

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 / 2022& Ending 12 / 31 / 2022

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 # 82-1112282

MO DAY YR

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) \$ 151,080
CITY, STATE	Springfield, IL 62791	B) LIABILITIES	B) \$ 0
ZIP CODE		C) NET ASSETS	C) \$ 151,080
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		100 %	D) \$ 136,186
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		%	F) \$
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100%	G) \$ 136,186
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		91.60 %	H) \$ 120,724
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		91.60 %	J) \$ 120,724
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)		74.20 %	L) \$ 97,729
M) MANAGEMENT AND GENERAL EXPENSE		8.35 %	M) \$ 11,000
N) FUNDRAISING EXPENSE		17.45 %	N) \$ 22,996
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 131,725
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:		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: Prairie State Bank & Trust			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization 217-414-2700			

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 Barnhart

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Reggie Black, EA

PREPARER (PRINT NAME)

SIGNATURE

DATE

Tim Barnhart 5-1-2023

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Gold Star Mission Inc</td> <td>D Employer identification number 82-1112282</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) PO Box 9785</td> <td>Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Springfield, IL 62791</td> <td>F Group Exemption Number</td> </tr> </table>	C Name of organization Gold Star Mission Inc		D Employer identification number 82-1112282	Number and street (or P.O. box if mail is not delivered to street address) PO Box 9785	Room/suite	E Telephone number	City or town, state or province, country, and ZIP or foreign postal code Springfield, IL 62791		F Group Exemption Number
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City or town, state or province, country, and ZIP or foreign postal code Springfield, IL 62791		F Group Exemption Number								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).								
I Website: WWW.GOLDSTARMISSION.ORG										
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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										
		\$ 136,186								

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 <input checked="" type="checkbox"/>																																																																					
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">1</td> <td style="width:75%;">Contributions, gifts, grants, and similar amounts received</td> <td style="width:5%; text-align: center;">1</td> <td style="width:15%; text-align: right;">136,186</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>4</td> <td>Investment income</td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td style="text-align: center;">5a</td> <td></td> </tr> <tr> <td>b</td> <td>Less: cost or other basis and sales expenses</td> <td style="text-align: center;">5b</td> <td></td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)</td> <td style="text-align: center;">5c</td> <td></td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events:</td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: center;">6a</td> <td></td> </tr> <tr> <td>b</td> <td>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)</td> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td>c</td> <td>Less: direct expenses from gaming and fundraising events</td> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: center;">6d</td> <td></td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td style="text-align: center;">7a</td> <td></td> </tr> <tr> <td>b</td> <td>Less: cost of goods sold</td> <td style="text-align: center;">7b</td> <td></td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)</td> <td style="text-align: center;">7c</td> <td></td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O)</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9</td> <td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: center;">9</td> <td style="text-align: right;">136,186</td> </tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	136,186	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3		4	Investment income	4		5a	Gross amount from sale of assets other than inventory	5a		b	Less: cost or other basis and sales expenses	5b		c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		6	Gaming and fundraising events:			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b	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)	6b		c	Less: direct expenses from gaming and fundraising events	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a	Gross sales of inventory, less returns and allowances	7a		b	Less: cost of goods sold	7b		c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		8	Other revenue (describe in Schedule O)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	136,186
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Net Assets	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">18</td> <td style="width:75%;">Excess or (deficit) for the year (subtract line 17 from line 9)</td> <td style="width:5%; text-align: center;">18</td> <td style="width:15%; text-align: right;">4,461</td> </tr> <tr> <td>19</td> <td>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)</td> <td style="text-align: center;">19</td> <td style="text-align: right;">146,619</td> </tr> <tr> <td>20</td> <td>Other changes in net assets or fund balances (explain in Schedule O)</td> <td style="text-align: center;">20</td> <td></td> </tr> <tr> <td>21</td> <td>Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td style="text-align: center;">21</td> <td style="text-align: right;">151,080</td> </tr> </table>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	4,461	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)	19	146,619	20	Other changes in net assets or fund balances (explain in Schedule O)	20		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	151,080																																																				
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For Paperwork Reduction Act Notice, see the separate instructions.
EEA

Form 990-EZ (2022)

Part II**Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	146,619	22	151,080
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	146,619	25	151,080
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	146,619	27	151,080

Part III**Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Raised funds to distribute college scholarships in memory of fallen soldiers and Gold Star families.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV**List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Matt Jones President	1.00	0	0	0
Eric Murray Director of Operations	1.00	0	0	0
Tim Barnhart Treasurer	10.00	0	0	0
Chris Milchuck Secretary	1.00	0	0	0

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?		
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?		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		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		
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)?		X
If "Yes," enter the name of the foreign country:		
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?		X
If "Yes," enter the name of the foreign country:		
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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		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
- 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."

	Yes	No
47		X
48		X
49a		X
49b		

(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	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Reginald Black		05-01-2023		P01212325
	Firm's name	Chatham Tax Service		Firm's EIN	
	Firm's address	9215 Old Indian Trail			
		Chatham IL 62629		Phone no. 217-488-4158	

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

☐ Yes ☒ No

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Gold Star Mission Inc

Employer identification number

82-1112282

01. General explanation attachment

The Gold Star Mission is a nonprofit organization that Honors and Supports Gold Star
Families by preserving the memory of our Fallen Heroes through service to others in need.

02. Description of other expenses (Part I, line 16)

Description	Amount
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Advertising	22,996
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Bank fees	39
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Gen Logan 200	525
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GSM 500	17,987
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Rockford Run	18,086
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Scholarships	50,000
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PO Box	166
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Indirect costs: personnel & misc	10,795
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Banquet	11,131
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