|                 |  | 8 (  | and the stand                           |  |  |  |
|-----------------|--|--|---|--|--|--|
| $\overline{}$   | ILLINOIS CHARITABLE ORGANIZATION ANNUAL  |  | Form AG990-IL<br>Revised 10/24          |  |  |  |
| PM:             | Illinois Attorney General Kwame Raoul<br>Charitable Trust Bureau, 115 S. LaSalle S<br>Chicago, IL 60603  | St co  |   | 010903   |  |  |
| AM'             | _ ,  | X  |   | all items attached;<br>FIRS Return   |  |  |
|                 | Beginning 01/01/2024   | Make Checks X  | Audited                                 | Financial Statements   |  |  |
| רומו            |  | Payable to Illinois Charity Bureau Fund  |   | ed Financial Statements<br>Form IFC  |  |  |
|                 | & Ending 12/31/2024  | X  | \$15 Anı                                | nual Report Filing Fee   |  |  |
| Fede            | ral ID # 36-2055318 MO DAY YR Date or  | ganization was created   |   | ate Report Filing Fee 05/01/1928   |  |  |
|                 | ontributions to the organization tax deductible? X Yes No al Name: ILLINOIS SHERIFFS' ASSOCIATION  | T  | N. 2 2                                  | MO DAY YR  |  |  |
| Leg<br>         | al Name: ILLINOIS SHERIFFS' ASSOCIATION  | YEAR-END<br>AMOUNTS  | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |  |
|                 | Address: 3050 MONTVALE DR., SUITE D  | A) ASSETS  | A) \$                                   | 2,400,622.   |  |  |
|                 | ty, State: SPRINGFIELD, IL   | B) LIABILITIES C) NET ASSETS   | B) \$<br>C) \$                          | 749,431.   |  |  |
| <u>Ema</u>      | Address:JIM@ILSHERIFF.ORG  | The state of the   |   |  |  |  |
| I.              | SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:  D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)                             | PERCENTAGE 7.978%  | D) A                                    | AMOUNT F.3.1 O.4.5   |  |  |
|                 | E) GOVERNMENT GRANTS AND MEMBERSHIP DUES   | 90.921%  | D) \$<br>E) \$                          | 531,845.   |  |  |
|                 | F) OTHER REVENUES  | 1.101%   | F) \$                                   | 73,387.  |  |  |
|                 | G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)  | .100 %   | G) \$                                   | 6,666,597.   |  |  |
| II.             | SUMMARY OF ALL EXPENDITURES DURING THE YEAR:   |  | . A.A                                   |  |  |  |
|                 | H) 0PERATING CHARITABLE PROGRAM EXPENSE  | 88.486%  | H) \$                                   | 5,444,602.   |  |  |
|                 | I) EDUCATION PROGRAM SERVICE EXPENSE   | %  | 1) \$                                   |  |  |  |
|                 | J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)  | 88.486%  | J) \$                                   | 5,444,602.   |  |  |
|                 | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)  |  | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The second secon |  |  |
|                 | K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  | 0.739%   | K) \$                                   | 45,500.  |  |  |
|                 | L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)  | 89.226%  | L) \$                                   | 5,490,102.   |  |  |
|                 | M) MANAGEMENT AND GENERAL EXPENSE  | 5.837%   | M) \$                                   | 359,179.   |  |  |
|                 | N) FUNDRAISING EXPENSE   | 4.937%   | N) \$                                   | 303,753.   |  |  |
|                 | O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)   | 100 %  | 0) \$                                   | 6,153,034.   |  |  |
| III.            | SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES:  |  |   |  |  |  |
|                 | (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)  PROFESSIONAL FUNDRAISERS:                       | PART OF THE PART O |   |  |  |  |
|                 | 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;  |  |   | Ari Aran inter-  |  |  |
| IV.             | S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:                        |  |   | 0.   |  |  |
|                 | T) NAME, TITLE: JAMES KAITSCHUK, EXECUTIVE DIRECTOR  |  |   | 209,489.   |  |  |
|                 | U) NAME, TITLE: TERI SCHROEDER, DEPUTY DIRECTOR  |  | U) \$<br>V) \$                          | 93,175.  |  |  |
| V.              | ) NAME, TITLE: LYNN SAPUTO, MEMBERSHIP COORDINATOR  CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)  CODE CATEGORIES |  |   | 85,325.  |  |  |
|                 |  |  |   | CODE   |  |  |
| 198091 11-26-24 | W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUBLIC X) DESCRIPTION: SCHOLARSHIPS AND STUDENT LOANS  |  |   | 200  |  |  |
| 1980            | Y) DESCRIPTION: BENEFITS TO FAMILIES OF DECEASED MEMBERS   |  |   | 300  |  |  |

| THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. 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 JUDGEMENT?   | 1.                        |   | X  |  |  |  |  |
| 2.   | 2. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF IT DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?   | GOFFICERS,<br>ERECEIVE    |   | The second secon |  |  |  |  |
| 3.   | 3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE THAN 10% OF THE OUTSTANDING SHARES?  | <u> </u>                  | \$ 250 A gamman A a a a a a a a a a a a a a a a a a a | X  |  |  |  |  |
| 4.   | 4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF AN OR ORGANIZATION?  | Y OTHER PERSON 4.         |   | A Commence of the Commence of  |  |  |  |  |
| 5.   | 5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)   | 5.                        |   | Х  |  |  |  |  |
|  | Ba. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATUR BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  5b. IF "YES", ENTER   |                           |   |  |  |  |  |  |
| ou.  | (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 \$   |                           |   | A CONTROLLED OF THE PROPERTY O |  |  |  |  |
| 7.   | 7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES  | ? 7.                      |   | Х  |  |  |  |  |
| 8.   | B. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION S REVOKED BY ANY GOVERNMENTAL AGENCY?  |                           |   | X  |  |  |  |  |
| 9.   | DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MI COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS?   | SAPPROPRIATION, 9.        |   | X  |  |  |  |  |
| 10.  | 10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF SPRINGFIELD, P.O. BOX 19301, SPRINGFIELD, IL 62794 WELLS FARGO, 2941 GREENBRIAR, SPRINGFIELD, IL 62704  |                           |   |  |  |  |  |  |
|  |  |                           |   |  |  |  |  |  |
| 11.  | 1. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JAMES KAITSCHUK - 217-753-   | 2372                      |   |  |  |  |  |  |
|  | • ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •  |                           |   |  |  |  |  |  |
| DOCU<br>LL[N   | DER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS AI CUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND CONTROL INCOME ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPO REE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS. | OMPLETE AND FILED WITH TH | 4F  | D  |  |  |  |  |
| 1.)  | DE SURE TO INCLUDE ALL FEES DUE:  JAMES KAITSCHUK  PRESIDENT OR OTHER AUTHORIZED OFFICER OR TRUSTEE (PRINT NAME)  SIGNATU OFFICER OR TRUSTEE (PRINT NAME)  BRIAN VANVICKLE  CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME) SIGNATU SIGNATU  CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME) SIGNATU   | HE E                      | 0<br><u>75</u>  2                                     | 125<br>ATE<br>125<br>ATE   |  |  |  |  |
|  | DANIEL J. CODY PREPARER (PRINT NAME) SIGNATU   | My Cod :                  | 3/19/3<br>D   | 20.23<br>ATE   |  |  |  |  |

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