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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

**B** Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization

LemonAid Fund

Number and street (or P O box if mail is not delivered to street address)

490 Lincoln Ave West

City or town state or province country, and ZIP or foreign postal code

Highland Park, IL 60035

**D** Employer identification number

36-4338808

**E** Telephone number

312-714-9370 / 847 432 4434

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website ▶ www.lemonaidfund.org

**H** Check  if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED AUG 14 2014  
Revenue

1	Contributions, gifts, grants, and similar amounts received	1	42,329
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,329
10	Grants and similar amounts paid (list in Schedule O)	10	49,365
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	102
16	Other expenses (describe in Schedule O)	16	5,780
17	<b>Total expenses.</b> Add lines 10 through 16	17	55,248
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(12,918)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	21,611
20	Other changes in net assets or fund balances (explain in Schedule O)	20	1
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	8,694

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Cat No 10642I

Form 990-EZ (2013)

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**Part V** Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a among others)?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures direct or indirect as described in the instructions ▶ <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ Illinois		
<b>42a</b> The organization's books are in care of ▶ Shirley Peddle Telephone no ▶ 847432 4434 Located at ▶ 490 Lincoln Ave W, Highland Park, IL ZIP + 4 ▶ 60035		
<b>b</b> 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)? If "Yes," enter the name of the foreign country ▶ Sierra Leone, West Africa See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input checked="" type="checkbox"/>	
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶ Sierra Leone West Africa	<input checked="" type="checkbox"/>	
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> 0 <input checked="" type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C Part I	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ none

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Nancy Peddle Signature of officer	<i>Nancy Peddle</i>	5/29/2014 Date
	▶ Nancy A Peddle CEO/Pres Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

LemonAid Fund

36-4338808

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 An organization that normally receives, (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the US?, (vii) Amount of monetary support. Includes rows (A) through (E) and a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Cal No 11285F

Schedule A (Form 990 or 990-EZ) 2013

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	81919	45286	77285	51310	42329	340458
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	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	81919	45286	77285	51310	42329	340458
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3628	4150	4375	5010	2145	19306
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	0	0	0	0	5550	5550
c Add lines 7a and 7b	3628	4150	4375	5010	7695	24858
8 <b>Public support</b> (Subtract line 7c from line 6)						315600

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	81919	45286	77285	51310	42329	340458
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	81919	45286	77285	51310	42329	340458
14 <b>First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	93 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	93 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0 %
19a <b>33 1/3% support tests – 2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests – 2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3% check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

LemonAid Fund

Employer identification number

36-4338808

Line 10 Grants paid detailed in Part III on 990-EZ

Line 16 Other Expenses Total \$5,780. Application fees \$1189.71, Dues and subscriptions \$265.12, Travel \$4325.81

Line 20 Other changes \$1 adjustment for exchange rates

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**LemonAid Fund** 2013 Expenses 4165 Le Rate  
36-4338808  
**Grants Made**

<b>Aid in School Building</b>		<b>\$3,225.58</b>	
The Village SS4 building	\$3,025 58		
Goshen Community School library storage designated	\$200 00		
TA Support exp	\$6,058 34		
<b>School Support</b>		<b>\$16,209.12</b>	
4 Schools			
Scholarship support	\$14,481 90		
Equipment Desks and chairs	\$1,375 00		
Staff Development	\$310 00		
Training	\$42 22		
TA Support exp	\$12,116 68		
<b>Other Projects:</b>		<b>\$5,697.10</b>	
Dress Project Tailor	\$244 38		
Mission4Salone Christmas Business disaster support Banana Water	\$4,330 54		
	\$809.20		
Yoga Strength Internships Velvet Gaston EWB	\$200 00		
	\$112 98		
TA Support exp	\$6,058 34		
<b>Total Grants</b>			<b>\$25,131.80</b>
<b>Expenses</b>			
<b>Grant related Expenses</b>		<b>\$24,233.37</b>	
Printing/publications/postage Line 15			\$102 00
Application Fees	\$1,189 71		
Dues and Subscriptions	\$265 12		
Travel	\$4,325 81		
Fundraising Line 6a			\$0 00
Utilities	\$0 00		
Interest	\$0 00		
<b>Total Expenses Line 16</b>		<b>\$30,014.00</b>	
<b>TOTAL</b>			<b>\$55,247.80</b>

<b>Grantees Building Support</b>	Amount	Relationship
Dele-Preparatory School Lower Allentown, Freetown, SL SS\$	\$2,326 00	None
	\$700 00	None
Goshen Community School Brookfields/Rokel, Freetown SL Desks	\$200 00	None
<b>TOTAL</b>	<b>\$3,226.00</b>	
<b>Grantees Individual Support</b>		
4 Primary school Scholarships Freetown Area	\$815 17	
5 University Scholarships Freetown & Njala	\$3,593 68	
<b>TOTAL</b>	<b>\$4,408.85</b>	
<b>Grantees to School Support for Quality</b>		
Dele-Preparatory School Lower Allentown, Freetown, SL	\$352 22	
	\$8,073 05	None
Lillian Preparatory School Wellington, Freetown, SL	\$900 00	None
	\$0 00	None
Beckley Preparatory School Allentown, Freetown, SL	\$900 00	None
Goshen Community School Brookfields, Freetown SL Benches and Tables	\$1,375 00	None
Davic Vocational School Freetown	\$200 00	None
<b>TOTAL</b>	<b>\$11,800.27</b>	None
Dress Project Tailor	\$244 38	None
Mission4Salone Bo, SL Psychosocial Camp 1000 Children	\$4,330 54	None
Business disaster support Banana Water	\$809 20	None
Yoga Strength Training	\$200 00	None
Individual Interships US	\$112 98	None
<b>TOTAL</b>	<b>\$5,697.10</b>	
	<b>\$20,723.37</b>	

Exp support to schools \$12,116 68  
Exp school building \$6,058 34

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For Office Use Only

PMT #	_____
AMT	_____
INIT	_____

### ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # 01036690

Form AG990-IL

Revised 3/05

Report for the Fiscal Period.

Beginning 01 / 01 / 2013

& Ending 12 / 31 / 2013

Make Checks Payable to the Illinois Charity Bureau Fund

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

Federal ID # 36-4338808

MO DAY YR

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created 11 / 29 / 99

LEGAL NAME LemonAid Fund	Year-end amounts	
MAIL ADDRESS 490 Lincoln Ave West	A) ASSETS	A) \$ 8,693 65
CITY STATE ZIP CODE Highland Park, IL 60035	B) LIABILITIES	B) \$ 0
	C) NET ASSETS	C) \$ 8,693 65
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV (GROSS AMTS.)	PERCENTAGE	AMOUNT
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	100 %	D) \$ 42,329 42
F) OTHER REVENUES	0 %	E) \$ 0
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	0 %	F) \$ 0
	100%	G) \$ 42,329 42
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	10.45 %	H) \$ 5,780 64
I) EDUCATION PROGRAM SERVICE EXPENSE	89.35 %	I) \$ 49,365 16
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	100 %	J) \$ 55,145 80
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$ 55,145 80
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0 %	K) \$ 0
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	99.81 %	L) \$ 55,145 80
M) MANAGEMENT AND GENERAL EXPENSE	19 %	M) \$ 103 39
N) FUNDRAISING EXPENSE	0 %	N) \$ 0
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 55,249 19
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b>		
(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC One for each PFR)		
<b>PROFESSIONAL FUNDRAISERS.</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ 0
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ 0
<b>PROFESSIONAL FUNDRAISING CONSULTANTS.</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE All Volunteer Staff		T) \$ 0
U) NAME, TITLE		U) \$ 0
V) NAME, TITLE		V) \$ 0
<b>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b>		
W) DESCRIPTION Support to Education and Schools (building, students, teachers)		List on back side of instructions CODE W) # 002
X) DESCRIPTION Programs for Needy Children		X) # 115
Y) DESCRIPTION		Y) #

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		✓
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		✓
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		✓
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		✓
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ----- 5		✓
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ----- 6		✓
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ----- 7		✓
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		✓
9	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ----- 9		✓
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		✓
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS		
	<u>JP Morgan Chase Bank, 1 Bank One Plaza, Chicago, IL 60670</u>		
	<u>Sierra Leone Bank Limited Christian Smith Building 29/31 Siaka Stevens Street Freetown Sierra Leone</u>		
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON <u>Nancy Peddle, 312-714-9370 or 847-432-4434</u>		

**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 INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY

<u>Nancy A Peddle</u> PRESIDENT or TRUSTEE (PRINT NAME)	<u>Nancy Peddle</u> SIGNATURE	<u>5/28/2014</u> DATE
<u>Marietta Luehrlein</u> TREASURER or TRUSTEE (PRINT NAME)	<u>Marietta Luehrlein</u> SIGNATURE	<u>5/28/2014</u> DATE
<u>Nancy A Peddle</u> PREPARER (PRINT NAME)	<u>Nancy Peddle</u> SIGNATURE	<u>5/28/2014</u> DATE