PMT #	ILLINOIS CHARITABLE ORGANIZATION AN Attorney General KWAME RAOUL St Charitable Trust Bureau, 100 West Ra	ate of Illinois	Verneed (/II
AMT	11th Floor, Chicago, Illinois 606		PROFESSION CONTRACTOR
	Report for the Fiscal Period:	m	Check all items attached: Copy of IRS Return
	Beginning 01 / 11 / 2019	Make Checks	Audited Financial Statements
INIT		Charity	Copy of Form IFC \$15.00 Annual Report Filing Fee
Federal ID # 47 - 1324	,50/ & Ending 12 / 31 / 24/9 MO DAY YR	Bureau Fund 📋	\$100.00 Late Report Filing Fee
		Date Organization	was created: 7 14 14
LEGAL LIVING LFS, INC.		Year-end amounts	And the second second
NAME	ATBURA NO TOTAL	A) ASSETS	A)\$ 23,131.54
ADDRESS 2501 CH	ATAAM RD, STEN	B) LIABILITIES	B) \$
ADDRESS CITY, STATE SPRINGTIELD, 12 62704 C) 1			0)\$12/21/21
ZIP CODE			(1) 1
I. SUMMARY OF ALL I	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		100 %	D)\$ 28,896.66
E) GOVERNMENT GRAN	TS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES		%	F) \$
G) TOTAL REVENUE, INC	COME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G)\$ 28 896.46
II. SUMMARY OF ALL E	EXPENDITURES DURING THE YEAR:		以此时以在《日本》
H) OPERATING CHARITAI	BLE PROGRAM EXPENSE	99 %	н)\$29583.46
I) EDUCATION PROGRAI	M SERVICE EXPENSE	%	1) \$
J) TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$
J1) JOINT COSTS ALLOC	ATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		%	K)\$ 0
L) TOTAL CHARITABLE	PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$
M) MANAGEMENT AND	GENERAL EXPENSE	n %	M)\$1015.06
N) FUNDRAISING EXPENSE		%	N) \$
O) TOTAL EXPENDITU	RES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 3/1598.52
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAIS P) TOTAL AMOUNT RAIS	ERS: ED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ Q
Q) TOTAL FUNDRAISERS	FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		%	R) \$
			S) \$
	THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
T) NAME, TITLE: // A			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: LIVING LP FAMILY CAMP			W)# 28 183.46
X) DESCRIPTION: TRAVEL SCHOLARSHIPS			x)# 1500-"
Y) DESCRIPTION:			Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:			NO			
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?			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		7			
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBTION TO ANY ORGANIZATION IN WHICH OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OF	ION IN R DID		_			
ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATIO	N? 3.		\angle			
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIREC TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?			\searrow			
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X			
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM	IFC) 6.		\geq			
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) TH AMOUNT ALLOCATED TO MAN AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$	E AMOUNT NAGEMENT					
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X			
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEM SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	1		Ž			
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	ION.	1				
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINTHEE LARGEST ACCOUNTS:		(43 143	6			
USBANK 1221 N COMMBIA CENTER BLVD KNNEWICK WA 943360 PAYBAL 2211 NORTH FIRST STREET SAN SUST CA 95/31						
PAYBAL ZUI NURTH HAST STREET SAN JUST CA 95/31						
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: TRISHIA SHEWY STEPHENS 509.947.4290						
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

3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT OTRUSTEE (PRINT NAME)

TREASURER or TRUSTEE (PRINT NAME

Herry-STEPITERS

SIGNATURE

DATE

SNATURE

DATE

PREPARER (PRINT NAME)

DATE