Form AG990-IL Revised 04/24

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

For	Office	Use Only	Illinois Attorney General Kwame R	aoul		Revised 04/2
PM	Т#		Charitable Trust Bureau, 115 S. LaSa		00 "	
' '''			Chicago, IL 60603	(CO #_	baalaall itamaa attaabaala
AM	Т		Report for the Fiscal Period:			heck all items attached: opy of IRS Return
	_		Beginning/_/			udited Financial Statements eviewed Financial Statemen
INI	Т			 Make Checks Payable to 	□ C	opy of Form IFC
			& Ending//	Illinois Charity — Bureau Fund		15 Annual Report Filing Fee 100 Late Report Filing Fee
Fed	eral ID	#				
Are	contrib	outions to the organization	tax deductible? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)	organization was crea	ated:	// MO DAY YR
1.0	aal N	ama:		YEAR-END		
Legal Name:				AMOUNTS		
Ма	il Add	ress:				
	City, S	State:		A) ASSETS	A)	
	-			B) LIABILITIES	B)	\$
	Zip C	Code:		C) NET ASSETS	C)	\$
I.	SUI	MMARY OF ALL REVE	ENUE ITEMS DURING THE YEAR:	PERCENTAGE	Т	AMOUNT
	D)	PUBLIC SUPPORT, CO	ONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)	%	D) \$	\$
	E)	GOVERNMENT GRAN	ITS AND MEMBERSHIP DUES	%	E) :	
	F)	OTHER REVENUES		%	F) (
	G)	TOTAL REVENUES, IN	NCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100%	G) :	
II.	SUI		NDITURES DURING THE YEAR			
	H)	OPERATING CHARITA	ABLE PROGRAM EXPENSE	%	H) \$	\$
	1)		AM SERVICE EXPENSE	%	1) ;	
	J)	TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) ;	
	J1)		ATED TO PROGRAM SERVICES (INCLUDED IN J) \$			
	K)		CHARITABLE ORGANIZATIONS	%	K) :	\$
	L)		PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) ;	
	M)	MANAGEMENT AND O		%	M) \$	
	N)	FUNDRAISING EXPE	NSE	%	N) \$	
	,	TOTAL EXPENDITUR	ES THIS PERIOD (ADD L, M & N)	100%	0) ;	
III.	,		FUNDRAISER & CONSULTANT ACTIVITIES			
	(Atta	ch Attorney General Report o	f Individual Fundraising Campaign (Form IFC). One for each PFR.)			
	PRO	OFESSIONAL FUNDR	AISERS:			
	P)		ED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) :	\$
	Q)	TOTAL FUNDRAISERS	S FEES AND EXPENSES	%	Q) ;	\$
	R)	NET RECEIVED BY TH	HE CHARITY (P MINUS Q = R)	%	R) \$	\$
	• PF	ROFESSIONAL FUND	RAISING CONSULTANTS:			
	S)	TOTAL AMOUNT PAID	TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) :	\$
IV.	CO	MPENSATION TO THE	(3) HIGHEST PAID PERSONS DURING THE YEAR:			
	T)	NAME TITLE:			T) :	\$
	u)				U) ;	\$
	V)				V) :	
\ \	,				<u> </u>	on back side of Instructions
v.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIAN					CODE
	\\/\	DESCRIPTION:			W) 7	#
	W)				X) 7	
	X)				Y) 7	
l	Y)	DESCRIPTION:				

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:					
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?1.				
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT				
	REPORTED AS COMPENSATION?				
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?				
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?4.				
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.)5.				
6a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?				
6b	IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$				
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?				
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?				
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?9.				
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:				
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON:				
	ALL ATTACHMENTS MUST ACCOMPANY THIS DEPORT. OFF INSTRUCTIONS				
	 ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS 				

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

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

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
PREPARER (PRINT NAME)	SIGNATURE	DATE