or Off	ice Use Only				_	
MT	# 5	ILLINOIS CHARITABLE ORGANIZATION AN	an in an an an angel in anastrain in an an	RT	For	m AG990-IL Revised 1/19
	<i>E</i> /^-	Attorney General KWAME RAOUL Sta			M	
.MT		Charitable Trust Bureau, 100 West Ra 11th Floor, Chicago, Illinois 606		# 010	009303	
				Check	all items att	409 ANT ANY 143 has
		Report for the Fiscal Period:			of IRS Return d Financial St	
VIT		Beginning 07 / 01 / 2021	Payable to	Copy o	of Form IFC	
		& Ending06 / 30 / 2022	Charity W Bureau Fund		Annual Report O Late Report	
	leral ID # 36-2804806	. MO DAY YR			МО	DAY YR
Are	contributions to the organ	ization tax deductible? ☑ Yes ☐ No ☐	Date Organization v	vas crea	ited: <u>09 /</u>	01 / 1972
	LEGAL THE ARC OF	WINNEBAGO BOONE & OGLE COUNTIES	Year-end amounts			
	MAIL 2820 MCFARL	AND ROAD	A) ASSETS	A) \$	1,128,545	
	UUKESS V STATE		B) LIABILITIES	B) \$	255,216	
	IP CODE ROCKFORD, I	L 61107	C) NET ASSETS	C) \$	873,329	
1.	SUMMARY OF ALL E	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT	
1.		ENTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		D) \$	114,404	
		TS & MEMBERSHIP DUES	82.615 %		546,383	
		13 & WEWBERSHIP DUES		E) \$		
	F) OTHER REVENUES		0.691 %	F) \$	4,573	
11		OME AND CONTRIBUTIONS RECEIVED (ADD D.E. & F)	100%	G) \$	661,360	
11.		XPENDITURES DURING THE YEAR:	86.550 %	H) \$	508,006	
	•	BLE PROGRAM EXPENSE	%	1) \$	•	
	I) EDUCATION PROGRAM	The second of th	· · · · · · · · · · · · · · · · · · ·		509.006	
		PROGRAM SERVICE EXPENSE (ADD H & I)	86.550 %	1) \$	508,006	
		ATED TO PROGRAM SERVICES (INCLUDED IN J): S	V =			
		CHARITABLE ORGANIZATIONS	%	K) \$		
		PROGRAM SERVICE EXPENDITURE (ADD J & K)	86.550 %	L) \$	508,006	
	M) MANAGEMENT AND G		4.905 %	M) \$	28,789	
	N) FUNDRAISING EXPEN		8.545 %	N) \$	50,153	
		RES THIS PERIOD (ADD L, M, & N)	100 %	O) \$	586,948	
III.	(Attach Attorney General Rep PROFESSIONAL FUNDRAISE					
	P) TOTAL AMOUNT RAISE	ED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$		
	Q) TOTAL FUNDRAISERS	FEES AND EXPENSES	%	Q) \$		
		E CHARITY (P MINUS Q=R)	%	R) \$		E-VENTANCE BETWEEN THE
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$		
IV	V. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:					
	NAME, TITLE: AMY NEWELL, EXECUTIVE DIRECTOR			T) \$	70,213	
	U) NAME, TITLE:			U) \$		
9	V) NAME, TITLE:			V) \$		A
V	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY S EXPENDED) CODE CATEGORIES			List or	back side of in	structions
٧.	W) DESCRIPTION: SERVICES FOR DEVELOPMENTALLY DISABLED			W) #	CODE 121	20
	X) DESCRIPTION:				121	
				X) # Y) #		
	Y) DESCRIPTION:					1

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:								
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?1.	ŗ	v					
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?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		۷.					
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		He v					
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?5.		*****					
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.	50000	V					
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		V					
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) 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?		· ·					
	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		dies Weise V					
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.							
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:							
	BMO HARRIS BANK 501 SEVENTH STREET, ROCKFORD, IL 61104		-					
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: AMY NEWELL 815-965-3455							
ALĹ	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 TO INCLUDE ALL FEES DUE: 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE SEE INSTRUCTIONS.

3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

AMY NEWELL, Executive Director PRESIDENT or TRUSTEE (PRINT NAME)

MARION MOMALY

TREASURER or TRUSTEE (PRINT NAME)

STEPHEN KWON, Premier Accounting PREPARER (PRINT NAME)

SIGNATURE

SIGNATURE

DATE