4		GL		
F== 06	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT	AB	Form AG990-IL
PMT		20 JOHN 175		Revised 1/19
1 1411	Charitable Trust Bureau, 100 West Rando		#	
	11th Floor, Chicago, Illinois 60601			items attached:
AMT	Report for the Fiscal Period:	X		
		Make Checks		nancial Statements
		Payable to	Copy of Fo	orm IFC
INIT		the Illinois Charity		nual Report Filing Fee
		Bureau Fund		ate Report Filing Fee
	al ID# 82-1112282 MO DAY YR		MO	DAY YR
Are c		ganization was create	d:	
	RAME Gold Star Mission Inc	Year-end amounts		
	MAIL	A) ASSETS	A) \$	116,923.
ΙΔ	DDRESS 9215 Old Indian Trail	B) LIABILITIES	B) \$	0.
1000000	STATE Chatham, IL	C) NET ASSETS	C) \$	116,923.
	P CODE 62629			
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100.000%	D) \$	132,288.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$	
	F) OTHER REVENUES	%	F) \$	
	C) TOTAL DEVENUE INCOME AND CONTRIBUTIONS DESCRIVED (ADD D. E. & E)	100.8/	G) \$	122 200
II.	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 %	α, φ	132,288.
	H) OPERATING CHARITABLE PROGRAM EXPENSE	59.523%	H) \$	43,035.
		0310201	1.1, 4	20/0001
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	59.523%	J) \$	43,035.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	2.766%	K) \$	2,000.
	K) GRANTS TO OTHER GRANTABLE ONGANIZATIONS	2.700%	N) D	2,000.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	62.289%	L) \$	45,035.
	, , , , , , , , , , , , , , , , , , , ,	4		9
	M) MANAGEMENT AND GENERAL EXPENSE	1.863%	M) \$	1,347.
	N) FUNDRAISING EXPENSE	35.848%	N) \$	25,918.
	O) TOTAL EVERNITURES THE REPORT AND L. M. O. M.	100.0/	ον Φ	72 200
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	72,300.
III.	SUMMARY OF ALL PAID FUNDRAISER AND 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.
		*		345 (4
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	DI NET DECEMES DIVINE CUASITIVO ANNUO C		D) 0	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
	T) NAME, TITLE:			
	U) NAME, TITLE:	U) \$		
	V) NAME, TITLE:			
٧.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	List on ba	ack side of instructions	
22-20	8 9	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CODE	
98091 04-22-20	W) DESCRIPTION: Scholarships for Gold Star families. X) DESCRIPTION:		W)# X)#	200
980	V) DESCRIPTION:	//) #		

IF	THE ANSWER TO ANY OF THE FOLLOWING 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.	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.		X
	×			
3.	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 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.		Х
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.		X
	THAN 10% OF THE OUTOTANDING SHARLOS	7.		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON		- 1	
	OR ORGANIZATION?			X
		120		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS	-		
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
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			15
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			11 11
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
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,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	Т	X
		10. [7	
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:				
	Prairie State Bank & Trust			
			6	
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization 217-414-2700			
			12 3	
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.

Reggie Black	CLIEN	**************************************
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
Reggie Black		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
Allen K. Murphy CPA	* 1 8 8 Yes	
PREPARER (PRINT NAME)	SIGNATURE	DATE