

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01-010002

Report for the Fiscal Period:

Beginning 07/01/2020

& Ending 06/30/2021
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

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
 MO DAY YR

Federal ID # 37-0765971

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 01/01/1957
 MO DAY YR

LEGAL	Year-end amounts	
NAME BEVERLY FARM FOUNDATION	A) ASSETS	A) \$ 20,828,675.
MAIL	B) LIABILITIES	B) \$ 13,796,643.
ADDRESS 6301 HUMBERT ROAD	C) NET ASSETS	C) \$ 7,032,032.
CITY, STATE GODFREY, IL		
ZIP CODE 62035		
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	85.239%	D) \$ 24,705,636.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	14.128%	E) \$ 4,094,949.
F) OTHER REVENUES	0.632%	F) \$ 183,212.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 28,983,797.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	84.078%	H) \$ 21,518,072.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	84.078%	J) \$ 21,518,072.
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)	84.078%	L) \$ 21,518,072.
M) MANAGEMENT AND GENERAL EXPENSE	14.655%	M) \$ 3,750,704.
N) FUNDRAISING EXPENSE	1.267%	N) \$ 324,268.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 25,593,044.
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) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
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: CYNTHIA N STARK		T) \$ 146,100.
U) NAME, TITLE: ERIC KEITH, CHIEF FINANCIAL OFFICER		U) \$ 115,003.
V) NAME, TITLE: BRITTANY D PERKINS		V) \$ 110,858.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: RESIDENTIAL & EDUCATIONAL CARE FOR APPROX 400	W) #	121
X) DESCRIPTION: PERSONS WITH DEVELOPMENTAL DISABILITIES	X) #	121
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>LIBERTY BANK, GODFREY IL</u> <u>CNB BANK AND TRUST, ALTON IL</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>AMANDA SCHROEDER - (618) 466-0367</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.

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.

CRYSTAL OFFICER

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

KATHLEEN FITZGERALD CPA *Kathleen Fitzgerald* 10/29/20
PREPARER (PRINT NAME) SIGNATURE DATE

Illinois Department of Revenue
2020 Form IL-990-T



Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2020, enter your fiscal tax year here.

Tax year beginning JUL 1, 2020, ending JUN 30 2021
month day year month day year

WARNING This form is for tax years ending on or after December 31, 2020, and before December 31, 2021.
 For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ _____

Step 1: Identify your exempt organization

A Enter your complete legal business name.

If you have a name change, check this box.

Name: BEVERLY FARM FOUNDATION

B Enter your mailing address.

Check this box if either of the following apply:

- this is your **first return**, or
- you have an **address change**.

C/O: _____

Mailing address: 6301 HUMBERT ROAD

City: GODFREY State: IL ZIP: 62035

C If this is the first or final return, check the applicable box(es).

First return

Final return (Enter the date of termination, mm dd yyyy)

D Enter your federal employer identification no. (FEIN).

37-0765971

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
624310

J Check this box if you are a 52/53 week filer.

K Check this box if your tax year began on or after January 1, 2021.

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 11.

Attach a copy of Page 1 of your U.S. Form 990-T.

1 _____ .00

2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.

2 _____ .00

3 **Base income or loss.** Add Lines 1 and 2.

3 _____ .00

STOP

A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 6 through 13 blank.)

B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. (Do not leave Lines 4 through 8 blank.) See instructions.

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.

4 _____ .00

5 Business income or loss. Subtract Line 4 from Line 3.

5 _____ .00

6 Total sales everywhere. This amount cannot be negative.

6 _____

7 Total sales inside Illinois. This amount cannot be negative.

7 _____

8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.

8 _____

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.

9 _____ .00

10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.

10 _____ .00

11 **Base income or loss allocable to Illinois.** Add Lines 9 and 10.

11 _____ .00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.

12 _____ .00

13 Replacement tax. **Corporations** multiply Line 12 by 2.5% (.025); **Trusts** multiply by 1.5% (.015).

13 _____ .00

14 Recapture of investment credits. Attach Schedule 4255.

14 _____ .00

15 Replacement tax before investment credits. Add Lines 13 and 14.

15 _____ .00

16 Investment credits. Attach Form IL-477.

16 _____ 0 .00

17 **Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, enter zero.

17 _____ 0 .00

Attach your payment and Form IL-990-T-V here.



Step 5: Figure your net income tax

18	Net income or loss from Line 12.	18	_____	.00
19	Income Tax. See instructions.	19	_____	.00
20	Recapture of investment credits. Attach Schedule 4255.	20	_____	.00
21	Income tax before credits. Add Lines 19 and 20.	21	_____	.00
22	Income tax credits. Attach Schedule 1299-D.	22	_____	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter zero.	23	_____	0 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	_____	.00
25	Net income tax from Line 23.	25	_____	.00
26	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	26	_____	.00
27	Sale of assets by gaming licensee surcharge. See instructions.	27	_____	.00
28	Total net income and replacement taxes and surcharges. Add Lines 24, 25, 26, and 27.	28	_____	.00
29	Payments. See instructions.			
	a Credits from previous overpayments.	29a	_____	.00
	b Total payments made before the date this return is filed.	29b	_____	.00
	c Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	_____	.00
	d Illinois gambling withholding. Attach Form(s) W-2G.	29d	_____	.00
30	Total payments. Add Lines 29a through 29d.	30	_____	.00
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from Line 30.	31	_____	.00
32	Amount to be credited forward. See instructions.	32	_____	.00
	Check this box and attach a detailed statement if this carryforward is going to a different FEIN. <input type="checkbox"/>			
33	Refund. Subtract Line 32 from Line 31. This is the amount to be refunded.	33	_____	.00

34 **Complete to direct deposit your refund**

Routing Number _____ Checking or Savings

Account Number _____

35 **Tax Due.** If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 _____ .00

▶ If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed
	KATHLEEN FITZGERALD CPA	10/29/2021	CEO		
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name ▶ SCHEFFEL BOYLE	Firm's FEIN ▶	37-1206530		
	Firm's address ▶ ALTON, IL 62002-6135	Firm's phone ▶	(618) 465-4288		

- ▶ If a payment is **not** enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009
- ▶ If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT	1
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TACK SHOP - SALE OF HORSE RELATED ITEMS

TO FORM IL-990-T, PAGE 1