

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-061058

Report for the Fiscal Period:

Beginning 07/01/2023

& Ending 06/30/2024

Make Checks
Payable to
Illinois Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☐ Audited Financial Statements
☒ Reviewed Financial Statements
☐ Copy of Form IFC
☒ \$15 Annual Report Filing Fee
☒ \$100 Late Report Filing Fee

Federal ID # 45-2542979

MO DAY YR

Date organization was created: 06/21/2011

Are contributions to the organization tax deductible?

☒ Yes ☐ No

MO DAY YR

Legal Name: THE CHICAGO HELP INITIATIVE	YEAR-END AMOUNTS	
Mail Address: 440 N WELLS STREET #440	A) ASSETS	A) \$ 432,753.
City, State: CHICAGO, IL	B) LIABILITIES	B) \$ 2,285.
Zip Code: 60654	C) NET ASSETS	C) \$ 430,468.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	93.328%	D) \$ 285,958.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	3.624%	E) \$ 11,104.
F) OTHER REVENUES	3.048%	F) \$ 9,339.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 306,401.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	77.061%	H) \$ 268,152.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	77.061%	J) \$ 268,152.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	77.061%	L) \$ 268,152.
M) MANAGEMENT AND GENERAL EXPENSE	21.080%	M) \$ 73,351.
N) FUNDRAISING EXPENSE	1.859%	N) \$ 6,470.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ 347,973.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
• PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: DOUGLAS B. FRASER, EXECUTIVE DIRECTOR		T) \$ 67,000.
U) NAME, TITLE: GWENDOLYN M. MCELHATTA		U) \$ 51,896.
V) NAME, TITLE: SARAH H. BOONE		V) \$ 24,000.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS		W) # 300
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b. 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 \$			
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: FIRST AMERICAN BANK, P BOX 0794, ELK GROVE VILLAGE, IL 60009-0794			
11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: LAURA K. FLAMION - 312-448-0045			

• 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.

DOUGLAS FRASER

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHRIS STATHOPOULOS

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHERYL K. ROHLFS, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE