

A COMPLETE ANNUAL FINANCIAL REPORT (AG990-IL with all required attachments and applicable fees) is due within six months after the organization's fiscal year end. A REPORT WILL NOT BE CONSIDERED FILED UNLESS IT IS COMPLETE. A COMPLETE ANNUAL FINANCIAL REPORT must include the following items:

1. **\$15 Annual Filing Fee** - Make check or money order payable to "ILLINOIS CHARITY BUREAU FUND." An annual financial report submitted without proper fees will not be considered filed.
 - **Soliciting Organizations** are required to pay a \$15 Annual Report Filing Fee if gross contributions are greater than \$15,000 or assets are greater than \$25,000.
 - **Trust Organizations registered under the Charitable Trust Act only** are required to pay a \$15 Annual Report Filing Fee if gross revenues or assets are greater than \$25,000.
2. **Form AG990-IL** - Complete all sections and line items applicable to the organization. See 6 below for **Simplified Filing Option for Small Organizations**. An annual financial report submitted with an incomplete Form AG 990-IL will not be considered filed.
 - A. **CO#:** Include CO# on the Form AG 990-IL. Correct any incorrect name or address information if using preprinted form and highlight any corrections.
 - B. **SIGNATURES:** The Form AG 990-IL must be signed by **two** different officers (president or other authorized officer and the chief fiscal officer) or by **two** trustees. One signature shall be accepted if there is only one trustee. **A Form AG 990-IL without required signatures is incomplete.**
 - C. **Part I, Line D:** Report "contributions" as defined by the Solicitation for Charity Act. The Solicitation for Charity Act defines "contributions" to include the **gross** amounts of cash donations as well as **gross** sums paid by the public for merchandise, special events, rights or services of the organization. **A Form AG 990-IL that fails to report "contributions" as defined by the Solicitation for Charity Act is incomplete.** (A complete definition of "contribution" under the Solicitation for Charity Act is shown on the back of these instructions.)
 - D. **Part II, Line J1:** Report all program costs associated with a combined fund-raising appeal to the extent such was allocated to Charitable Program Service Expense and entered on line J as Charitable Program Service Expense. The amount should equal the amount reported on the back of the AG990-IL form, question 7b(ii). You must have and maintain the documentation to support the allocations made.
 - E. **Part III, Line S:** Report fees paid to all fund-raising consultants during the year. Attach a list identifying each consultant by name and address and specify the amount paid to each.
 - F. **Part V, Lines W, X, Y Program Service Codes:** Select up to three codes from those on back of these instructions which best describe the program service(s) for which the organization spent funds.
3. **IRS Return or Report** - IRS form 990 (excluding Schedule B), **990EZ** (excluding Schedule B), 990PF, 1041, 1120 or other, must be attached if required by the IRS. If the organization did not file a federal return or report, attach explanation. **An annual financial report submitted without the required federal return or report is incomplete.**
4. **Audited Financial Statements** – must be attached by a public charity if contributions exceeded \$300,000 or if the public charity raised contributions in excess of \$25,000 through the services of professional fund-raiser. The Solicitation for Charity Act defines "contributions" to include the **gross** amounts of cash donations as well as **gross** sums paid by the public for merchandise, special events, rights or services of the organization. (A complete definition of "contribution" under the Solicitation for Charity Act is shown on the back of these instructions.) **An annual financial report without required audited financial statements is incomplete.**
5. **Form IFC - Report of Individual Fundraising Campaign** - If the organization used a paid professional fund-raiser, a separate Form IFC is required for each campaign, and each must be signed by **both** the professional fund-raiser and an officer or director of the organization. **An annual financial report without the required Form IFC is incomplete.**
6. **Simplified Filing Option for Small Organizations:**
 - **Soliciting Organizations** with gross contributions and assets of \$25,000 or less during the fiscal year may file an AG990-IL with all required signatures, disclosing only total revenue, total expenditures, and assets at the fiscal year end (Line A, G and O of the AG990-IL). A \$15 annual report filing fee is due only if gross contributions were more than \$15,000.
 - **Trust Organizations registered solely under the Charitable Trust Act** with gross revenue and assets of \$25,000 or less during the fiscal year may file an AG990-IL with all required signatures, disclosing only total revenue, total expenditures, and assets at the fiscal year end (Line A, G and O of the AG990-IL). A \$15 annual report filing fee is not due.

60 DAY EXTENSION and LATE REPORT FILING FEES:

- A 60 day extension will be granted only upon the filing of a written request with the Attorney General prior to the report due date.
- If a proper and complete annual report (AG990-IL with all required attachments and applicable fees) or a written extension request is not received prior to the due date, a \$100 late report filing fee (checks payable to the "Illinois Charity Bureau Fund") is required by Illinois law. The report cannot be accepted and will not be considered filed if it is late and the late fee is not paid.

Submit the complete annual financial report (AG990-IL with all required attachments and applicable fees) or written extension request to:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
ATTN: ANNUAL REPORT SECTION
100 WEST RANDOLPH STREET, 11th FLOOR
CHICAGO, ILLINOIS 60601-3175
(312) 814-2595

Section 1(b) of the Solicitation for Charity Act defines contributions as follows: "Contribution", means the promise or grant of any money or property of any kind or value, including the promise to pay, except payments by union members of an organization. Reference to the dollar amount of "contributions" in this Act means in the case of promises to pay, or payments for merchandise or rights of any other description, the value of the total amount promised to be paid or paid for such merchandise or rights and not merely that portion of the purchase price to be applied to a charitable purpose. Contribution shall not include the proceeds from the sale of admission tickets by any not-for-profit music or dramatic arts organization which establishes, by such proof as the Attorney General may require, that it has received an exemption under Section 501(c)(3) of the Internal Revenue Code [26 U.S.C. @ 501 et seq.] and which is organized and operated for the presentation of live public performances of musical or theatrical works on a regular basis. For purposes of this subsection, union member dues and donated services shall not be deemed contributions. (225 ILCS 460/1(b))

Part V Lines W, X, Y Program Service Codes:

Charitable activity code numbers (select up to three codes which best describe the activity and/or the program service for which your organization expends funds). Enter in Part V of the first page of the AG 990-IL. Enter first the code which most accurately identifies you.

SCHOOLS

- 001 Pre-School
- 002 Elementary or High Schools
- 003 College & Universities
- 004 Trade Schools, Vocational Schools & Job Training

PUBLIC EDUCATION OTHER THAN SCHOOLS

- 010 Public Education by Mail
- 011 Seminars and Conferences
- 012 Other Educational Materials for the Public

RELIGIOUS ACTIVITIES

- 020 Church, Synagogue, etc.
- 021 Missionary Activities

CULTURAL AND HISTORICAL

- 030 Performing Arts (Ballet, Symphony, Theatre)
- 031 Art and/or Literature
- 032 Museum
- 033 Library
- 034 Historical Societies

RECREATIONAL & SOCIAL ACTIVITIES

- 040 Youth
- 041 Adult
- 042 Music Groups & Youth Bands
- 043 Youth Clubs (i.e. Boy Scouts, Girl Scouts, 4-H, Boys Club, etc.)
- 044 Community Recreational facilities

RESEARCH

- 050 Scientific Research
- 051 Heart Disease Research
- 052 Cancer Research
- 053 Other Medical and Disease Research

HEALTH FACILITIES

- 060 Hospitals
- 061 Nursing Homes
- 062 Health Clinics
- 063 HMO
- 064 Hospice

ANIMAL WELFARE

- 070 Animal Shelter, Humane Society and/or Anti-cruelty Society
- 071 Wildlife Preservation & Shelter for Wildlife

ENVIRONMENT

- 080 Preservation & Conservation of Natural Resources
- 081 Prevention of Pollution

CIVIC ACTIVITIES

- 090 Legal Services and legal Aid
- 091 Civil Rights Activities

PUBLIC POLICY

- 100 Legislative and Political Activities
- 101 Lobbying & Advocacy
- 102 Consumer Interest Group (non-education)
- 103 Peace
- 104 Other Public Policy

HUMAN SERVICES

- 110 Day Care Centers
- 111 Family and Individual Services
- 112 Neighborhood and Community Development
- 113 Nursing Services (i.e. Home Care)
- 114 Programs for Minority Advocacy
- 115 Programs for Needy Children
- 116 Rescue and Emergency Service
- 117 Services for the Aged
- 118 Services for Alcohol or Drug Abuse
- 119 Services for Blind Adults
- 120 Services for Blind Children
- 121 Services for Developmentally Disabled Adults
- 122 Services for Developmentally Disabled Children
- 123 Services for Handicapped Adults
- 124 Services for Handicapped Children
- 125 Services for the Hearing Impaired
- 126 Services for the Poor
- 127 Services for Veterans

HOUSING

- 130 Housing for Youth
- 131 Housing for the Poor
- 132 Housing for the Aged
- 133 Women Shelter
- 134 Housing for the Disabled

BENEFITTING PUBLIC SAFETY EMPLOYEES & FAMILY

- 140 Firemen & Families
- 141 Law Enforcement Personnel & Families

ACTIVITIES INVOLVING OTHER ORGANIZATIONS

- 150 Grants to Other Charitable Organizations
- 151 Furnished Services or Facilities to Other Organizations
- 152 Umbrella Parent Organization

OTHER PROGRAM SERVICES

- 200 Scholarships and Student loans

MISCELLANEOUS PROGRAM SERVICES

- 300 (Write in Description)

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	
AMT	
INIT	

Attorney General **LISA MADIGAN** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO #

Report for the Fiscal Period:

Beginning 01 / 01 / 2021& Ending 12 / 31 / 2021

MO DAY YR

Check all items attached:

- ☒ Copy of IRS Return
☐ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Federal ID #

Are contributions to the organization tax deductible? ☐ Yes ☐ No

Date Organization was created: / /

LEGAL NAME	Gold Star Mission Inc	Year-end amounts	
MAIL ADDRESS	PO Box 9785	A) ASSETS	A) \$ 146,619
CITY, STATE	Springfield, IL 62791	B) LIABILITIES	B) \$ 0
ZIP CODE		C) NET ASSETS	C) \$ 146,619
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		100 %	D) \$ 113,096
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		%	F) \$
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100%	G) \$ 113,906
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		63.13 %	H) \$ 45,159
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		63.13 %	J) \$ 45,159
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		13.98 %	K) \$ 10,000
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		77.11 %	L) \$ 55,159
M) MANAGEMENT AND GENERAL EXPENSE		3.70 %	M) \$ 2,644
N) FUNDRAISING EXPENSE		19.19 %	N) \$ 13,725
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 71,528
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
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:			T) \$
U) NAME, TITLE:			U) \$
V) NAME, TITLE:			V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: Scholarships for Gold Star families			W) # 200
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

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.		✓
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.		✓
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.		✓
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.		✓
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.		✓
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		✓
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?	8.		✓
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		✓
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: <u>Prairie State Bank & Trust</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>The Organization 217-414-2700</u>			

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.

Matt Jones

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Tim Barhart

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Reggie Black, EA

PREPARER (PRINT NAME)

SIGNATURE

DATE

Reggie Black 5-3-22

Return of Organization Exempt From Income Tax

2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending

C Name of organization

Gold Star Mission Inc

Number and street (or P.O. box if mail is not delivered to street address)

PO Box 9785

City or town, state or province, country, and ZIP or foreign postal code

Springfield, IL 62791

Room/suite

D Employer identification number

82-1112282

E Telephone number

F Group Exemption
Number ▶

G Accounting Method:

☒ Cash☐ Accrual

Other (specify) ▶

I Website: ▶ WWW.GOLDSTARMISSION.ORG

J Tax-exempt status (check only one) -

☒ 501(c)(3)☐ 501(c)()

(insert no.)

☐ 4947(a)(1) or☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990).

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 113,096

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	113,096
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
	6	Gaming and fundraising events:	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	6c	Less: direct expenses from gaming and fundraising events	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	113,096
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)
11		Benefits paid to or for members	
12		Salaries, other compensation, and employee benefits	
13		Professional fees and other payments to independent contractors	
14		Occupancy, rent, utilities, and maintenance	
15		Printing, publications, postage, and shipping	
16		Other expenses (describe in Schedule O)	71,528
17		Total expenses. Add lines 10 through 16	71,528
18		Excess or (deficit) for the year (subtract line 17 from line 9)	41,568
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	105,051
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	146,619

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>Tim Barnhart</u> Telephone no. <u>217-381-3905</u> Located at <u>900 S. Durkin Dr, Unit 48, Springfield, IL</u> ZIP + 4 <u>62704</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Tim Barnhart

Signature of officer

Date

Tim Barnhart, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Reginald Black

Preparer's signature

Reginald Black

Date

05-03-2022

Check ☒ if self-employed

PTIN

P01212325

Firm's name Chatham Tax Service

Firm's EIN

Firm's address 9215 Old Indian Trail

Phone no. 217-488-4158

Chatham IL 62629

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No