| For Orlina Use Only                     |  | ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT  |            |                     |          |                           |            | Form AG990-iL<br>Revised 1/19                |   |       |
|---|--|---|------------|---------------------|----------|---------------------------|------------|--|---|-------|
| PMT#                                    |  | Attorney General KWAME RACUL State of Illia Charitable Trust Bureau, 100 West Randolp |            |                     |          | inois<br>ph               | CO         | # 010  | 03769                                   |       |
| -                                       |  | 11th  | Floor,     | Chicago, Illinois ( | TUBUS    | -                         |            |  | items ettached:                         |       |
| AMT                                     |  | Rep   | ort for    | the Fiscal Period:  |          |                           |            |  | RS Return                               |       |
| -                                       |  | <b>5</b>  |            | 101 /2020           | . !      | Make Checks               | M          | Audited F<br>Capy of F                       | inancial Statement<br>ison (EC)         | 13    |
|   |  | Red   | numg       | 07/01/2020          |          | Payable to<br>he illinois | 団          |  | nnual Report Filin                      | 7 Fee |
| INIT _                                  |  | & E:  | nding      | 06/30/2021          | ď        | Charlly<br>Bureau Fund    |            | -  | Late Report Filing                      | -     |
| Federal (                               | D# 36-2515625  | _   |            | MO DAY YR           | _        |                           |            | M  | • | YR    |
|   | ributions to the organization tax o  | teductible?   | X Yes      | No                  | Date Orc | anization was<br>Year-end | Created    | <u>.                                    </u> | )1/01/19:                               | 36    |
|   | REPH.  |   |            |                     |          | Strations state           |            |  |   |       |
|   |  |   |            |                     |          |                           |            | A) \$  | 2,378,6                                 |       |
| ADDRESS 54 N. OTTAWA STREET;            |  |   | #300       |                     |          | B) LIABILITIES            |            | B) \$  | 35,3                                    |       |
| CITY, 8                                 | CITY, STATE JOLIET, IL   |   |            |                     |          | C) NET ASSE               | 18         | C) \$  | 2.343.2                                 | 38.   |
| ZIP                                     | 200E 60432-4345  | PANIE PENO D  | LIDING     | THE VEAR            |          | PERCENT                   | ARE.       |  | AMOUNT                                  |       |
| l. S                                    | BUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:  D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   |   |            |                     |          |                           | 95.491%    |  | 1,824,2                                 | 14.   |
|   | COVERNMENT GRANTS & ME   |   |            |                     |          |                           | 4.204%     |  | 80,3                                    |       |
|   | OTHER REVENUES   |   |            |                     |          | 0.30                      | 5%         | F) \$  | 5,8                                     | 23.   |
| i '                                     |  |   |            |                     |          |                           | 00 %       | G) \$  | 1,910,3                                 | 55.   |
| n. s                                    | G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:   |   |            |                     |          | <del>-</del>              | UU 70      | -  | <u> </u>                                | 22.   |
|   | OPERATING CHARITABLE PR  |   | 29.786%    |                     | H) \$    | 614,7                     | 34.        |  |   |       |
| "                                       | A of manific amountmens  |   |            |                     |          |                           |            | ١  |   | 1     |
| Ŋ                                       | EDUCATION PROGRAM SERV   | rce expense   |            |                     |          | <b></b>                   | <u>%</u>   | n s  |   |       |
| ١.                                      | m Tares suspensed in appoint Contract Evolution Ann M & It   |   |            |                     |          | 29.70                     | 36%        | n s  | 614,7                                   | 34.   |
| ] 3                                     | ioint anninare Lugai   | IARITABLE PROBRAM SERVICE EXPENSE (ADD H & 1)   |            |                     |          |                           |            |  |   |       |
| J                                       | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):   |   |            |                     |          |                           |            |  |   |       |
| 8                                       | GRANTS TO OTHER CHARITA  | BLE ORGANIZATIONS   |            |                     |          | 61.0                      | 2%         | K) \$  | 1,258,9                                 | 86.   |
|   | and the same state of the same |   |            |                     |          |                           | 38%        | us   | 1,873,7                                 | 20.   |
| L) TOTAL CHARITABLE PROGRAM SERVICE EXP |  |   | ure (add : | 3 & K)              |          |                           |            |  |   |       |
| A                                       | n) Management and Genera   | L EXPENSE   |            |                     |          | 4.1                       | <u>)7%</u> | M)S  | 84.7                                    | 62.   |
|   | ) FUNDRAISING EXPENSE  | (DRAISING EXPENSE   |            |                     |          |                           | 5.105%     |  | 105,3                                   | 52.   |
| ١,                                      | N TATAI EVERNITIIDER TUIS  | : DED!AN /ANN I . M. & K  | i)         | •                   |          | <u> </u>                  | 100 %      | 0) \$  | 2.063.8                                 | 34.   |
| 1                                       | TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   |   |            |                     |          |                           |            |  |   |       |
| Inr 3                                   | SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:  (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  |   |            |                     |          |                           |            |  |   |       |
| İ                                       | ROFESSIONAL FUNDRAISERS:   |   |            |                     |          |                           | 100 %      | P) \$  |   | 0.    |
| '                                       | ) TOTAL AMOUNT RAISED BY   | PAID PROFESSIONAL T   | DIADUAN DE | no                  |          |                           |            |  |   |       |
| 1 0                                     | ) TOTAL FUNDRAISERS FEES   | AND EXPENSES  |            |                     |          |                           | <u>%</u>   | 0)\$   |   |       |
|   | •  |   |            |                     |          |                           | %          | R) \$  |   | 1     |
| 1                                       | th life teregion at the cusping the nature cand  |   |            |                     |          |                           |            | 1 7 7  |   |       |
|   | PROFERSIONAL FUNDRAISING CONSULTANTS:  8) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  |   |            |                     |          |                           |            | 8) \$  |   | 0.    |
| IV.                                     | COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:  |   |            |                     |          |                           |            |  |   | •••   |
| 1 1                                     | D NAME THE SARAH OFRZEDEK VICE PRESIDENT   |   |            |                     |          |                           |            | ns<br>ins                                    | 81.7                                    |       |
| ]                                       | U) NAME THE MICHAEL HENNESSY FORMER PRESIDENT  |   |            |                     |          |                           |            | U) \$<br>V) \$                               | 63,6<br>59,2                            |       |
| V                                       | VI NAME THIS KRISTI HARRINGTON FINANCE DIRECTOR  CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM CHARITABLE PROGRAM (CHARITABLE PROGRAM CHARITABLE PROGRAM CHARITABLE PROGRAM CHARITABLE PROGRAM (CHARITABLE PROGRAM CHARITABLE PROGRAM CHARITABLE PROGRAM CHARITABLE PROGRAM (CHARITABLE PROGRAM (CHARITABLE PROGRAM CHARITABLE PROGRAM (CHARITA |   |            |                     |          |                           |            |  | مستودة أن وأداره بالمعط م               |       |
| 8                                       | WI DESCRIPTION GRANTS TO OTHER CHARITABLE ORGANIZATIONS  |   |            |                     |          |                           |            | W) #   | 150                                     |       |
|   | W) DESCRIPTION: GRANTS TO OTHER CHARITABLES CAGAILLARIZEDAD  N) DESCRIPTION:   |   |            |                     |          |                           | X) #       |  |   |       |
| 888                                     | O DESCRIPTION:   |   |            |                     |          |                           |            | Y) #   |   |       |

| IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: YES  | -ino   |  |  |  |  |  |  |  |  |
|---|--------|--|--|--|--|--|--|--|--|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?   | ×      |  |  |  |  |  |  |  |  |
| 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?  2.   | ×      |  |  |  |  |  |  |  |  |
| 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES GWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REFORTED AS COMPENSATIONY  | X      |  |  |  |  |  |  |  |  |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4.  | ж      |  |  |  |  |  |  |  |  |
| 5. IS ANY PROPERTY OF THE CREANIZATION KELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON CR ORBANIZATION? 5.  | X      |  |  |  |  |  |  |  |  |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)  | Tx.    |  |  |  |  |  |  |  |  |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS 7. DETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?   | T.X.   |  |  |  |  |  |  |  |  |
| 70. IF YES, ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS ; (II) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$  |        |  |  |  |  |  |  |  |  |
| 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?  | X      |  |  |  |  |  |  |  |  |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?  | X      |  |  |  |  |  |  |  |  |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMISSIONS OR MISUSE OF ORGANIZATIONAL FUNDS?  | IX     |  |  |  |  |  |  |  |  |
| 11. List the name and address of the financial institutions where the organization maintains its three largest accounts:  |        |  |  |  |  |  |  |  |  |
| FIRST MIDWEST BANK 212 N CHICAGO ST. JOLIET, IL 60432   |        |  |  |  |  |  |  |  |  |
| BMO HARRIS BANK 111 WEST MONROE ST, CHICAGO, IL 60603   |        |  |  |  |  |  |  |  |  |
|   |        |  |  |  |  |  |  |  |  |
| 12. HAME AND TELEPHONE NUMBER OF CONTACT PERSON: KRISTI HARRINGTON - 815-723-2500   |        |  |  |  |  |  |  |  |  |
| 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 attacked  |        |  |  |  |  |  |  |  |  |
| UNDER PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CENTUPY THAT (NOT) THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE DCCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE DCCUMENTS, INCLUDING ALL THE SCHEDULES AND THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBSLIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS. |        |  |  |  |  |  |  |  |  |
| BE SURE TO CHE UBE ALL FEES DUE: THOMAS HERNANDEZ   |        |  |  |  |  |  |  |  |  |
| 1.) REPORTS ARE DUE WITHIN SIX PRESIDENT OF TRUSTEE OFFINT NAME) SIGNATURE  | DATE   |  |  |  |  |  |  |  |  |
| MONTHS OF YOUR FISCAL YEAR END.  2.) FOR FIES DUE SEE HATRIGITIONS.  YOUNG KIM  | 21/2   |  |  |  |  |  |  |  |  |
| 2.) REPORTS THAT ARE LATE OR TREASURER OF TRUSTEE PRINT WARES A STENATURE   | DATE   |  |  |  |  |  |  |  |  |
| STEDUCO PENALTY.  | DIN    |  |  |  |  |  |  |  |  |
| PREPARER PRINTINGLES SIGNATURE  | " DATE |  |  |  |  |  |  |  |  |