For Office Use Only

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ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

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

Form AG990-IL
Revised 1/19

CO # 01069232

Report for the Fiscal Period:

Beginning 01/01/2020

& Ending 12/31/2020
MO DAY YR

Check all items attached:

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

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 47-3361286

Are contributions to the organization tax deductible? [X] Yes [ ] No

Date Organization was created: MO DAY YR 01/01/2015

LEGAL NAME: HUMANE SOCIETY OF AURORA
MAIL ADDRESS: 2112 W GALENA BLVD, STE 8 #472
CITY, STATE: AURORA IL
ZIP CODE: 60506

Year-end amounts	
A) ASSETS	A) $ 25,382
B) LIABILITIES	B) $ 0
C) NET ASSETS	C) $ 25,382

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. **(GROSS AMTS.)**	100 %	D) $ 40,790
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	0 %	E) $ 0
F) OTHER REVENUES	0 %	F) $ 0
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) $ 40,790

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

CLIENT COPY

H) OPERATING CHARITABLE PROGRAM EXPENSE	70 %	H) $ 23,723
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	70 %	J) $ 23,723
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)	70 %	L) $ 23,723
M) MANAGEMENT AND GENERAL EXPENSE	26 %	M) $ 9,002
N) FUNDRAISING EXPENSE	4 %	N) $ 1,332
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) $ 34,057

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: N/A — T) $

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: Animal Shelter, Humane or Anti-cruelty Society	W) # 070
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:

JPMORGAN CHASE BANK, N.A., AURORA IL

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: TERESA CREMA

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.

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

THOMAS A WEBER

PREPARER (PRINT NAME) SIGNATURE DATE

Illinois Return Summary

For calendar year 2020, or tax year beginning , and ending

47-3361286

HUMANE SOCIETY OF AURORA

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	
Form IL-505-B extension payment	
Pass-through withholding payments	
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	15
Return / extended due date	06/30/21

Miscellaneous Information

Amended return

IL-990T due date /extended date 05/15/21