ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

For Office Use Only

PMT # ____________________________ AMT ____________________________ INIT ____________________________

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

Report for the Fiscal Period:

Beginning 06/01/2016 & Ending 05/31/2017

CO # 01-006809

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

Legal Name: ALTRUSA INTERNATIONAL FOUNDATION INC.

MAIL ADDRESS: ONE NORTH LASALLE STREET, NO. 1955

CHICAGO, IL 60602

MAIL ZIP CODE: 60602

Are contributions to the organization tax deductible? Yes

Date Organization was created: 08/01/1962

Year-end amounts

A) ASSETS $3,766,699.

B) LIABILITIES $18,538.

C) NET ASSETS $3,748,161.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) 52.775%

E) GOVERNMENT GRANTS & MEMBERSHIP DUES 47.225%

F) OTHER REVENUES

G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) 100%

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE 46.637%

I) EDUCATION PROGRAM SERVICE EXPENSE

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) 46.637%

J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS 38.398%

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 85.035%

M) MANAGEMENT AND GENERAL EXPENSE 12.691%

N) FUNDRAISING EXPENSE 2.274%

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) 100%

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%

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: SHAWNA KAISER, SECRETARY/FOUNDATION ADMINISTRATOR $45,000.

U) NAME, TITLE: 

V) NAME, TITLE: 

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS W# # 150

X) DESCRIPTION: 

Y) DESCRIPTION: 
IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

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:

   US BANK, 1555 NORTH RIVERCENTER DRIVE, SUITE 300, MILWAUKEE, WI 53212
   WELLS FARGO ADVISORS, 71-703 HWY 111, STE 1C/2C, RANCHO MIRAGE, CA 92270
   JPMORGAN CHASE BANK, 1111 POLARIS PARKWAY, COLUMBUS, OH 43240

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SHAWNA KAISER - 312-427-4410

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS


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.

SANDI MILLER  
PRESIDENT or TRUSTEE  (PRINT NAME)  SIGNATURE  DATE

DEBBY WEBER  
TREASURER or TRUSTEE  (PRINT NAME)  SIGNATURE  DATE

MARCY STEINDLER  
PREPARER  (PRINT NAME)  SIGNATURE  DATE