

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **KWAME RAOUL** State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # _____

PMT # _____
AMT _____
INIT _____

Report for the Fiscal Period:

Beginning 01 / 01 / 2019

& Ending 12 / 31 / 2019

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 # 47-1326501

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 7 / 14 / 14

<p>LEGAL NAME: <u>LIVING LFS, INC.</u> MAIL ADDRESS: <u>2501 CHATAM RD, STEN</u> CITY, STATE, ZIP CODE: <u>SPRINGFIELD, IL 62704</u></p>	Year-end amounts	
	A) ASSETS	A) \$ <u>23,131.54</u>
	B) LIABILITIES	B) \$ _____
	C) NET ASSETS	C) \$ <u>23,131.54</u>
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<u>100</u> %	D) \$ <u>28,896.66</u>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$ _____
F) OTHER REVENUES	%	F) \$ _____
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ <u>28,896.66</u>
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<u>99</u> %	H) \$ <u>29,583.46</u>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$ _____
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ _____
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ _____	%	K) \$ <u>0</u>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$ _____
M) MANAGEMENT AND GENERAL EXPENSE	<u>3</u> %	M) \$ <u>1,015.06</u>
N) FUNDRAISING EXPENSE	%	N) \$ <u>0</u>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ <u>30,598.52</u>
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) \$ <u>0</u>
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) \$ _____
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: <u>N/A</u>		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: <u>LIVING LFS FAMILY CAMP</u>		W) # <u>28,083.46</u>
X) DESCRIPTION: <u>TRAVEL SCHOLARSHIPS</u>		X) # <u>1500</u>
Y) DESCRIPTION: _____		Y) # _____

