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CRUSSELL 02/05/2013 10 05 AM Form Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No 1545-0047

	_							- 1-p-11g 1-040c			19beenou
<u>A</u>	For the	е 2012 с	<u>alendar year, or </u>	tax year beginning		, and ending					
В	Check if a		C Name of organizati		ANN DIIC	SELL CHARIT	PART.E		D Emplo	yer identificat	don number
\Box	•	* *	-		11111 100	DELLI CHART.	LADDO			,	
\Box	Address c	change		TRUST		<u> </u>					
	Name cha	ange	Doing Business As	ı					36-	-31462	220
님	rianic Gra	ango	Number and street	(or P O box if mail is not delivered	d to street address	3)		Room/suite		one number	-,
	Initial retui	ım				•			- · · · · · · · · · · · · · · · · · · ·		
$\overline{\Box}$	_			IN STREET							
\Box	Terminate	ed	City, town or post of	office, state, and ZIP code							
	Amended	retum	HOOPESTO	N	IL 60	942				C	698,926
=	, andrided	TOWN	F Name and address			7372			G Gross rec	eipis a	030,320
	Application	n pending	r Name and address	or principal officer				H(a) Isthisagn	oup return for	offiliators [Yes X No
			WILLIAM	1 NELSON				n(a) is uis a gi	oup return to	annates, [
								H(b) Are all affi	liates included	17	Yes No
										_	
								II NO	, attach a list	(see instruction	วทร)
1	Тах-ехеп	mpt status	X 501(c)(3)	501(c) () ◀	(insert no)	4947(a)(1) or	527				
_	Website:	-	/A		3	13 11 (=/(-/	J., <u>132</u> .				
<u> </u>	vvebsite:							H(c) Group exe	mption numb	er 🖊	
<u>K</u>	Form of o	organization	X Corporation	Trust Association	Other -		L	Year of formation		M State of le	egal domicile IL
P	art I	Su	ımmary								
	Υ			estionia mission as most e		.4					
	1 8	-	_	ation's mission or most si	•						
Ф	i	TO S	UPPORT VAR	IOUS ORGANIZATI	CONS AS S	SET FORTH I	N THE TE	RUST AGREEM	ENT		
ည	1										
ᅙ											
& Governance											
≥	20	Check the	s boy 🕨 🗀 if the	e organization discontinue	ad its operation	ne or dienoead of	more than 250	% of its not assets			
ŏ							more man 25	70 OF Its Het assets	i i	-	
ಂಶ	1 8	Number o	of voting members	s of the governing body (P	art VI, line 1a)			3	5	
S	4 1	Number o	of independent vo	ting members of the gove	rnına body (Pa	art VI. line 1b)			4	5	
ž									5	0	
Activities				employed in calendar yea	ai 2012 (Pait	v, line za)					
Ą	6 7	Total num	ber of volunteers	(estimate if necessary)					6	0	
-	7a 7	Total unre	elated business re	evenue from Part VIII, colu	ımn (C), line 1	12			7a		0
	1					· -					0
	1 0 1	ivet uniter	ated business tax	able income from Form 99	90-1, line 34	*			7b		
]							Prior Yea		Cui	rrent Year
Φ	8 (Contributi	ons and grants (F	'art VIII, line 1h)					0		0
2	9 F	Program s	service revenue (Part VIII. line 2g)					0		0
Revenue	ì			= '				4.9	3,812		44,675
é	1			III, column (A), lines 3, 4,							
_	11 (Other rev	enue (Part VIII, co	olumn (A), lines 5, 6d, 8c,	9c, 10c, and	11e)		389	9,683		654,251
	12 7	Total reve	nue – add lines 8	through 11 (must equal F	Part VIII. colur	nn (Δ) line 12)		431	3,495		698,926
_						1111 (/-y, 1111C 12)					
	13 (Grants an	id similar amount	s paid (Part IX, column (A	a), lines 1–3)			38	6,096		642,496
	14 E	Benefits p	aid to or for mem	bers (Part IX, column (A)	, line 4)				0		0
	1 4- 6			on, employee benefits (Pa		(A) lines 5_10)			0		0
Expenses	1					(A), lines 5-10)					
Ë	16a	Protession	nal tundraising te	es (Part IX, column (A), Iır	ne 11e)				0	,	0
ğ	b7	Total fund	Iraising expenses	(Part IX, column (D), line	25) 🕨		0				
ũ	17 (olumn (A), lines 11a-11d,	•			4	5,824		47,464
	!: `		ciises (i ait ix, c	sidniti (A), lines 11a-11d,			Act to the second				
	18	Total expe	enses Add lines	13–17 (must equal Part IX	(, column (A),	11 PE (25) E V E) [1,920		689,960
(V)	19 F	Revenue	less expenses S	ubtract line 18 from line 1:	2		"	1 (6,575		8,966
88							l <u>õ</u> l	Beginning of Cur	rent Year	En	d of Year
S E	20 1	Total acce	ets (Part X, line 1	2)	۱ (ن) ۱	MAY 17 2013	101	11,07	7 366	11	,362,182
Net Assets or Drugs					E2-628	MAI A 6 CUIS	RS-OS				642,496
4₹	21	i otal liabi	lities (Part X, line	26)			<u> </u>		6,096		
靟	22 1	Net asset	s or fund balance	s Subtract line 21 from lir	ne 20 📆	CORNI I		10,69	1,270	10	,719,686
7	art II		nature Bloc			UDEW, C					
					<u></u>						
				t I have examined this return,					my knowle	dge and beli	ef, it is
4	e, corre	ect, and co	mplete Declaration	of preparer (other than office	e() is based on a	all information of whi	ch/preparer has	s any knowledge			
	3		100	1 4 0 -	0/2	wisten	1secre	tore	7	-/3 -	13
Sig)	 = =	unature of officer	g / Jean		Muse,	10000	raig	Date		
Sig	gn		CI CINCEI (18/4 -	· '/	1- 1		/	Date		
He	ŕe		Salla J	Keith. IV	ustee	1 Serveta	ru				
	9	1 T	pe or print name and t	itle -							
		+	<u> </u>		Tames	-4		16	т		
		Print/Type	preparer's name		Preparer's signi	ature		Date	Check	X if PTI	iN
Pai	d	RUSS L	EIGH		RUSS LEIG	H		02/05	/13 self-em	ployed PC	00086811
Pre	parer		. 5	ssell Leigh	& Assoc			T			3333616
	•	Firm's nan			a RSSU	a ces			m's EIN ▶		2222010
USE	Only	İ		8 E Main St							
		Firm's add	ress > Ho	opeston, IL	60942			l p	hone no	217-	283-9336
Mar	the ID	•				tions)					
_				he preparer shown above		110/15/					Yes No
		ork Reduc	ction Act Notice, s	ee the separate instruction	s.						Form 990 (2012)
DAA											• 0

_	990 (2012			6-3146220	Page 2
Pa	irt III	Statement of Program Servi Check if Schedule O contains	ce Accomplishments a response to any question in this	Part III	
1		scribe the organization's mission			
I	O SUP	PORT VARIOUS ORGAN	ZATIONS AS SET FORTH	IN THE TRUST AGREEME	NT
2			ogram services during the year which were i	not listed on the	
	-	i 990 or 990-EZ? escribe these new services on Schedu	le O		Yes X No
3			significant changes in how it conducts, any p	program	
	services?	annels than also as a Oakadala O			Yes X No
4		escribe these changes on Schedule O he organization's program service acc	omplishments for each of its three largest pr	ogram services, as measured by	
	expenses	Section 501(c)(3) and 501(c)(4) organ	nizations are required to report the amount o		
	the total e	xpenses, and revenue, if any, for each	program service reported		
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	•			, , , , , , , , ,	Ź
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		gram services (Describe in Schedule (
40	(Expenses	s \$ 642,496 inclu gram service expenses ▶	ding grants of \$ 642,496 642,496) (Revenue \$	
DAA	i væi þi v	Alam service exherises >	<u> </u>		Form 990 (2012)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			77
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	1	77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
^	complete Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	ļ	X
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
• •	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	i		
u	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	I I a		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	-110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			-
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		i

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	_		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		l	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		X
24a	5 The second of			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	, , , , , , , , , , , , , , , , , , , ,			~-
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
00	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			37
22	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200	ı	X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	and the second s			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		En	99C	7 (2012)

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

CRU	SSELL 02/05/2013 10 05 AM			
	990 (2012) CHARLOTTE ANN RUSSELL CHARITABLE 36-3146220		Р	age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	or a "N	о"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See	nstruc	tions.	
	Check if Schedule O contains a response to any question in this Part VI			_X_
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4 !		
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
L	committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7a	Did the organization have members or stockholders?	6		
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_	₹.	
b		7a	X	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		x	1
8		7b	<u> </u>	
а	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?		v	Ī
b	Each committee with authority to act on behalf of the governing body?	_8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	_		
	tion of the collection of requests information about policies not required by the internal Nevertue Co	16./	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	"		=
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.25		
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	х	
4	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X_
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ IL			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			

State the name, physical address, and telephone number of the person who possesses the books and records of the

112 E MAIN ST

IL 60942

HOOPESTON

organization **> BILL NELSON PC**

DAA

Form 990 (2012	CHARLOTTE ANN RUSSELL CHARITABLE	36-3146220	Page '
Part VII	Compensation of Officers, Directors, Trustees, Key Independent Contractors	Employees, Highest Compensated	
	Check if Schedule O contains a response to any question	on in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Comp	ensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	or any related organizations compensat						(D)	(E)	(F)
Name and Title	Average hours per week	(C) Position (do not check more than one box, unless person is both an						Reportable compensation from	Reportable compensation from related	Estimated amount of other
į	(list any hours for	of	ficer a	nd a d	lirecto	r/truste	e)	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual trustee or director	Institut	Officer	Key employee	Highes employ	Former	(W-2/1099-MISC)	(** 2 1886 141100)	organization and related
	below dotted line)	ctor to	ional		nploye	ee comp	<u> </u>			organizations
		ıstee	Institutional trustee		8	Highest compensated employee	-			
(1)DALE SINGLETON			-	<u> </u>			-			
	2.00									
DUTT TTD HDTGG	0.00	X				\sqcup	_	5,000	0	0
(2) PHILLIP TREGO	2.00			ļ						
	0.00	x						5,000	o	0
(3) WILLIAM NELSON		-				 	_	3,000		
	2.00						ĺ			
	0.00	X		<u> </u>	L		_	5,000	0	0
(4) JIM ROOT	0 00									
	2.00 0.00	x						5,000	0	0
(5) SALLY KEITH	0.00	<u> </u>			\vdash	$\vdash \vdash$	\dashv	3,000		
``	2.00				1					
	0.00	X					_	5,000	0	0
(6)										
	<u> </u>	ļ								
(7)										
(8)										
(9)							+			
(10)										· · · · · · · · · · · · · · · · · · ·
(11)							\downarrow			
\'''										

Form 990 (2012)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	у Ег	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	' (A) Name and title	(B) Average hours per week (list any hours for	of	x, unle ficer a	Pos check ess pe nd a d	erson i	than o	an 9e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other npensati	of Ion	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations			
(12)									_					
(13)														
(14)														
(15)													· · · · · · · · · · · · · · · · · · ·	
(16)											_			
(17)														
(18)														
(19)														
1b c	Sub-total Total from continuation shee	ets to Part VII, S	ectio	on A				>	25,000					_
d 2	Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lim	ited		ose l	listed	d abo	ve)	who received more than \$10	00,000 in				
3	Did the organization list any for	rmer officer, direc	ctor,	O or tru	ustee	e, ke	y em	ploy	ee, or highest compensated					lo
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organi	1a, is the sum of	rep	ortab	le co	mpe	ensati			n the		3		K K
5	individual Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								lividual		5		K_
Sect 1	ion B. Independent Contracto Complete this table for your five	e highest comper												
	compensation from the organiz	(A) business address	nper	isatio	n toi	r tne	cale	ngar		ne organization's tax year. (B) on of services		Comp	(C) ensation	
														_
				 -										—
2	Total number of independent correceived more than \$100,000 co								listed above) who	0			000	
DAA												Form	990 (20	J121

		Check	of Schedule	O contains	s a response to	any question in t	his Part VIII.		
4						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
st st	1a	Federated car	mpaigns	1a			TOVOIGE		312, 313, 61 314
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership o	lues	1b					
A, O	С	Fundraising e	vents	1c					
E E	d	Related organ	izations	1d					
E, C	е	Government grants	(contributions)	1e					
r S	f	All other contributio							
흕		and similar amounts	s not included above	_1f					•
Ę	g	Noncash contribution	ons included in lines 1a	-1f \$					
	h	Total. Add line	es 1a-1f		•				
Эце					Busn Code				
evel	2a								
e Æ	b	ı							
ξ	c				-				
Se	d				-				
Гап	e								
Program Service Revenue		_	am service reve	nue					
	_9								,
	3		come (including o	dividends, into	erest,				
		and other simi	•		🖰 📙	44,675	44,675		
	4		nvestment of tax	-exempt bond	proceeds -				
	5	Royalties	(i) Boot		(v) Demonal				
	62	Gross rents	(i) Real		(II) Personal				‡
	6a b		· · · · · · · · · · · · · · · · · · ·						
	c		<u> </u>						<u> </u>
	ď		l			ŧ			ŧ
	7a		(i) Securities		(II) Other			TO 711	······
		sales of assets other than inventory			(1) 0 2.101				
	ь	Less cost or other							‡
Ì		basis & sales exps							•
	С	Gain or (loss)	.,			I			
		Net gain or (lo	ss)		•	†		•	Í
		•	om fundraising eve	nts					
Other Revenue		(not including \$	-			1			[
8		of contributions r	eported on line 1c))		1			
<u>ا</u>		See Part IV, line	18	а		1			
£	b	Less direct ex	penses	b		1			
۱	С	Net income or	(loss) from fund	raising events	s •				
	9a	Gross income fro	om gaming activitie	s.]""				
ļ		See Part IV, line	19	a		1			
		Less direct ex		b		1			
			(loss) from gam	ing activities				***************************************	***************************************
	10a	Gross sales of				1			
		returns and all		a		I			
		Less cost of g		b		1			
- }	С		(loss) from sales	s of inventory	<u> </u>			······································	
ļ	• • •		cellaneous Revenue		Busn Code	<u>.</u>			
	11a	NET FARM	PROFIT			654,251	654,251		
J	b								
İ	C	A.IIII							
		All other reven			<u> </u>	CE4 055			
	е 12	Total. Add line			₹ -	654,251 698,926	698,926		<u>:</u>
	14	ing leveling	 See instruction 	io	▶ │	030,326	070,7∠0	0	0

	IT IX Statement of Functional Ex		 		
Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respi	omplete all columns. All other	er organizations must comp	lete column (A)	
Do	o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and			gonerar expenses	одопосо
	organizations in the U.S. See Part IV, line 21	642,496	642,496		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				. ,
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	25,000		25,000	
b	Legal	500		500	
С	Accounting	6,914		6,914	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	15,050		15,050	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		<u></u>		
17	Travel				·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				,
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b			-		<u>.</u>
C					
d					
•	All other expenses		0.10		_
25	Total functional expenses. Add lines 1 through 24e	689,960	642,496	47,464	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 16,018 25,573 Cash-non-interest bearing 508,047 505,083 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 9,341,000 other basis Complete Part VI of Schedule D 10a 10b 9,341,000 9,341,000 b Less: accumulated depreciation 10c 741,548 1,058,942 11 Investments—publicly traded securities 11 470,753 431,584 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 11,077,366 11,362,182 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 386,096 642,496 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 642,496 26 386,096 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 52,151 61,117 27 Unrestricted net assets 27 28 Temporarily restricted net assets 10,639,119 10,658,569 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 10,719,686 10,691,270 33 Total net assets or fund balances 11,077,366 11,362,182 Total liabilities and net assets/fund balances

Form 990 (2012)

orm	990 (2012) CHARLOTTE ANN RUSSELL CHARITABLE 36-3146220			Page 12
Pa	rt XI Reconciliation of Net Assets		·	
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	698	,926
2	Total expenses (must equal Part IX, column (A), line 25)	2		,960
3	Revenue less expenses Subtract line 2 from line 1	3		,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,691	,270
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	-	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	19	,450
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	10,719	, 686
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	1
	Schedule O			I
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			1
	Separate basis Consolidated basis Both consolidated and separate basis			1
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1
	separate basis, consolidated basis, or both			-
	Separate basis Consolidated basis Both consolidated and separate basis			1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		į į	Ī
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			· •
	Schedule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Ť
	the Single Audit Act and OMB Circular A-133?		3a	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			+-

Form **990** (2012)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Form 990 or 990-EZ.

DAA

1

2

CHARLOTTE ANN RUSSELL CHARITABLE

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

TRUST

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

Employer Identification number 36-3146220

4	ш	A medical res	search organization operated	in conjunction with a nospital de	scribed in	section '	170(6)(1)(A)(III).	Enter ti	ne hosp	ital's name,	
		city, and state)									
5		An organizate	on operated for the benefit of	f a college or university owned or	operated	by a gove	emmenta	al unit de	scnbed	in		
		section 170(b)(1)(A)(iv). (Complete Part	II)								
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	<i>(</i>).					
7		An organization	on that normally receives a s	ubstantial part of its support from	a govern	mental ur	nt or fror	n the ge	neral pu	ablic		
			section 170(b)(1)(A)(vi). (Co		•			Ū	•			
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II	1)							
9	\Box			more than 33 1/3% of its suppo		ntributions	. memb	ership fe	es. and	aross		
				ot functions—subject to certain e						-		
				d unrelated business taxable inco								
				, 1975 See section 509(a)(2). (
10				xclusively to test for public safety	-	-	a)/4)					
	X			xclusively for the benefit of, to pe				carry ou	t the			
				d organizations described in sec						tion		
				e type of supporting organization								
		a Type		c Type III–Functiona				===		n_functi	onally integrated	
е			<u> </u>	nization is not controlled directly			1				onany integrated	
-				than one or more publicly suppo								
		or section 509		man one or more passes, cappe	mou organ			a 000t		(4)(1)		
f				mination from the IRS that it is a	Type I. Ty	ne II. or T	voe III s	upportin	α			
			check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	po, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-pp	9			\Box
g		-		on accepted any gift or contributi	on from a	nv of the						ш
3		following pers	•	and a second and a second as a second as		.,						
				ntrols, either alone or together wi	th nersons	describe	d in (ii) a	and			Yes	No
			v, the governing body of the s		ui personi	o describe		1110			11g(i)	X
			member of a person describe	- · · ·							11g(ii)	x
		•	ontrolled entity of a person de	• •							11g(iii)	x
h			ollowing information about the	**							[··9\/	
	Name	e of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Amount of moneta	arv
1.7		janization	(11) 2.11	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	tion in col	support	,
				above or IRC section	governing	document?	col (i) sup	of your		zed in the		
				(see instructions))	Yes	No	Yes	No	Yes	No		
(A)									1	· · · ·		
,,,					ł					•		
(B)												
,					1							
(C)					<u> </u>							
, - ,										<u> </u>		
(D)					 							
,												
(E)		_										
,					1							
Total		ļ			Į .							
		1	1		Ŧ				,			

P	art # Support Schedule for C	rganizations [escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(/	A)(vi)		
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I or if the	he organization	failed to q	ualify	under	
	Part III. If the organization	n fails to qualify	under the tests	listed below,	please complet	e Part III.)			
	ction A. Public Support			,	,	,			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		######################################						
_	shown on line 11, column (f)	ļ	 	ļ		 			
<u>6</u>	Public support. Subtract line 5 from line 4 stion B. Total Support	<u> </u>	I	ł	1	.l			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	- T	(f) Total	
7	Amounts from line 4	(a) 2000	(b) 2009	(6) 2010	(d) 2011	(0) 201	-	(i) iolai	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly camed on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							- -	
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc	(see instructions)					12		
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						. –		
	organization, check this box and stop here							<u> </u>	
	tion C. Computation of Public S								
14	Public support percentage for 2012 (line 6	, ,	•	(f))			14	<u>%</u>	
15							%		
16a									
	box and stop here . The organization qualifies as a publicly supported organization								
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,						▶ [
check this box and stop here. The organization qualifies as a publicly supported organization									
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in									
	Part IV how the organization meets the "fa				·				
	organization	oto una on oumotan	ooc toot The organ	meation quantos a	o a pasiloly suppor			▶ □	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line									
-	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
	supported organization			-	-			▶ [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see				
	instructions							▶ □	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under ti	ile tests listed t	elow, please c	omplete Fart II	. <i>)</i>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		(3, 2010	(0, 20.0	(2) 20	(0, 20.1	(i) rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						.
Sec	tion C. Computation of Public Su					 	
5	Public support percentage for 2012 (line 8,	• • •	•	(f))		15	%
16	Public support percentage from 2011 Sche						%
	tion D. Computation of Investme					17	
7 8	Investment income percentage for 2012 (In		•	olumn (t))		18	<u>%</u> %
9a	Investment income percentage from 2011 S 33 1/3% support tests—2012. If the organ			4 and line 15 ic m	ore than 33 1/3%		
Ja	17 is not more than 33 1/3%, check this box			•			▶ □
b	33 1/3% support tests—2011. If the organ		=				
-	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2012 CHARLOTTE ANN RUSSELL CHARITABLE

36-3146220

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public

► Attach to Form 990. ► See separate instructions. Inspection Name of the organization Employer identification number CHARLOTTE ANN RUSSELL CHARITABLE TRUST 36-3146220 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV. line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990. Part X

		E ANN RUSS					146220		Page 2
	art III Organizations Maintainin	g Collections of	<u>f Art, H</u>	listorical Tr	easures,	or Other	Similar Assets	(continue	d)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records	, check a	any of the follow	ing that are	a significant	use of its		
а	Public exhibition	d 🗌	Loan or	r exchange prog	grams				
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they	y further the org	anization's e	exempt purp	ose in Part		
5	Dunng the year, did the organization solicit or assets to be sold to raise funds rather than to					nilar		Yes	No
P	ert IV Escrow and Custodial Ar					swered "\	/es" to Form 99		L NO
	line 9, or reported an amou				nzauon an	SWEICU	163 101 0111 33	o, raitiv,	
1a	Is the organization an agent, trustee, custodi				ther accete r	not			
	included on Form 990, Part X?	an or other intermedia	21 y 101 CC	minibations of o	11161 0336131	iot		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owina tal	hle					
_	and an analysis and an angent and an an an an an an an an an an an an an	and complete the loss	ownig tal	oic .				Amount	
С	Beginning balance						1c		
ď	Additions during the year						1d		
e	5						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fi	orm 000 Part Y line '	212				L. <u>!</u> !	Yes	No
	If "Yes," explain the arrangement in Part XIII.			has been prov	idad in Dart '	VIII		1es	H
Pa	Endowment Funds. Comp						art IV line 10		
<u></u>	Endownioner dias. Com	(a) Current year	T'	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	(a) ourion your	 	(b) i noi year	(6) 140 30	als back	(d) Thice years back	(6) 1 041 31	bars back
		 	 						
b			 		 				
С	Net investment earnings, gains, and losses	··	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
d	Grants or scholarships		<u> </u>						
е	Other expenditures for facilities and		1						
	programs				l				
f	Administrative expenses								
g	End of year balance						•		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g,	column (a)) he	ld as				
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%							
3a	Are there endowment funds not in the posses	ssion of the organizat	on that a	are held and ad	ministered fo	or the			
	organization by							ΓŶ	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Schedu	le R?				3b	
4	Describe in Part XIII the intended uses of the	•							
Pa	rt VI Land, Buildings, and Equ				10				
X <u>??</u>	Description of property	(a) Cost or other		(b) Cost or o		(c) A	cumulated	(d) Book val	lue
		(investment		(oth		1	preciation		
15	Land			 					
	Buildings			 					
	Leasehold improvements			 		-			
	Equipment	 		 		 			
	Other	9,341	000	 		 		d 34.	1,000
	. Add lines 1a through 1e (Column (d) must e					L		9,34:	1 000
· vai	. Aug mies ja tiliougii je (Colullii (u) Must e	quai Foiii 990, Fall	n, coluiti	н (<i>D)</i> , ше то(С)	' /				_, _,

(8) (9) (10) (11)

Sche	dule D (Form 990) 2012 CHARLOTTE ANN RUSSELL CHARI	ABLE	36-3146220)	Page 4
Pá	at XI Reconciliation of Revenue per Audited Financial Stater	nents With	n Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements			1	698,926
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		1	
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c		- 1	
d	Other (Describe in Part XIII)	2d		- 1	
0	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	698,926
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
b	Other (Describe in Part XIII)	4b		- 1	
C	Add lines 4a and 4b		Ĺ	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	698,926
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per Re	turn	
1	Total expenses and losses per audited financial statements			1	689,960
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			- 1	
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b			
C	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		- 1	
е	Add lines 2a through 2d		Ĺ	2е	
3	Subtract line 2e from line 1			3	689,960
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
þ	Other (Describe in Part XIII)	4b		1	
C	Add lines 4a and 4b		Ĺ	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1	5	689 960

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

CRUSSELL 02/05/2013 10 05 AM	SCHEDULE I	(Form 990)
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Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public 2012

Inspection

ŝ X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number Yes 36-3146220 non-cash assistance (a) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 114,809 224,618 224,618 23,864 18,862 18,862 16,863 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable CHARLOTTE ANN RUSSELL CHARITABLE General Information on Grants and Assistance (P) EIN the selection criteria used to award the grants or assistance? (1) HOOPESTON COMMUNITY MEMORIAL HOSPI 60942 60942 IL 60942 (a) Name and address of organization (7) LAKEVIEW COLLEGE OF NURSING HOOPESTON IL (3) HOOPESTON PUBLIC LIBRARY 님 Z 끕 끕 (2) HOOPESTON AREA SCHOOLS (5) UNIVERSITY OF ILLINOIS or government TRUST (6) PURDUE UNIVERSITY HOOPESTON (4) SMITH COLLEGE Name of the organization HOOPESTON CHAMPAIGN LAFAYETTE DANVILLE (8) Part II 6

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule | (Form 990) (2012) CHARLOTTE ANN RUSSELL CHARITABLE 36-3146220

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHARLOTTE ANN RUSSELL CHARITABLE

TRUST

Employer identification number 36-3146220

Form 990, Part VI, Line 7a - Election of Members and Their Rights MEMBERS ELECT MEMBERS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members INVESTMENTS AND DISTRIBUTION INFORMATION

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE BOARD REVIEWS AT ITS MEETING

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public