANCE			2,783.11	2,783.11		
--	TOTALS BY DEPT/ACTIVITY ---						
01	- ADMINISTRATION			3,264.05	3,264.05		
02	- ASSESSOR			686.58	686.58		
05	- SENIOR PROGRAMMING			661.27	661.27		
08	- MAINTENANCE DEPT			5,230.09	5,230.09		
09	- FOOD PANTRY			3,517.39	3,517.39		

Check Date	Bank	Check #	Payee	Description	Account	Dept	Amount
Fund: 01 TOWN FUND							
Department: 00							
12/10/2020	TOWN	68(E)#	IL MUNICIPAL RETIREMENT FUND	DUE FROM BANQUET FUND	1505	00	175.54
				DUE FROM GEN ASSIST FUND	1510	00	542.36
				DUE FROM IMRF FUND	1520	00	10,225.83
				CHECK TOWN 68(E) TOTAL FOR FUND 01:			<u>10,943.73</u>
				Total for department 00:			10,943.73
Department: 01 ADMINISTRATION							
11/18/2020	TOWN	10688	AT&T	TELEPHONE/INTERNET	5250	01	101.34
11/18/2020	TOWN	10689	AT&T MOBILITY	TELEPHONE/INTERNET	5250	01	111.96
11/18/2020	TOWN	10693	DUNKIN DONUTS	VOLUNTEER APPRECIATION	5380	01	250.06
11/18/2020	TOWN	10699	WORK NOW, LLC	SALARIES	5000	01	665.00
11/20/2020	TOWN	67(E)	ADP LLC	REOCCURRING SERVICES	5330	01	127.06
12/04/2020	TOWN	10706	HANSEN SERVICES, INC.	REOCCURRING SERVICES	5330	01	81.00
12/04/2020	TOWN	10707#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	01	969.94
12/04/2020	TOWN	10709	IMPACT NETWORKING LLC	MAINTENANCE	5200	01	161.58
12/04/2020	TOWN	10710	MARLIN BUSINESS BANK	MAINTENANCE	5200	01	210.00
12/04/2020	TOWN	10711	MCGRATH OFFICE EQUIPMENT	MAINTENANCE	5200	01	174.25
12/04/2020	TOWN	10712	NCPERS GROUP LIFE INS	IMRF LIFE PAYABLE	2100	01	64.00
12/04/2020	TOWN	10713	OUTSOURCE IT SOLUTIONS, INC	COMPUTERS	5410	01	104.00
				COMPUTERS	5410	01	388.00
				COMPUTERS	5410	01	250.00
				CHECK TOWN 10713 TOTAL FOR FUND 01:			<u>742.00</u>
12/04/2020	TOWN	10714#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	01	176.23
12/04/2020	TOWN	10715#	VSP OF ILLINOIS	HEALTH INSURANCE	5050	01	32.36
12/04/2020	TOWN	10716	WORK NOW, LLC	SALARIES	5000	01	532.00
				SALARIES	5000	01	665.00
				SALARIES	5000	01	482.13
				CHECK TOWN 10716 TOTAL FOR FUND 01:			<u>1,679.13</u>

Check Date	Bank	Check #	Payee	Description	Account	Dept	Amount
Fund: 01 TOWN FUND							
Department: 01 ADMINISTRATION							
12/04/2020	TOWN	59(E)	ADP LLC	REOCCURRING SERVICES	5330	01	150.09
12/10/2020	TOWN	62(E)	COMCAST	UTILITIES	5310	01	118.35
12/10/2020	TOWN	63(E)	ILLINOIS AMERICAN WATER BOARDM	CEMETERY UTILITIES	5315	01	24.32
12/10/2020	TOWN	68(E)#	IL MUNICIPAL RETIREMENT FUND	IMRF PAYABLE	2030	01	2,153.14
12/14/2020	TOWN	64(E)	ILLINOIS AMERICAN WATER	UTILITIES	5310	01	106.25
12/14/2020	TOWN	65(E)	ILLINOIS AMERICAN WATER TWIFIRE	UTILITIES	5310	01	43.98
12/15/2020	TOWN	55(E)	COMED	UTILITIES	5310	01	1,002.69
12/15/2020	TOWN	56(E)	COMED	CEMETERY UTILITIES	5315	01	51.60
12/15/2020	TOWN	57(E)	NICOR GAS	UTILITIES	5310	01	132.24
12/15/2020	TOWN	66(E)	WIPFLI LLP	PROFESSIONAL SERVICES	5220	01	6,000.00
Total for department 01:							15,328.57
Department: 02 ASSESSOR							
11/18/2020	TOWN	10697	US BANK EQUIPMENT FINANCE	MAINTENANCE	5200	02	206.67
12/04/2020	TOWN	10703	CDS OFFICE TECHNOLOGIES	COMPUTERS	5410	02	1,653.00
12/04/2020	TOWN	10704	COMCAST	TELEPHONE/INTERNET	5250	02	234.42
12/04/2020	TOWN	10707#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	02	2,917.09
12/04/2020	TOWN	10714#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	02	298.50
12/04/2020	TOWN	10715#	VSP OF ILLINOIS	HEALTH INSURANCE	5050	02	53.94
12/09/2020	TOWN	10717	CDS OFFICE TECHNOLOGIES	MAINTENANCE	5200	02	625.30
12/10/2020	TOWN	68(E)#	IL MUNICIPAL RETIREMENT FUND	IMRF PAYABLE	2030	02	1,261.46
Total for department 02:							7,250.38
Department: 05 SENIOR PROGRAMMING							
11/18/2020	TOWN	10690	BLUE CROSS AND BLUE SHIELD DH	HEALTH INSURANCE	5050	05	215.00
12/03/2020	TOWN	54(E)	COMCAST	TELEPHONE/INTERNET	5250	05	89.90
12/04/2020	TOWN	10702	BLUE CROSS MEDICARE RX	HEALTH INSURANCE	5050	05	135.90
12/04/2020	TOWN	10707#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	05	771.45

Check Date	Bank	Check #	Payee	Description	Account	Dept	Amount
Fund: 01 TOWN FUND							
Department: 05 SENIOR PROGRAMMING							
12/04/2020	TOWN	10714#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	05	175.30
12/04/2020	TOWN	10715#	VSP OF ILLINOIS	HEALTH INSURANCE	5050	05	26.97
12/10/2020	TOWN	68(E)#	IL MUNICIPAL RETIREMENT FUND	IMRF PAYABLE	2030	05	674.26
Total for department 05:							
Department: 06 SOCIAL SERVICES							
11/18/2020	TOWN	10696	PACE SUBURBAN BUS	BUS EXPENSE	5480	06	1,335.53
11/24/2020	TOWN	10700	THE HAZEL HOUSE GLOBAL CHARITIES	SOCIAL SERVICES / GRANTS	5370	06	5,000.00
11/30/2020	TOWN	10701	OPERATION CHRISTMAS/BOLINGBROO	SOCIAL SERVICES / GRANTS	5370	06	5,000.00
12/04/2020	TOWN	10705	COMMUNITY SERVICE COUNCIL	SOCIAL SERVICES / GRANTS	5370	06	2,805.00
12/09/2020	TOWN	10719	PACE SUBURBAN BUS	BUS EXPENSE	5480	06	1,402.55
Total for department 06:							
Department: 07 LEVY SENIOR CENTER							
12/02/2020	TOWN	58(E)	GROOT, INC	MAINTENANCE			** VOIDED **
				MAINTENANCE			** VOIDED **
12/02/2020	TOWN	69(E)	GROOT, INC	MAINTENANCE	5200	07	815.27
Total for department 07:							
Department: 08 MAINTENANCE DEPT							
11/18/2020	TOWN	10691	CARQUEST AUTO PARTS	MAINTENANCE	5200	08	115.53
11/18/2020	TOWN	10692	COMED	UTILITIES	5310	08	158.19
11/18/2020	TOWN	10695	JOHNSON CONTROLS SECURITY	MAINTENANCE	5200	08	297.00
12/04/2020	TOWN	10707#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	08	1,036.41
12/04/2020	TOWN	10714#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	08	115.99
12/04/2020	TOWN	10715#	VSP OF ILLINOIS	HEALTH INSURANCE	5050	08	8.99
12/09/2020	TOWN	10718	ILLINOIS MATERIAL HANDLING	MAINTENANCE	5200	08	379.93
				MAINTENANCE	5200	08	(362.10)

Check Date	Bank	Check #	Payee	Description	Account	Dept	Amount
Fund: 01 TOWN FUND							
Department: 08 MAINTENANCE DEPT							
12/10/2020	TOWN	68 (E) #	IL MUNICIPAL RETIREMENT FUND	IMRF PAYABLE	2030	08	17.83
CHECK TOWN 10718 TOTAL FOR FUND 01:							
Total for department 08:							
11/18/2020	TOWN	10694	HANSEN SERVICES	REOCCURRING SERVICES	5330	09	60.00
11/18/2020	TOWN	10698	VILLAGE OF ROMEOVILLE	REOCCURRING SERVICES	5330	09	33.84
12/02/2020	TOWN	70 (E)	GROOT, INC	REOCCURRING SERVICES	5330	09	2,070.98
12/04/2020	TOWN	10707#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	09	1,504.91
12/04/2020	TOWN	10708	IMAGE SYSTEMS & BUSINESS SOLUT	MAINTENANCE	5200	09	152.54
12/04/2020	TOWN	10714#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	09	175.69
12/04/2020	TOWN	10715#	VSP OF ILLINOIS	HEALTH INSURANCE	5050	09	14.38
12/08/2020	TOWN	60 (E)	COMED	REOCCURRING SERVICES	5330	09	681.16
12/09/2020	TOWN	10720	VILLAGE OF ROMEOVILLE	REOCCURRING SERVICES	5330	09	19.34
12/09/2020	TOWN	61 (E)	COMCAST	REOCCURRING SERVICES	5330	09	138.35
12/10/2020	TOWN	68 (E) #	IL MUNICIPAL RETIREMENT FUND	IMRF PAYABLE	2030	09	402.06
Total for department 09:							
Total for fund 01 TOWN FUND							
							5,253.25
							59,182.24

Check Date	Bank	Check #	Payee	Description	Account	Dept	Amount
Fund: 02 BANQUETS							
Department: 00							
11/18/2020	BANQ	20372	ABBIGAIL FEBUS	RENTAL DEPOSIT ON HAND	2200	00	450.00
11/18/2020	BANQ	20373	DEBORAH BROOKS	RENTAL DEPOSIT ON HAND	2200	00	450.00
11/18/2020	BANQ	20374	HOWARD GORDEN	RENTAL DEPOSIT ON HAND	2200	00	450.00
11/18/2020	BANQ	20375	NICOLE MELVIN	RENTAL DEPOSIT ON HAND	2200	00	142.00
11/25/2020	BANQ	20376	KAITLYN MONTROSE	RENTAL DEPOSIT ON HAND	2200	00	450.00
12/07/2020	BANQ	20386	ASHLEY DEVRIES	SENIOR TRIPS	4600	00	450.00
12/09/2020	BANQ	20387	DARREN CORNELIOUS	RENTAL DEPOSIT ON HAND	2200	00	1,975.00
Total for department 00:							4,367.00
Department: 01 ADMINISTRATION							
12/04/2020	BANQ	20377	COMCAST	UTILITIES	5310	01	223.92
12/04/2020	BANQ	20378	COMED	UTILITIES			** VOIDED **
12/04/2020	BANQ	20379	HEALTHCARE SERVICES CORP	HEALTH INSURANCE			** VOIDED **
12/04/2020	BANQ	20380	PRINCIPAL FINANCIAL	HEALTH INSURANCE			** VOIDED **
12/04/2020	BANQ	20381	VSP OF ILLINOIS	HEALTH INSURANCE			** VOIDED **
12/04/2020	BANQ	20382	COMED	UTILITIES	5310	01	903.70
12/04/2020	BANQ	20383	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	01	429.57
12/04/2020	BANQ	20384	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	01	59.70
12/04/2020	BANQ	20385	VSP OF ILLINOIS	HEALTH INSURANCE	5050	01	8.99
12/14/2020	BANQ	17(E)	ILLINOIS AMERICAN WATER	UTILITIES	5310	01	19.04
12/14/2020	BANQ	18(E)	ILLINOIS AMERICAN WATER	UTILITIES	5310	01	186.71
12/15/2020	BANQ	16(E)	NICOR GAS	UTILITIES	5310	01	198.51
Total for department 01:							2,030.14
Total for fund 02 BANQUETS							6,397.14

Check Date	Bank	Check #	Payee	Description	Account	Dept	Amount
Fund: 03 GENERAL ASSISTANCE							
Department: 01 ADMINISTRATION							
12/04/2020	ASST	30190#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	01	1,236.16
12/04/2020	ASST	30191#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	01	119.40
12/04/2020	ASST	30192	VSP OF ILLINOIS	HEALTH INSURANCE	5050	01	17.98
Total for department 01:							1,373.54
Department: 09 FOOD PANTRY							
11/18/2020	ASST	30187	ALARM DETECTION SYSTEMS, INC	MAINTENANCE	5200	09	262.98
11/23/2020	ASST	30188	JEWEL FOOD STORES	FOOD SUPPLIES	5510	09	3,375.00
12/04/2020	ASST	30189	DE LAGE LANDEN FINANCIAL SERVICE	MAINTENANCE	5200	09	139.46
12/04/2020	ASST	30190#	HEALTHCARE SERVICES CORP	HEALTH INSURANCE	5050	09	(859.14)
12/04/2020	ASST	30191#	PRINCIPAL FINANCIAL	HEALTH INSURANCE	5050	09	(59.70)
Total for department 09:							2,858.60
Total for fund 03 GENERAL ASSISTANCE							4,232.14
TOTAL - ALL FUNDS							69,811.52

'#'-INDICATES CHECK DISTRIBUTED TO MORE THAN ONE DEPARTMENT

Linda Youngs

From: Felix George <felixge@aol.com>
Sent: Wednesday, December 9, 2020 7:11 PM
To: Linda Youngs; rsecler@osmf.com
Cc: Dennis Raga; Felix George
Subject: EXTERNALFwd: Agenda Request - ABC Community Builders
Attachments: Community Builders -Summary of Grant Application Packet.pdf; DuPage Township Supporting Docs.zip; Contractor Commitment Letters.zip; 2020-2021 Community Partnership Application - Community Builders.pdf

This message was sent from outside of the company by someone with a display name matching a user in your organization. Please DO NOT click links or open attachments unless you recognize the source of this email and know the content is safe.

Received

-----Original Message-----

From: Dennis Raga <draga@dupagetownship.com>
To: Felix George <fgeorge@dupagetownship.com>
Sent: Wed, Dec 9, 2020 2:14 pm
Subject: Fwd: Agenda Request - ABC Community Builders

I second

Sincerely
Dennis Raga
DuPage Township Trustee

Begin forwarded message:

From: Alyssia Benford <abenford@dupagetownship.com>
Date: December 9, 2020 at 1:16:25 PM CST
To: Dennis Raga <draga@dupagetownship.com>
Subject: **FW: Agenda Request - ABC Community Builders**

Please send to Felix for approval to add to the agenda.

From: Alyssia Benford
Sent: Wednesday, December 9, 2020 12:44 PM
To: Felix George <fgeorge@dupagetownship.com>
Cc: Ross Secler <rsecler@osmf.com>
Subject: Agenda Request - ABC Community Builders

Supervisor George,

Please add the following item to the agenda. Trustee Raga will send a separate email with his approval. At this time, we are not requesting that a resolution is drafted or a dollar amount is considered. It is a new program that we would like to present to the board for discussion and consideration on an amount. The grant application does contain the cost of the program and a budget so the board has an understanding of the cost per participant. Please include the attached summary of explanation to the board as well as a part of the packet.

1. Presentation from ABC Community Builders and review of Grant Application. Discussion with possible board action.

December 9, 2020

DuPage Township Board,

Enclosed please find material for a workforce development program. It is a twelve-week pre-apprenticeship program. We will have members from Associated Builders and Contractors of Illinois (ABC) join our meeting via Zoom on Tuesday evening to share more details about the program. We have included some information for you to review regarding the program prior to our board meeting. The grant application amount requested is for the entire cost of the program for a group of 10 individuals. We are working on a partnership with Fifth Third Bank to help offset the cost to help us bring jobs for up to 20 people. We will share some more cost options on Tuesday evening as well so we can discuss them together as a team.

Also included in your packet are employer commitment letters for employers in DuPage and Will County that have expressed a need and a commitment to interview and participate in the construction training opportunities. Please also take a look at www.mycommunitybuilders.org if you have time as well.

If you have any questions prior to Tuesday, please email either one of us at abenford@dupagetownship.com or draga@dupagetownship.com.

Trustee Benford and Trustee Raga



241 Canterbury Lane, Bolingbrook, IL 60440
 P: 630-759-1317 F: 630-759-3412
 www.dupagetownship.com

2020-2021 Community Partnership Application

FORM 1 – ORGANIZATION INFORMATION

A. GENERAL

ORGANIZATION:	Associated Builders & Contractors, Illinois Chapter		
LOCAL ADDRESS:	2458 Elmhurst Road		
CITY:	Elk Grove Village	STATE:	IL
		ZIP CODE:	60007
PHONE: (w/ area code)	847-709-2960	FAX: (w/ area code)	847-709-2970
		EIN #	36-285690
WEBSITE:	www.abcil.org		
HEADQUARTERS ADDRESS:	600 South 2nd Street, Suite 403		
HQ CITY:	Springfield	HQ STATE:	IL
		HQ ZIP CODE:	62704
HQ PHONE: (w/ area code)	217-523-4692	HQ FAX: (w/ area code)	217-523-4752
CEO/ED:	Alicia Martin	E MAIL:	alicia@abcil.org

B. MISSION

ORGANIZATION MISSION STATEMENT:	To promote and preserve free enterprise with integrity; through superior education, safety, political action, business development, and career opportunities in the construction industry.
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C. REQUEST FOR FUNDING

TOTAL AMOUNT REQUESTED FROM DUPAGE TOWNSHIP:	\$77350.00
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SUMMARIZE THE BREAKDOWN ON HOW YOUR AGENCY WILL DISTRIBUTE FUNDING AMONG PROGRAMS

PROGRAM NAME	CATEGORY AND AGE GROUP	AMOUNT OF FUNDING TO BE APPLIED	PROGRAM NAME	CATEGORY AND AGE GROUP	AMOUNT OF FUNDING TO BE APPLIED
Example: Heart Health	H - SC	\$2,000			
Community Builders	D-A	\$77350.00			

Please indicate the appropriate letter in the category column: (H) – Health; (R) – Recreation; (P) – Public Safety; (E) – Environmental Protection; (PT) – Public Transportation; (L) Libraries; (D) Development of Business; (S) Senior Services

Please indicate the age group are program participants. If more than one age group is serviced, list all that apply: (Y) Youth (up to age 18); (SC) Senior Citizens (65 or older); (A) Adults (age 18 to 64)

YOUR TOTALS FROM THE ABOVE PROGRAM BREAKDOWN WILL EQUAL THE TOTAL AMOUNT YOU ARE REQUESTING FROM DUPAGE TOWNSHIP



241 Canterbury Lane, Bolingbrook, IL 60440

P: 630-759-1317 F: 630-759-3412

www.dupagetownship.com

FORM 2 – GOVERNANCE and COMMUNITY INVOLVEMENT

A. GOVERNANCE

# OF BOARD MEMBERS:	11	# OF TIMES YOUR BOARD MEETS ANNUALLY:	10-12	# OF BOARD MEMBERS ALLOWED PER BYLAWS	14
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HOW ARE BOARD MEMBERS SELECTED: APPOINTED ELECTED

WHAT IS THE CURRENT POLICY ON BOARD ROTATION: 3 year term with opportunity to serve a second 3 year term if re-elected.

HOW OFTEN DOES THE BOARD REVIEW YOUR CEO'S PERFORMANCE & COMPENSATION: Annually

DATE YOUR BY-LAWS WERE LAST UPDATED: February 2019

PRESIDENT:	Board Chair Eric Smith	TERM ENDS:	12/31/20	COMPANY AFFILIATION:	Edge Electrical Systems
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VICE PRESIDENT:	Chair Elect Aerika Hutton	TERM ENDS:	12/31/20	COMPANY AFFILIATION:	East Central IL Service Group
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B. COMMUNITY INVOLVEMENT

DOES YOUR AGENCY PROVIDE SERVICES WITHIN THE DUPAGE TOWNSHIP AREA YES NO

IF NO, PLEASE EXPLAIN

HOW MANY DUPAGE TOWNSHIP RESIDENTS WILL THE FUNDS REQUESTED SERVE: Ten

DO YOU VERIFY THAT RESIDENTS LIVE WITHIN DUPAGE TOWNSHIP? YES NO

IF NO, PLEASE EXPLAIN

IF YOU ARE A 501C3 ORGANIZATION, ARE YOU IN COMPLIANCE WITH ALL IRS AND STATE REGULATORY AGENCIES? YES NO

IF NO, PLEASE EXPLAIN: We are a 501c6 and we are in compliance will all IRS and state regulatory age

<p>DUPAGE TOWNSHIP FEELS COLLABORATION AMONG AGENCIES IS KEY TO COMMUNITY SUCCESS.</p> <p>NAME AND BRIEFLY DESCRIBE SOME OF YOUR KEY COLLABORATIVE PROGRAMS WITH OTHER ORGANIZATIONS</p>	<p>Key collaborative partners will be Hazel House / Pastor Hudson as well as the Bollingbrook Clergy Association. Both organizations will assist with the recruitment of participants and programming.</p>
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FORM 4 – PROGRAM INFORMATION

Complete Form 4 for **EACH** program you are submitting for funding. (Use a separate Form 4 for EACH program.)

PROGRAM NAME:	Community Builders
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DUPAGE TOWNSHIP FUNDING NEEDED FOR STATED PROGRAM:	\$77350.00	STATED PROGRAM BUDGET:	\$77350.00
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<p>PROGRAM DESCRIPTION & OUTCOMES:</p> <p>Must include:</p> <ul style="list-style-type: none"> * Description of Program * Goals of Program * Program Target Population * Any other information that will help DuPage Township understand your need for the township to fund this program 	<p>Objectives</p> <ul style="list-style-type: none"> To create a talent pipeline to meet the industry demand for skilled craft workers To create a more diverse and inclusive construction industry in Illinois To create career opportunities for underserved populations To create a model that can be replicated across Illinois and other states <p>In 2017, Associated Builders & Contractors - Illinois Chapter was awarded a grant from the Illinois Department of Commerce and Economic Opportunity to leverage our apprenticeship training program and nationally recognized construction credentials to help create career pathways for individuals with barriers to employment. The Community Builders Program through ASSOCIATED BUILDERS & CONTRACTORS - ILLINOIS CHAPTER (ABCIL) was implemented, when the crime, violence and poverty rates in Chicago were at an all-time high. Our grant-funded training program gives individuals the opportunity to learn an in-demand construction craft and follows through with career placements. Participants can enter our program with no experience in the industry and leave with a career pathway in construction making better than average wages along with opportunities for upward mobility. In an effort to reduce the strain on struggling communities and simultaneously create a talent pipeline for the waning construction workforce, this training is a crucial part of rehabilitating broken communities in the Chicago area and is a model that can be recreated in any city that may be struggling with the same issues. As an association that is made up of employers, we have the unique opportunity to not only train individuals by providing a positive pathway for their future but also assist in creating a talent pipeline for the construction industry. We anticipate receiving additional funding in 2019 that will allow us to continue training and assisting with employment placements in construction for more individuals in Illinois.</p>
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PROGRAM ASSESSMENT:

<p>HOW DO YOU DETERMINE THIS PROGRAM'S EFFECTIVENESS:</p>	<p>Measurable outcomes. Currently we've had 144 Community Builder graduates. 90% were African American, 8% Hispanic and 2% Caucasian. 70% have been placed successfully with employers and the average starting wage per participant is \$17.58 per hour. A cohort will only be offered if there are enough entry level positions needing filled by local contractors, sourcing letters from contractors with their projected hiring needs at the end of a cohort is required to begin a program.</p>
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<p>HOW OFTEN ARE THE PROGRAM'S PERFORMANCE OBJECTIVES AND OUTCOMES REVIEWED:</p>	<p>Program performance, objective and outcomes are reviewed after each cohort. To date we have had approximately 12 Community Builder cohorts since 2017. Each cohort consists of 10 to 20 participants. Due to the COVID pandemic in 2020 we were only able to hold one cohort.</p>
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<p>DID THIS PROGRAM MEET THE GOALS SET IN THE LAST DUPAGE TOWNSHIP FUNDING APPLICATION? IF NO, INCLUDE EXPLANATION.</p>	<p>This is our first application for Dupage Township funding</p>
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NUMBER OF DUPAGE TOWNSHIP RESIDENTS SERVED BY PROGRAM & CORRESPONDING DEMOGRAPHICS

BY TOWNSHIP FUNDING YEAR	Projected 2020 (4/1/19 – 3/31/2020)	10 to be served before March 30 2021	On Target 2019 (4/1/18 – 3/31/19)		PROVIDE EXPLANATION FOR ANY % OF CHANGE ≥/≤ 10%	
BY CALENDAR YEAR	2019 (1/1/19 – 12/31/19)		2018 (1/1/18 – 12/31/18)		PROVIDE EXPLANATION FOR ANY % OF CHANGE ≥/≤ 10%	

#'S SERVED IN CALENDAR YEAR 2018	
MALE	
FEMALE	
TOTAL	

ETHNICITIES SERVED		
	NUMBER	PERCENTAGE
WHITE		2
BLACK		90
LATINO		8
OTHER		
TOTAL		100%

**ECONOMICALLY DISADVANTAGED		
	NUMBER	PERCENTAGE
WHITE		2
BLACK		90
LATINO		8
OTHER		
TOTAL		100%

**\$23,850 annual income per non-farm family of four
<http://aspe.hhs.gov/poverty/14poverty.cfm>



241 Canterbury Lane, Bolingbrook, IL 60440

P: 630-759-1317 F: 630-759-3412

www.DuPageTownship.com

FORM 5 – PROGRAM DOLLARS PROVIDE FOR COMMUNITY

Please give **five (5)** specific examples of what programs, services, etc. DuPage Township Tax Dollars Fund
Note, you do NOT need examples for every amount, simply five examples. Choose various amounts and programs.
Example: \$2 a week will provide one counseling session for two families.

\$104 / \$2 A WEEK:	
\$156 / \$3 A WEEK:	
\$260 / \$5 A WEEK:	
\$312 / \$6 A WEEK:	
\$416 / \$8 A WEEK:	
\$520 / \$10 A WEEK:	
\$1,040 / \$20 A WEEK:	
OTHER: (ENTER YOUR OWN PROGRAM DOLLAR EXAMPLE FOR AMOUNT NOT LISTED)	See attached budget break down with explanations



FORM 6 – IMPACT STORY

Impact stories assist DuPage Township in "telling your story" which helps to increase awareness and support in the community. Tell ONE story that impacted a client through a program funded by DuPage Township that demonstrates why it is important to give.

Alias names or initials may be used to protect the privacy of your clients.

<p>TELL THE STORY: USE WHO, WHAT, WHERE, WHEN AND CALL TO ACTION. USE DETAIL.</p>	<p>Below, please find a link to a video testimonial provided by one of our previous Community Builder's participants along with quotes from a few other participants. Also, attached is a detailed outline of our training program.</p> <p>https://www.dropbox.com/s/mn2njql6kcm1ejw/Hines%20Clip.mov?dl=0</p> <p>https://www.dropbox.com/s/ddjevqd6aathsmi/Community%20Builder%20Testimonials.pdf?dl=0</p>
<p>OUTCOME: WHAT IS THE LONG-TERM OUTCOME?</p>	<p>Sustainable employment in the construction industry for all participants with the opportunity for upward mobility and continued construction education.</p>

Please return the application package along with the following documents:

1. If you are a 501c3 organization, a copy of your determination letter from the IRS
2. A completed Form W9 (can be found at www.irs.gov)
3. A copy of your current year budget
4. A copy of your most recent tax return or Form 990
5. A copy of your most recent annual financials or financial audit report (if you are required to have audited financial statements)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20__

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization ASSOCIATED BUILDERS AND CONTRACTORS, ILLINOIS CHAPTER, INC.	Employer identification number ** - ***9690
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Name and title of officer
**ALICIA MARTIN
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,170,857.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KERBER, ECK & BRAECKEL LLP to enter my PIN 90960
ERO firm name Enter five numbers; but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

37311790960
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/12/20

**ERO Must Retain This Form - See Instructions
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATED BUILDERS AND CONTRACTORS, ILLINOIS CHAPTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 S. SECOND STREET, SUITE 403 City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, IL 62704 F Name and address of principal officer: ALICIA MARTIN 600 S. SECOND STREET, SUITE 403, SPRINGFIELD	D Employer identification number ** - *** 9690 E Telephone number 217-523-4692 G Gross receipts \$ 2,195,462. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ABCIL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1975		M State of legal domicile: IL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROMOTE THE MERIT SHOP PHILOSOPHY AND TO PROVIDE BUILDING INDUSTRY TRAINING TO MEMBERS AND			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	39	
	6	Total number of volunteers (estimate if necessary)	6	30	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 957,293.	Current Year 1,013,393.
9		Program service revenue (Part VIII, line 2g)	897,021.	1,067,266.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	602.	815.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,543.	89,383.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,931,459.	2,170,857.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	426,510.	331,053.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	783,361.	860,304.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	848,880.	932,669.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,058,751.	2,124,026.	
	19	Revenue less expenses. Subtract line 18 from line 12	-127,292.	46,831.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,002,879.	End of Year 1,100,230.	
	21	Total liabilities (Part X, line 26)	582,814.	633,334.	
	22	Net assets or fund balances. Subtract line 21 from line 20	420,065.	466,896.	

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.

Sign Here	Signature of officer ALICIA MARTIN, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KATHLEEN O. WARD	Preparer's signature KATHLEEN O. WARD
	Date 03/12/20	Check <input type="checkbox"/> self-employed PTIN P01028546
	Firm's name ▶ KERBER, ECK & BRAECKEL LLP	Firm's EIN ▶ ** - *** 2985
	Firm's address ▶ 3200 ROBBINS ROAD, STE 200A SPRINGFIELD, IL 62704	Phone no. 217-789-0960

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.

Form 990 (2019)

-*9690 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO PROMOTE AND PRESERVE FREE ENTERPRISE WITH INTEGRITY THROUGH
SUPERIOR EDUCATION, SAFETY, POLITICAL ACTION, BUSINESS DEVELOPMENT AND
CAREER OPPORTUNITIES IN THE CONSTRUCTION INDUSTRY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
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 \$ _____ including grants of \$ _____) (Revenue \$ _____)
**EDUCATION CLASSES PROVIDE INDUSTRY TRAINING IN THE BUILDING TRADES.
SEMINARS ARE ALSO OFFERED TO FURTHER THE MERIT SHOP PHILOSOPHY.**

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
**PROVIDE MEMBERSHIP DEVELOPMENT THROUGH PUBLIC RELATIONS, MONTHLY
NEWSLETTERS, AND SPONSORING EDUCATIONAL COURSES.**

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
**MONTHLY MEETINGS PROVIDE A FORUM TO FURTHER THE MERIT SHOP PHILOSOPHY
AND ALLOW MEMBERS TO SHARE IDEAS.**

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶**

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

-*9690 Page 4

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

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 39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a	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		
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 to file Form 8282? 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
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? <i>If "No," provide an explanation on Schedule O</i> 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 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.			

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

** - *** 9690 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
ALICIA MARTIN - 217-523-4692
600 S. SECOND STREET, SUITE 403, SPRINGFIELD, IL 62704

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

-*9690 Page 7

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE BUFORD DIRECTOR	2.00	X					0.	0.	0.	
(2) BRIAN LEE DIRECTOR	2.00	X					0.	0.	0.	
(3) PEGGY ROSE DIRECTOR	2.00	X					0.	0.	0.	
(4) ERIC SMITH DIRECTOR	2.00	X					0.	0.	0.	
(5) BILL HAIDL DIRECTOR	2.00	X					0.	0.	0.	
(6) JEFF RISCH EX-OFFICIO MEMBER	2.00	X					0.	0.	0.	
(7) MICHELLE SMITH DIRECTOR	2.00	X					0.	0.	0.	
(8) KEITH BATTAGLIA DIRECTOR	2.00	X					0.	0.	0.	
(9) ALICIA MARTIN CHAPTER PRESIDENT	40.00			X			114,500.	0.	18,151.	
(10) PETE SAMPSON IMMEDIATE PAST CHAIR	2.00			X			0.	0.	0.	
(11) AERIKA HUTTON SECRETARY	2.00			X			0.	0.	0.	
(12) CARY DRAZNER TREASURER	3.00			X			0.	0.	0.	
(13) CALVIN WILLIAMS CHARIMAN	2.00			X			0.	0.	0.	

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							114,500.	0.	18,151.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							114,500.	0.	18,151.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

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**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

-*9690 Page 9

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	503,214.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	339,052.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	171,127.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,013,393.			
Program Service Revenue	2 a EDUCATION	Business Code	611430	1,067,266.	1,067,266.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,067,266.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			815.		815.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			3,522.		3,522.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		46,860.				
		b Less: direct expenses	8b	24,605.			
		c Net income or (loss) from fundraising events		22,255.		22,255.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a EVENT INCOME	Business Code	900099	28,929.	28,929.		
	b MISCELLANEOUS		900099	19,277.	19,277.		
	c TRUST FUND REIMBURSEME		900099	15,400.	15,400.		
	d All other revenue						
	e Total. Add lines 11a-11d			63,606.			
12 Total revenue. See instructions			2,170,857.	1,130,872.	0.	26,592.	

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

-*9690 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	331,053.			
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	114,500.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	603,298.			
7 Other salaries and wages				
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	26,013.			
9 Other employee benefits	49,557.			
10 Payroll taxes	66,936.			
11 Fees for services (nonemployees):				
a Management	10,995.			
b Legal	9,008.			
c Accounting	14,500.			
d Lobbying	22,500.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,097.			
13 Office expenses	8,730.			
14 Information technology				
15 Royalties				
16 Occupancy	187,595.			
17 Travel	53,638.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	15,342.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,925.			
23 Insurance	26,089.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATION EXPENSES	244,273.			
b MEMBERSHIP EXPENSES	77,155.			
c MARKETING	40,159.			
d OTHER EVENT EXPENSES	25,819.			
e All other expenses	115,844.			
25 Total functional expenses. Add lines 1 through 24e	2,124,026.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

-*9690 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	140,530.	1	296,059.
	2	Savings and temporary cash investments	150,035.	2	106,577.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	304,048.	4	339,687.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	76,912.	9	49,116.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 652,582.		
	b	Less: accumulated depreciation	10b 353,791.	10c	298,791.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,000.	15	10,000.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,002,879.	16	1,100,230.	
Liabilities	17	Accounts payable and accrued expenses	86,485.	17	48,698.
	18	Grants payable		18	
	19	Deferred revenue	496,329.	19	584,636.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	582,814.	26	633,334.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	274,784.	27	288,620.
	28	Net assets with donor restrictions	145,281.	28	178,276.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	420,065.	32	466,896.
	33	Total liabilities and net assets/fund balances	1,002,879.	33	1,100,230.

Form 990 (2019)

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Form 990 (2019)

-*9690 Page **12**

Part 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	2,170,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,124,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	420,065.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	466,896.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **ASSOCIATED BUILDERS AND CONTRACTORS, ILLINOIS CHAPTER, INC.** Employer identification number **** - ***9690**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
 - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
 - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 - 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-

ASSOCIATED BUILDERS AND CONTRACTORS,

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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 \$1,000,000.	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.		
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 \$1,000,000.													
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 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 either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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))					
f Grassroots lobbying expenditures					

ASSOCIATED BUILDERS AND CONTRACTORS,

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	503,214.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	22,500.
b Carryover from last year	2b	
c Total	2c	22,500.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	99,661.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-77,161.

Part IV Supplemental Information

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

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

2019

Open to Public Inspection

Name of the organization ASSOCIATED BUILDERS AND CONTRACTORS, ILLINOIS CHAPTER, INC.

Employer identification number ** - *** 9690

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - 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 by:
- | | Yes | No |
|--|--------|----|
| (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 | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		214,705.	83,857.	130,848.
d Equipment		348,867.	248,910.	99,957.
e Other		89,010.	21,024.	67,986.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				298,791.

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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. (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.) ▶	

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

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,180,062.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	24,605.	
e	Add lines 2a through 2d	2e		24,605.
3	Subtract line 2e from line 1	3		2,155,457.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	15,400.	
c	Add lines 4a and 4b	4c		15,400.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,170,857.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,133,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	24,605.	
e	Add lines 2a through 2d	2e		24,605.
3	Subtract line 2e from line 1	3		2,108,626.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	15,400.	
c	Add lines 4a and 4b	4c		15,400.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,124,026.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ASSOCIATION HAS RECOGNIZED IN THE FINANCIAL STATEMENTS THE EFFECTS OF ALL TAX POSITIONS AND CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. THE ASSOCIATION IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT UNRECOGNIZED TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE DATE OF THE STATEMENT OF FINANCIAL POSITION. PENALTIES AND INTEREST ASSESSED BY TAXING AUTHORITIES ARE INCLUDED IN MISCELLANEOUS EXPENSES, IF APPLICABLE. THERE WERE NO INTEREST OR PENALTIES PAID DURING 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FUNDRAISING EXPENSES 24,605.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT FROM TRUST 15,400.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 24,605.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT FROM TRUST 15,400.

SCHEDULE G
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Employer identification number
**** - ***9690**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	46,860.		46,860.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	46,860.		46,860.
Direct Expenses	4	Cash prizes	1,000.		1,000.
	5	Noncash prizes			
	6	Rent/facility costs	18,074.		18,074.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,531.		5,531.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			24,605.
	11	Net income summary. Subtract line 10 from line 3, column (d)			22,255.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|-------------------------------|-----|-------|---|
| a The organization's facility | 13a | _____ | % |
| b An outside facility | 13b | _____ | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the 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? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Blank lined area for supplemental information.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Name of the organization ASSOCIATED BUILDERS AND CONTRACTORS, ILLINOIS CHAPTER, INC.

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	24	14,805.	0.	FMV	

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.

Employer identification number
-*9690

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No).

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

ASSOCIATED BUILDERS AND CONTRACTORS,

Schedule L (Form 990 or 990-EZ) 2019 **ILLINOIS CHAPTER, INC.**

-*9690 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KEVIN BATTAGLIA	MEMBER OF THE BOARD	1,850.	GOLF OUTING		X
CALVIN WILLIAMS	MEMBER OF THE BOARD	800.	GOLF OUTING		X
CARY DRAZNER	MEMBER OF THE BOARD	4,000.	SPONSORSHIP		X
ERIC SMITH	MEMBER OF THE BOARD	5,998.	SPONSORSHIP		X
BILL HAIDL	MEMBER OF THE BOARD	600.	SPONSORSHIP		X
JEFF RISH	MEMBER OF THE BOARD	4,000.	SPONSORSHIP		X
AERIKA HUTTON	MEMBER OF THE BOARD	4,451.	SPONSORSHIP		X
MICHELLE SMITH	MEMBER OF THE BOARD	4,745.	GOLF OUTING		X
BRIAN LEE	MEMBER OF THE BOARD	4,498.	SPONSORSHIP		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KEVIN BATTAGLIA

(D) DESCRIPTION OF TRANSACTION: GOLF OUTING/SPONSORSHIP

(A) NAME OF PERSON: CALVIN WILLIAMS

(D) DESCRIPTION OF TRANSACTION: GOLF OUTING/MEMBER AWARDS

(A) NAME OF PERSON: ERIC SMITH

(D) DESCRIPTION OF TRANSACTION: SPONSORSHIP/EVENTS

(A) NAME OF PERSON: AERIKA HUTTON

(D) DESCRIPTION OF TRANSACTION: SPONSORSHIP/EVENTS

(A) NAME OF PERSON: MICHELLE SMITH

(D) DESCRIPTION OF TRANSACTION: GOLF OUTING/SPONSORSHIP

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.

Employer identification number
-*9690

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NON-MEMBERS

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT PAY DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNING BODY IS SELECTED BY THE VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR OF THE BOARD OF
DIRECTORS FOR REVIEW AND APPROVAL BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER MUST DISCLOSE ANY KNOWN CONFLICTS OF INTEREST.
THE BOARD MONITORS THAT EACH BOARD MEMBER HAS COMPLETED THIS DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD
OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, QUESTION 2C

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.

Employer identification number
-*9690

THE ASSOCIATION'S FINANCE COMMITTEE REVIEWS AND APPROVES THE AUDITED
FINANCIAL STATEMENTS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Employer identification number
_ * 9690

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ABC - IL CHAPTER INC. APPRENTICESHIP AND TRAINING TRUST FUND - ***-*****, 600 S. SECOND STREET, SUITE 403, SPRINGFIELD, IL	EDUCATE AND DEVELOP THE SKILLS OF EMPLOYEES IN THE CONSTRUCTION INDUSTRY	ILLINOIS	SECTION 501(C)(6)				<input checked="" type="checkbox"/>

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

SEE PART VII FOR CONTINUATIONS

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

**ASSOCIATED BUILDERS AND CONTRACTORS,
ILLINOIS CHAPTER, INC.**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ABC - IL CHAPTER INC. APPRENTICESHIP AND TRAINING TRUST

FUND

EIN: ** - *****

600 S. SECOND STREET, SUITE 403

SPRINGFIELD, IL 62704

PF E
3/2/02
W

Internal Revenue Service
District Director

Department of the Treasury

Date:

MAY 1 9 1997

Form: 990

Tax Year Ended: December 31, 1993

Exemption under Section 501(c)(6)
of the Internal Revenue Code

Associated Builders & Contractors
3150 Des Plaines, Suite 10
Des Plaines, IL. 60018-4266

Person to Contact:
Dwayne King
Contact Telephone Number:
(312)886-1275

Our recent examination of the above information return disclosed that your organization continues to qualify for exemption from Federal income tax. Accordingly, the return is accepted as filed.

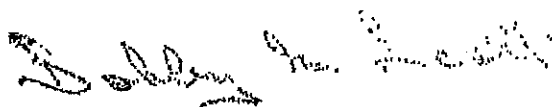
However, the following marked item(s) were noted:

During a review of Form 990, it was noted that you could not locate the necessary records to conduct a complete and sufficient examination. Pursuant to Regulations 1.6001-1(c), exempt organizations must furnish permanent books and records sufficient to show specific items of gross income, receipts and disbursements.

In the future, to avoid penalties under Section 6033 of the IRC, please maintain adequate records to substantiate information required per Form 990.

We will appreciate your compliance with the above requirements.

Sincerely yours,



District Director

Reg Rand

PK
PK E
Cb 2/13/03

From: Berry@abc.org
Sent: Monday, August 05, 2002 1:50 PM
To: ChiefStaffOfficers@abc.org
cc: franklin@abc.org; Welsh@abc.org; curtis@abc.org
Subject: Group Exemption

ABC Chapters are covered under a Group Exemption from the IRS. This means that chapters are granted 501(c)(6) status by virtue of being affiliated with ABC National, and that it is not necessary for each chapter to seek its own 501(c)(6) status from the IRS.

George Franklin, Director of Finance, updates the Group Exemption list for the IRS every year. Chapters-in-information are added as appropriate, de-chartered chapters are removed, addresses are updated, etc.

The Group Exemption Number is 1695.

ABC National does NOT file tax returns for chapters -- the group exemption is only for purposes of granting the 501(c)(6) exemption to chapters.

Educational foundations and trusts -- those 501(c)(3) organizations -- are NOT covered under the Group Exemption and a 501(c)(3) designation must be obtained by the chapter itself. Again, the Group Exemption applies only to the chapter and not to any of the chapter's affiliated organizations.

This email may be one of those that only your accountant could love, but the question did arise at the CSO Management Conference and I wanted to assure you that National does update the Group Exemption annually. You need do nothing at all to respond to this -- it's purely for your information.

If you have any questions, please feel free to call me or George.

Kathie Berry, CPA, CAE
Vice President, Finance and Administration
Associated Builders and Contractors
phone (703) 812-2028 fax (703) 812-9195
berry@abc.org www.abc.org
New services, new options, better than ever

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Associated Builders & Contractors, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 600 S Second Street, Suite 403	Requester's name and address (optional)
6 City, state, and ZIP code Springfield, IL 62704	
7 List account number(s) here (optional)	

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
[][] - [][] - [][][][]	
or	
Employer identification number	
[][][] - [][][][][]	
3 6 - 2 8 5 9 6 9 0	

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>12/1/2020</u>
------------------	----------------------------	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Pre-Apprenticeship and Apprenticeship T

Cohort Costs (1 cohort = 10 participants)

Travel	\$	3,000.00
Occupancy	\$	3,000.00
Supplies	\$	4,200.00
Supportive Services	\$	10,000.00
Personnel	\$	7,000.00
Direct Training	\$	28,925.00
Other Program Costs	\$	19,500.00
	\$	<u>75,625.00</u>

One-Time Upgrade Technology

Technology	\$	1,725.00
------------	----	----------

Total \$ 77,350.00

Cost per participant @ 10 participants = 7737.50 or 32.24/credit hour

Cost per participant @ 20 participants = 6962.50 or 29.01/credit hour

Training

Cohort Costs = 20 Participants

Travel	\$ 3,000.00
Occupancy	\$ 3,000.00
Supplies	\$ 8,400.00
Supportive Services	\$ 20,000.00
Personnel	\$ 7,000.00
Direct Training	\$ 57,850.00
Other Program Costs	\$ 36,500.00

One-Time Upgrade Technology

Technology	\$ 3,500.00
	\$ 139,250.00



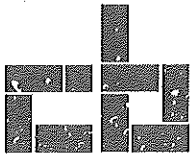
Pre-Apprenticeship and Apprenticeship Training

Training Cohorts total cost breakdown

- **Travel**
 - Normal travel costs for Community Builders Team Members to travel from main training facility office to cohort locations for on-site monitoring and to attend meetings . includes mileage and gas costs = \$3,000.00 (per cohort)
- **Occupancy (this amount may be less depending on the facility and location)**
 - Up to \$1,000 for rental of space (must comply with NCCER/DOL standards) for 3 months = \$3,000.00 (per cohort)
- **Supplies**
 - Food costs while trainees are in class utilizing an MBE food contractor when possible (1 meals/day for 10 people for 12 weeks) = \$4,200.00 (per cohort)
- **Supportive Services**
 - Bus Cards, Gas Cards, childcare, tutoring: \$1,000/student @ 10 students (per cohort)
- **Personnel**
 - Administration costs per cohort \$7,000 (includes all administration duties to administer the program such as accounting time, required NCCER administration and credentialing, workforce development director's time, contractor outreach, career fair and placement assistance)
- **Direct Training**
 - Costs associated with the actual training includes TABE Testing (\$200/student), Core& Carpentry 1 (\$2,500/student – cannot be adjusted), OSHA 10 instruction (\$125/student- cannot be adjusted) and Workforce Readiness Needs (\$500/student – includes Tool Belt, Personal Protective Equipment, Basic set of tools, and Boots), and online testing fee (\$5/test – cannot be adjusted) for 10 people = \$28,925 (per cohort)
- **Other Program Costs**
 - Employability Skills training for 10 people @ \$500/student (includes resume writing, financial literacy, interview skills, soft skills training) along with community-based referrals and assistance = \$5,000.00 (per cohort)
 - Community Based Organization to assist with counseling, driver's license issues, other barriers to employment for 10 people @ \$500/person = \$5,000.00 (per cohort)
 - Recruitment fee of \$500 per individual recruited and entered into the program if ABCIL assists with recruitment services (10 students @\$500 per) = \$5,000.00 (per cohort)
 - Drug testing costs for a cohort (\$100/test for 10 students x 2 tests) = \$2,000 (per cohort)
 - Instructor Certification Training Process (ICTP) = \$500 – individual will be required to come to the ABCIL office for this certification
 - Partnering agency will recruit potential candidates into the program, ABCIL will provide marketing material about the program to the recruiting agency = \$1,500 (per cohort)
 - Orientation to be held by ABC IL staff after individuals have been recruited by partnering agency / agencies = \$500

One-Time Upgrades needed for Technology within the Community Builders Training and Apprenticeship Training

1. 10 chrome books for on-line testing (NCCER Requirement for online tests in 2020) @ \$175 per = \$1,725.00



COMMUNITY BUILDERS

BY ABC - ILLINOIS CHAPTER



WORKFORCE READY

BUILDING THE ILLINOIS CONSTRUCTION INDUSTRY WITH COMMUNITY BUILDERS



FILLING WORKFORCE SHORTAGE

In 2017, Associated Builders & Contractors received the Talent Pipeline Grant from the IDES to help fill the shortage of skilled craftsmen and craftswomen by offering apprenticeship training to under served communities & those with barriers to employment.

Community Builders was then created to fulfill this training opportunity.



STRENGTHENING OUR COMMUNITIES

We collaborate with the local workforce offices and community partners to assist with recruiting students and building trust between Community Builders and potential participants.

ABCIL has partnered with Woodlawn Community, Village of Waukegan, The YWCA, The Village of Hazel Crest, Revolution Workshop, Safer Foundation, the Fuller Center For Housing, and new partnerships are expanding everyday.



CREATING LASTING CAREERS

Participants enter our program with no experience in the industry and leave with three industry-recognized credentials and job placement leads from one of our 300+ association member companies.

Credentials include Core Construction and Carpentry Level One completion certified through the NCCER (National Center for Construction Education & Research), and OSHA 10.



Illinois Chapter

GET IN TOUCH

MyCommunityBuilders.org
2458 Elmhurst Road
Elk Grove Village, IL 60007
(847) 709-2960



What is needed to begin an NCCER Core and Carpentry Level One Program:

- Collaboration with the community's Local Workforce Office (each county has one) to assist with recruiting of eligible participants
- Collaboration with a local community- based organization (such as the YWCA, community church or faith- based organization, other not for profit organization, etc.) to assist with recruiting of eligible participants and to provide the Essential Skills Training component of the program
- Must have a minimum of ten eligible participants to host a class
- A location with size suitable for a classroom (seating up to 20 adults comfortably) with heat and, at a minimum, windows and fans for circulation if the weather is warm
- Tables and chairs for the classroom (seating up to 20 adults comfortably)
- Table for the instructor and a white marker board in the front of the room for class training (we often have one available that we can transport to the site but if one is available already that is helpful)
- Large open space for the hands-on component of the training (approximately 1500 sq. ft.)
- Either a storage closet with a lock to keep tools or if the classroom training space is dedicated solely for ABC IL usage a locked door All other materials/supplies/AV equipment are provided by ABC Illinois

Eligibility Requirements for Participants

- Must provide verification that individual is eligible to work in the US
 - Birth certificate, passport, baptismal record if place of birth is shown, naturalization certification, alien registration card indicating right to work, hospital record of birth, DD214 if birth place shown, other (must specify)
- Social Security Card, Address and Picture ID – Required for all programs
- Must verify all family income
- Proof if the individual or a family member is receiving TANF, Social Security Benefits, SNAP, Child Support, Unemployment Benefits, SSI, SSDI
- Youth must provide age verification and status: HS graduate, HS nongraduate, Ex-Offender, Foster Care, Homeless
- If a dislocated worker proof of Unemployment Benefits Eligibility, Layoff Notice, Notice of business closure, Resume, School Transcripts if any, Job Search verification
- Must have a valid Driver's License
- Must have reliable transportation
- Must be willing to drive an hour to and from work

What a Participant will Learn - NCCER Core and Level One Carpentry

WEEK	MODULE	CLASS	ASSIGNMENT	MODULE TESTS
1	#1	Core Curriculum	Basic Safety (Construction Site Safety Orientation)	#1
2	#2	Core Curriculum	Introduction to Construction Math	#2
3	#3 & #4	Core Curriculum	INTRO TO HAND TOOLS /and POWER TOOLS	#3 & #4
4	#5 & #6	Core Curriculum	Introduction to Construction Drawings/ and Introduction to Basic Rigging	#5 & #6
5	#7, #8 & #9	Core Curriculum	Communication/, Employability Skills/, and Material Handling	#7, #8 & #9
6	#1, #2 & #3	Carpentry Level 1	Orientation to the Trade/, Building Materials/, and Hand Tools & Power Tools	#1, #2 & #3
7	#4, #5 & #6	Carpentry Level 1	Intro to Construction Drawings, Specs & Layout/, Floor Systems/ and, Wall Systems	#4, #5 & #6
8	#7	Carpentry Level 1	Ceiling joist & Roof Framing	#7
9	#9	Carpentry Level 1	Basic Stair Layout	#9
10	#8	Carpentry Level 1	Introduction to Building Envelope Systems	#8

OSHA 10 for the Construction Industry, in accordance with OSHA guidelines and regulations, is two-day training offered on or about the 7th week of training. The 10-hour training program is primarily intended for entry level workers. Instructor provides the following:

Cover an overview of the hazards a worker may encounter on a job site and emphasizes hazard identification, avoidance, control and prevention.

Maintain all course documentation and paperwork required for OSHA audits, after training completion:

1. Student intake forms
2. Students' course evaluations
3. OSHA 10 cards

Students will obtain three industry recognized credentials over a ten to twelve- week period attending construction classes four days per week for approximately five hours per day. One day per week is dedicated to providing essential skills training such as financial literacy, resume writing, interview skills training, etc. **Credentials:** NCCER (National Center for Construction Education & Research) – Core and Carpentry One (these credentials are part of a national registry, they are nationally recognized and portable meaning the training can be continued anywhere in the USA where NCCER curriculum is taught) the third industry recognized credential is OSHA 10





October 12, 2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development

To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program. Our company, BlueEarth Deconstruction, performs deconstruction services all over the Chicagoland area. We manually dismantle buildings saving up to 90% of building materials for reuse.

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring 3-5 graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely,

Steve Filyo, President
Colleen Feeny, Director of Operations



Date 10/8/2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development


To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program.

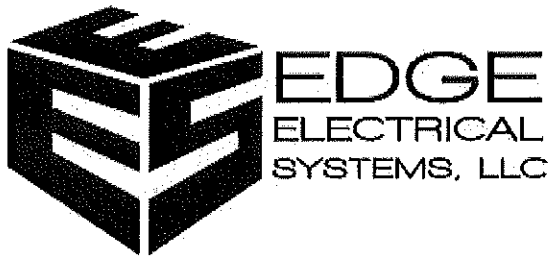
DCS Mechanical a HVAC contractor serving primarily North/East Illinois

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring up to 8 number of graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely, 

Ken Smith, President of DCS Mechanical



October 7, 2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development

To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program. Our company, Edge Electrical Systems performs commercial electrical work in the tri country Chicagoland area.

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring 1-3 graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely,

Eric Smith

Eric Smith
President Edge Electrical Systems
ABC 2020 Board Chair



Date: 10/8/2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development

To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program. Our company GMK Inc, we are an AV Integrator and work primarily in Illinois, Wisconsin and Indiana however we do travel Nationally when needed.

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring 2 number of graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely,

Christopher J King

Christopher J King
GMK Inc - Owner
772 Oak Creek Drive
Lombard, IL 60148
630-424-8700
630-424-8750 Fax
chrisk@gmkav.com
www.gmkav.com





10/09/2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development

To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program.

Our company Industrial Skilled Trades specializes in Construction Trades Staffing across the Nation.

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring 20 number of graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

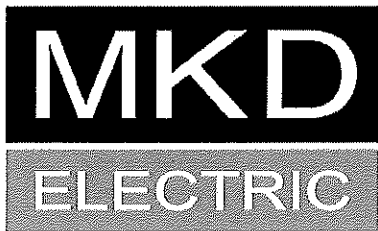
Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely,

Rob Monte

Account Manager

IST – Industrial Skilled Trades



October 8, 2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development

To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program.

Our company, MKD Electric, Inc., is one of the Midwest's largest full-service merit shop industrial electrical, instrumentation, fabrication, and control systems integration contractors. While headquartered in Elgin, IL our projects are located across the country, which enables our team members the choice to join our travel division. Some of the industries we serve include chemical, petrochemical, food and beverage, power generation, distribution, general manufacturing, alternative energy (solar), packaging, and plastics.

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring 5-10 graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely,

Michael Wesa

Vice President



Manhattan Mechanical Services LLC

Office: 25630 S. Gougar Road, Manhattan, IL 60442

Shop: 16701 W. Sweedler Road, Manhattan, IL 60442

Phone: 815-478-9940 – Fax: 815-478-9948 - www.mmsllc.us

Shop Fabrication - Welders - Pipe Fitters - Boilermakers - Millwrights - Scaffold Builders – Insulators

October 7, 2020

RE: Associated Builders & Contractors, Illinois (ABC Illinois)
Community Builders Program – Workforce Development

To Whom It May Concern:

I am writing this letter of commitment to support the ABC Illinois Community Builders Program.

Our company is Manhattan Mechanical Services of Manhattan, IL. We are a heavy industrial mechanical contractor working in petrochemical and industrial facilities in the Chicagoland and Northwest Indiana area.

Finding skilled labor has been an increasing challenge for our company. Currently we have openings for entry level construction workers, and we anticipate this trend to continue. We commit to interviewing the successful completers of the ABC Illinois Community Builders Program for our open positions and hiring students upon completion of the program. We anticipate hiring one of graduates from the Community Builders Program in 2021 if their skills fit the need of our company. Our company's average rate of pay for entry level employees is \$15 or more per hour.

Thank you for creating a program that provides opportunity for individuals to have a career in construction and a program that creates a much-needed talent pipeline for our industry!

Sincerely,

A handwritten signature in cursive script that reads "Melynie A. Wagner".

Melynie A. Wagner

HR Manager

A handwritten signature in cursive script that reads "Michael J. Uremovich".

Michael J. Uremovich

President

DEPARTMENT UPDATES COVER SHEET FOR DUPAGE TOWNSHIP BOARD

DEPARTMENT NAME:	Assessor's Office <i>assessor @ DuPage Township Assessor.com</i>
DEPARTMENT LEADER (NAME):	Jean Kelly
DATE OF MEETING:	
DEPT. UPDATES PROVIDED:	<input type="checkbox"/> YES (IF Yes, Attach updates behind this sheet)
	<input type="checkbox"/> NO
UPDATES PROVIDED BY (NAME): (If updates are being provided by someone other than Dept. Leader)	
IN ATTENDANCE FOR MEETING DATE? Attendees for each department please be prepared to respond to questions by the Board on submissions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF COMMENTS: (If any, enter here)	

*This cover sheet will accompany individual department report(s) for the DuPage Township Board, updates to be included and assembled as part of board packet. Please place this cover sheet in front of your respective updates.

Form submission is due on the Friday before the meeting date; the later of (a) 5PM or (b) end of business day.

1/1 - 00

Assessor Report

To: DuPage Township Supervisor

To: DuPage Township Trustees

December, 2020

We have received all of our appeals from the County. We will be working on those until the end of the year. We have received a total of 336 appeals. That is a very small percentage of the almost 29,000 parcels that we have.

Residential 289
Commercial 29
Industrial 18

136 of the residential appeals were on rental properties filed on behalf of the rental companies.

I feel that we are doing a good job educating the public on how the assessments are calculated. We are meeting with residents throughout the year to discuss their assessments and that is helping reduce the number of appeals we get at the end of the year.

As a reminder, if you know of anyone turning 65 this year, have them come in to apply for their senior exemption.

Also, if you know of a veteran with a service connected disability, there is an exemption for them as well.

All exemption information can be found on our website: www.DuPageTownshipAssessor.com

Sincerely,

Jean Kelly
Assessor