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ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORTAttorney General **KWAME RAOUL** State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # 01-016603

Report for the Fiscal Period:

Beginning 09 / 01 / 2023

& Ending 08 / 31 / 2024

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 # 36-6145152

Are contributions to the organization tax deductible? ☒ Yes ☐ No



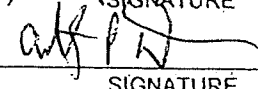
Date Organization was created: 01 / 13 / 1954

LEGAL NAME OAK LAWN BASEBALL	Year-end amounts	
MAIL ADDRESS P.O. BOX 341	A) ASSETS	A) \$ 268,436
CITY, STATE OAK LAWN, IL 60454	B) LIABILITIES	B) \$ 34,499
ZIP CODE	C) NET ASSETS	C) \$ 233,937
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE	AMOUNT
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	99.61 %	D) \$ 169,198
F) OTHER REVENUES	%	E) \$
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	0.39 %	F) \$ 661
	100%	G) \$ 169,859
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	83.74 %	H) \$ 182,970
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	83.74 %	J) \$ 182,970
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.74 %	L) \$ 182,970
M) MANAGEMENT AND GENERAL EXPENSE	16.26 %	M) \$ 35,521
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 218,491
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) \$ 0
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ 0
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ 0
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: PAUL MALLO, TREASURER		T) \$ 7,200
U) NAME, TITLE: PAM MALLO, FINANCIAL		U) \$ 4,200
V) NAME, TITLE: KELLY NEVEN, CONCESSIONS		V) \$ 4,734
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		
W) DESCRIPTION: YOUTH		W) # 040
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

List on back side of instructions
CODE

[illegible]

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: PAUL MALLO 708-949-2066

	4/17/25
SIGNATURE	DATE
	4/17/25
SIGNATURE	DATE
	4/17/25
SIGNATURE	DATE