PMT #	Attorney General LISA MADIGAN Sta Charitable Trust Bureau, 100 West R	te of Illinois andolph	Revised 3/03
AMT	11th Floor, Chicago, Illinois 606	301 CC	) # N 7037-094-8 Check all items attached:
	Report for the Fiscal Period:		Copy of IRS Return
INIT	Beginning 10 / 01 / 2015	Payable to	Audited Financial Statements Copy of Form IFC
21	& Ending 9 / 30 / 2016	Charity 🔽	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Federal ID <u>#</u> 47-5540004			MO DAY YR
Are contributions to the organ	nization tax deductible?	Date Organization	was created: 09 / 28 / 2015
LEGAL D300 Food Pan	ntry _ ¬ ¬ 1	Year-end amounts	
MAII		A) ASSETS	A) \$ 26,768
ADDRESS P.O. Box 879		B) LIABILITIES	в) \$ 0
CITY, STATE Carpentersville,	IL 60110	C) NET ASSETS	C) \$ 26,768
*			
	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CO	DNTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	%	D) \$ 47,688
E) GOVERNMENT GRAN	TS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES		%	F) \$
G) TOTAL REVENUE, INC	OME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 47,688
II. SUMMARY OF ALL E	EXPENDITURES DURING THE YEAR:		16.000
H) OPERATING CHARITAE	BLE PROGRAM EXPENSE	%	н) \$ 16,692
I) EDUCATION PROGRAM	M SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE F	PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$
J1) JOINT COSTS ALLOCA	ATED TO PROGRAM SERVICES (INCLUDED IN J): \$	,	TO A CHIPPINE CONTAINS OF SHIPS
K) GRANTS TO OTHER (	CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE	PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$
M) MANAGEMENT AND C	GENERAL EXPENSE	%	M) \$ 4,228
N) FUNDRAISING EXPEN	NSE	%	N) \$
O) TOTAL EXPENDITUR	RES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 20,920
(Attach Attorney General Rep PROFESSIONAL FUNDRAISE			
	ED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
Q) TOTAL FUNDRAISERS		%	Q) \$
R) NET RECEIVED BY TH PROFESSIONAL FUNDRAIS	E CHARITY (P MINUS Q=R) SING CONSULTANTS:	%	R) \$
	TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV. COMPENSATION TO			
T) NAME, TITLE: NONE			T) \$
U) NAME, TITLE:			U) \$
V) NAME, TITLE:			V) \$
V. CHARITABLE PROGE	List on back side of instructions CODE		
W) DESCRIPTION: FOOD	W) # 300		
X) DESCRIPTION:			X) #
Y) DESCRIPTION:	1000		Y) #

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.		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? 3.		~		
, 4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	i de	~		
<sub>1</sub> 5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		~		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		V		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		7		
	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$				
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		V		
	HAS THE ÖRĞANIZATION EVER BEEN REFUSED REĞISTRATION OR HAD ITS REĞISTRATION OR TAX EXEMPTION	Stable	·		
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.	製織	<b>建筑</b>		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT. DEFALCATION. MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		V		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:				
	BMO Harris Bank, PO Box 94033 Palatine, IL 60094				
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Craig Raddatz, 847-828-4647		80 - A		
	. ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNU	AL RE	PORT		

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.

CRAIG RADDATZ		$\wedge$
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
v X		×
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
MELISSA L BROMAN CPA, CGMA, C	Mohal Brome CAA	7-17-17
PREPARER (PRINT NAME)	SIGNATURE	DATE