

Filing Instructions

Tommy Corral Memorial Fund/Foundation

Form AG990-IL - Charitable Organization Annual Report

Taxable Year Ended December 31, 2021

Date Due: June 30, 2022

Remittance: The filing fee for the tax year ended 12/31/21 is \$15. Include a check payable to the Illinois Charity Bureau Fund and write "E.I.N. 47-1666166 , for the year ended 12/31/21" on the check.

Mail To: Office of the Illinois Attorney General
Charitable Trust Bureau
100 W. Randolph Street, 11th floor
Chicago, IL 60601-3175

Signature: Form AG990-IL must be signed and dated by two authorized officers of the organization.

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 1/19

PMT #	_____
AMT	_____
INIT	_____

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

CO # Applied For

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 # 47-1666166

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 12/03/2017

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	Tommy Corral Memorial Fund/Foundation 6627 N. 2nd Street Loves Park IL 61111	Year-end amounts	
		A) ASSETS	A) \$ 20,771
		B) LIABILITIES	B) \$ 0
		C) NET ASSETS	C) \$ 20,771
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		98 %	D) \$ 37,573
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		2 %	E) \$ 600
F) OTHER REVENUES		0 %	F) \$ 0
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 38,173
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		%	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE		53 %	I) \$ 16,227
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		53 %	J) \$ 16,227
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)		53 %	L) \$ 16,227
M) MANAGEMENT AND GENERAL EXPENSE		27 %	M) \$ 8,366
N) FUNDRAISING EXPENSE		20 %	N) \$ 6,304
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 30,897
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) \$
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:			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: Mental Health Services		W) #	300
X) DESCRIPTION:		X) #	
Y) DESCRIPTION:		Y) #	

Tommy Corral Memorial

47-1666166

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.		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.		X
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.		X
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.		X
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.		X
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) 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.		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
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.		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Midland States Bank, 1700 N Alpine Rd., Rockford, IL 61107			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Anne Wilkerson 815-289-0332			

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.

<p>BE SURE TO INCLUDE ALL FEES DUE:</p> <p>1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.</p> <p>2.) FOR FEES DUE SEE INSTRUCTIONS.</p> <p>3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</p>	<p style="text-align: center;">Crystal Schuring</p> <p style="text-align: center;">PRESIDENT or TRUSTEE (PRINT NAME)</p>	SIGNATURE	DATE
	<p style="text-align: center;">Anne Wilkerson</p> <p style="text-align: center;">TREASURER or TRUSTEE (PRINT NAME)</p>	SIGNATURE	DATE
	<p style="text-align: center;">Michael Odling</p> <p style="text-align: center;">PREPARER (PRINT NAME)</p>	SIGNATURE	DATE

5/17/22

e-Postcard Worksheet

Form **990-N**

2021

For calendar year 2021, or tax year beginning , and ending

Name

**Tommy Corral Memorial
Fund/Foundation**

Employer Identification Number

47-1666166

Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.

The following items are required for a complete electronic submission:

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **47-1666166**
2. Tax year **2021**
3. Legal name of organization **Tommy Corral Memorial
Fund/Foundation**
 Mailing street address **6627 N. 2nd Street**
 City or foreign province **Loves Park**
 State or foreign country code **IL**
 Zip code **61111**
4. Any other names the organization uses (Doing Business As)
5. Principal officer name **Xavier Whitford**
 Mailing street address **1876 Plateau Avenue**
 Street address line 2
- City **Loves Park**
 Foreign province
- State or foreign country code **IL**
 Zip code **61111**
6. Web site address if the organization has one **tommycorrallmemorialfoundation.com**
7. Organization's annual gross receipts are normally \$50,000 or less **X**
8. Organization is terminated or in the process of termination