PMT #	ILLINOIS CHARITABLE ORGANIZATION AN		Form AG990-II Revised 1/1
	Attorney General <b>KWAME RAOUL</b> Sta Charitable Trust Bureau, 100 West Ra		
AMT	11th Floor, Chicago, Illinois 606		# 01-016603
	Report for the Fiscal Period:		Check all items attached: Copy of IRS Return
INIT	Beginning <sup>09</sup> / <sup>01</sup> / <sup>2023</sup>	Payable to	Audited Financial Statements Copy of Form IFC
	& Ending 08 / 31 / 2024	the Illinois Charity	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Federal ID # 36-6145152	MO DAY YR		MO DAY YR
Are contributions to the organ	nization tax deductible?	Date Organization	was created: <u>01 / 13 / 195</u>
LEGAL NAME OAK LAWN BASEBALL		Year-end amounts	
MAIL ADDRESS P.O. BOX 341		A) ASSETS	A) \$ 268,436
CITY CTATE		B) LIABILITIES	B) \$ 34,499
CITY, STATE OAK LAWN, IL 60454 ZIP CODE		C) NET ASSETS	C) \$ 233,937
I SUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
i '	ONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		D) \$ 169,198
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		0.39 %	F) \$ 661
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D.E. & F)		100%	G) \$ 169,859
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		83.74 %	н) <b>\$</b> 182,970
I) EDUCATION PROGRAM SERVICE EXPENSE		%	1) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		83.74 %	J) \$ 182,970
J1) JOINT COSTS ALLOC	CATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER	CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE	E 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 FUNDRAIS P) TOTAL AMOUNT RAIS	<u>SERS:</u> SED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
Q) TOTAL FUNDRAISERS	S FEES AND EXPENSES	%	Q) \$ 0
R) NET RECEIVED BY T	HE CHARITY (P MINUS Q=R)	%	R) \$ 0
PROFESSIONAL FUNDRAISING CONSULTANTS:		<b>L</b>	S)\$ ()
s) Total amount paid to professional fundraising consultants  IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			3,4 0
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
			List on back side of instructions
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			W) # 040
W) DESCRIPTION: YOUTH  X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

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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.	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 CONTRIBTION TO ANY ORGANIZATION IN WHICH AM 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	Y	
ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		1
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OF TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	OR 4.	1
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.	7.
7a: DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	/
76. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	)UNT	
DID THE ORGANIZATION EXPENDITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	N 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.	7
11. UST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS IT THREE LARGEST ACCOUNTS:	rs	
FIFTH THIRD BANK, PO BOX 630900, CINCINNATI, OH. 45263	:	
WINTRUST BANK, 9700 W. HIGGINS RD., ROSEMONT, IL, 60018		-
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: PAUL MALLO 708-949-2066	:	
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 AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE STATE OF ILLINOIS RELY THEREUPON I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELE AND	REIN STATEI	D ARE

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.

TREASURER OF TRUSTEE (PRINT NAME) ARTHUR P. DONNER, CPA.

PAUL MALLO

ALISA TROVATO
PRESIDENT OF TRUSTEE (PRINT NAME)

PREPARER (PRINT NAME)

SIGNATURE

SIGNATURE

SIGNATURE

DATE