MILES   Company   Compan				ORGANIZATION A		<b>EPORT</b>		Form AG990- Revised 04/2
Chicago, It. 60603   Report for the Fiscal Period:   Beginning   07/01/2023   Section   Period:   Make Chacks   Administration   Administrat	PM.					_		
Report for the Fiscal Period:   Reginning   07/01/2023   A			iaritable irus Ch	si Bureau, 115 S. i nicago. IL 60603	Lasaile St	C		
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Redeal ID # 45-2542979			Beginning	07/01/2023	Paya	able to	<b>X</b> Revi	ewed Financial Statements
Federal D £ 45-2542979  MO DAY YR  Date organization tax deductible?  Yes No  O6/21/2011 Are contributions to the organization tax deductible?  Yes No  Date organization tax deductible?  Yes No  O6/21/2011 Are contributions to the organization tax deductible?  Yes Date organization tax deductible?  Yes No  O6/21/2011 Are contributions to the organization tax deductible?  Yes No  Yes No  Yes No  Yes No  No  O6/21/2011 Are contributions to the organization tax deductible?  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No	INIT	Γ			Bure	au Fund 🌷 🗀		
Total revenues   No			& Enaing	06/30/2024		_		
ARC CONTINUIDIONS to the organization tax deducible?    Veal	Endo	vol ID # 15-2512979		MO DAY YR	Data organi			
Legal Name: THE CHICAGO HELP INITIATIVE			X Yes		Date organi	zation was ord	aicu.	
Mail Address: 44 0 N WELLS STREET #44 0   A) ASSETS   A) 8   432,753   Cfty, State: CHICAGO, IL ZUCCOCC, STATE CHICAGO, STATE CHICAGO, IL ZUCCOCC, STATE CHICAGO, STATE CHIC						YEAR-END		MG BATT TA
City, State: CHTCAGO, TL   200ce: 60654								
Zip Code: 60654   C) NET ASSETS   C) \$ 430,468			#440					
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G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D. E. & F)  II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:  H) OPERATING CHARITABLE PROGRAM EXPENSE  1) EDUCATION PROGRAM SERVICE EXPENSE  J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & II)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  K) GRANTS TO OTHER CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  K) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)  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  R) NET RECEIVED BY THE CHARITY (P MINUS Q-R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) MAME, TITLE: DOUGLAS B. FRASER, EXECUTIVE DIRECTOR  IV. MAME, TITLE: GWENDOLYN M. MCELHATTA  V) NAME, TITLE: GWENDOLYN M. MCELHATTA  V) NAME, TITLE: GWENDOLYN M. MCELHATTA V) NAME, TITLE: SARAH H. BOONE  W) CHARITABLE PROGRAM DESCRIPTION: COOPE CATEGORIES  W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS		-,	DUES					
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H) OPERATING CHARITABLE PROGRAM EXPENSE  77.061% H) \$ 268,152  J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)  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  R) NET RECEIVED BY THE CHARITY (P MINUS 0=R)  PPROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  N) TOTAL EXPENDITURE: GWENDOLYN M. MCELHATTA (D) NAME, TITLE: GWENDOLYN M. MCELHATTA (D) NAME, TITLE: GWENDOLYN M. MCELHATTA (D) NAME, TITLE: GRENDOLYN M. MCELHATTA (D) NAME, TITLE: SARAH H. BOONE  W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS (D) LIGHTONE (D) STATEMENT (D) STAT	П.					100	/6 4	300,401
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J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)  K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  N) FUNDRAISING EXPENSE  1.859% N) \$ 6,470  0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)  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  0) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS 0=R)  PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: DOUGLAS B. FRASER, EXECUTIVE DIRECTOR U) NAME, TITLE: GWENDOLYN M. MCELHATTA U) S 51,896 V) NAME, TITLE: SARAH H. BOONE V. CHARITABLE PROGRAM DESCRIPTION: CHARITAGLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) # 300  X) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) # 300		I) TOTAL CHARITARI E DROGRAM SERVICE EY	DENGE (ADD H & I	١		77 061	,   , ,	268 152
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  M) MANAGEMENT AND GENERAL EXPENSE  21.080%  M) \$ 73,351  1.859%  N) \$ 6,470  0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)  III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Altach 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  0) TOTAL FUNDRAISERS FEES AND EXPENSES  R) NET RECEIVED BY THE CHARITY (P MINUS 0=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  V) COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: GWENDOLYN M. MCELHATTA (U) \$ 51,896 V) NAME, TITLE: GWENDOLYN M. MCELHATTA (U) \$ 51,896 V) NAME, TITLE: SARAH H. BOONE  V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)  List on back side of Instructions CODE CODE W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS W) # 300		3) TOTAL CHARTTABLE FROGRAM SERVICE EX	FENSE (ADD II & I	)	<u> </u>	77.001	/0   0) 4	200,132
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V) NAME, TITLE: SARAH H. BOONE  V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)  EXAMPLE: SARAH H. BOONE  V) \$ 24,000  List on back side of instructions CODE  CODE  W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS  X) DESCRIPTION:  X) #			T) \$	67,000				
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X   DESCRIPTION:   X   #   Y   DESCRIPTION:   Y   #   Y	-15-24	W) DESCRIPTION: OFFER PRESENTATIONS, MEALS & GIFTS TO HOMELESS						
Y)   DESCRIPTION:     Y) #	191 07						,	
	3980	Y) DESCRIPTION:					Y) #	4

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.		X				
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.		X				
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.		Х				
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X				
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		Х				
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  IF "YES", ENTER  (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	6.		Х				
	(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.		X				
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X				
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.		Х				
10.	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 OF TRUSTEE (PRINT NAME)

CHRIS STATHOPOULOS

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHERYL K. ROHLFS, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE