

Illinois Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

83-0835468

FILLING THE GAP NFP

Amount you are paying (IL-990T) =====

Apportionment

Total sales everywhere		
Total Illinois sales		0
Apportionment factor		0.000000 %

Net income or loss		
Investment credits		
Net replacement tax		

Income tax credits		
Net income tax		

Credit from prior year overpayment		
Total estimated payments		
Extension payment		
Pass-through withholding payments		
Pass-through entity tax credits		
Gambling withholding		

Total payments _____

Overpayment		
Amount to credit forward		

Refund =====

Tax due before penalty and interest		
Late payment interest		
Failure to pay penalty		
Failure to file penalty		

Total amount due =====

Next Year's Estimates

1st quarter		
2nd quarter		
3rd quarter		
4th quarter		
Total		

Charitable Registration

Filing fee		115
Return / extended due date		06/30/23

Miscellaneous Information

Amended return		
IL-990T due date /extended date		05/15/23

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 1/19

PMT #	_____
AMT	_____
INIT	_____

Attorney General **KWAME RAOUL** State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601 CO # 7156-3715

Report for the Fiscal Period:

Beginning 01/01/2022

& Ending 12/31/2022

MO DAY YR

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 83-0835468

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 05/23/2018

LEGAL NAME FILLING THE GAP NFP MAIL ADDRESS 17772 RIDGELAND AVE CITY, STATE TINLEY PARK IL ZIP CODE 60477	Year-end amounts	
	A) ASSETS	A) \$ 219,170
	B) LIABILITIES	B) \$ 0
	C) NET ASSETS	C) \$ 219,170
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	88%	D) \$ 85,483
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	0%	E) \$ 0
F) OTHER REVENUES	12%	F) \$ 11,507
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 96,990
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	53%	H) \$ 27,808
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	53%	J) \$ 27,808
J') JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	53%	L) \$ 27,808
M) MANAGEMENT AND GENERAL EXPENSE	27%	M) \$ 14,038
N) FUNDRAISING EXPENSE	20%	N) \$ 10,580
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 52,426
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: <u>JENNIFER FITZGERALD TRUSTEE</u>		T) \$ 13,248
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <u>PURCHASE & OPERATE BUILDINGS FOR TRANSITIONAL HOUSING</u>	W) #	131
X) DESCRIPTION:	X) #	
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?		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>FIRST MIDWEST BANK - 17500 OAK PARK AVE, TINLEY PARK, IL 60477</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>RALPH POLITANO 630-697-9728</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.

<p>BE SURE TO INCLUDE ALL FEES DUE:</p> <p>1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.</p> <p>2.) FOR FEES DUE SEE INSTRUCTIONS.</p> <p>3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.</p>	<p><u>MICHAEL FITZGERALD</u> PRESIDENT or TRUSTEE (PRINT NAME)</p> <hr/> <p><u>JENNIFER FITZGERALD</u> TREASURER or TRUSTEE (PRINT NAME)</p> <hr/> <p><u>LESLIE KALEC, CPA</u> PREPARER (PRINT NAME)</p>	<p>SIGNATURE</p> <hr/> <p>SIGNATURE</p> <hr/> <p>SIGNATURE</p>	<p>DATE</p> <hr/> <p>DATE</p> <hr/> <p>DATE</p>
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