

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL Revised 04/24

PMT #
AMT
INIT

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-020889

Report for the Fiscal Period:

Beginning 07/01/2023

& Ending 06/30/2024

Make Checks Payable to Illinois Charity Bureau Fund

- Check all items attached:
[X] Copy of IRS Return
[X] Audited Financial Statements
Reviewed Financial Statements
Copy of Form IFC
[X] \$15 Annual Report Filing Fee
\$100 Late Report Filing Fee

Federal ID # ** - ***1203

MO DAY YR

Date organization was created: 08/28/1989

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

MO DAY YR

Legal Name: CHILDREN'S ADVOCACY CENTER OF NORTH & NORTHWEST COOK COUNTY
Mail Address: 640 ILLINOIS BLVD.
City, State: HOFFMAN ESTATES, IL
Zip Code: 60169
YEAR-END AMOUNTS
A) ASSETS A) \$ 1,614,535.
B) LIABILITIES B) \$ 324,683.
C) NET ASSETS C) \$ 1,289,852.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES
F) OTHER REVENUES

Table with 2 columns: PERCENTAGE, AMOUNT. Rows D-F, G. Values: D) 25.010%, E) 65.401%, F) 9.589%, G) 100%.

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H) OPERATING CHARITABLE PROGRAM EXPENSE
I) EDUCATION PROGRAM SERVICE EXPENSE
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
M) MANAGEMENT AND GENERAL EXPENSE
N) FUNDRAISING EXPENSE
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)

Table with 2 columns: PERCENTAGE, AMOUNT. Rows H-O. Values: H) 65.744%, I) %, J) 65.744%, K) %, L) 65.744%, M) 16.876%, N) 17.380%, O) 100%.

III. SUMMARY OF ALL PAID FUNDRAISER & 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
Q) TOTAL FUNDRAISERS FEES AND EXPENSES
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

Table with 2 columns: PERCENTAGE, AMOUNT. Rows P-R. Values: P) 100%, 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: MELANIE PIGNOTTI, CHIEF EXECUTIVE OFFICER
U) NAME, TITLE: KATHYRN SCHULTZ, DIR. OF MENTAL HEALTH SERVICES
V) NAME, TITLE: TAYLOR KANARA, DIR. OF DEVELOPMENT

Table with 2 columns: PERCENTAGE, AMOUNT. Rows S-V. Values: S) %, T) \$ 125,000., U) \$ 71,878., V) \$ 68,442.

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

- W) DESCRIPTION: ADVOCACY FOR ABUSED CHILDREN.
X) DESCRIPTION:
Y) DESCRIPTION:

Table with 2 columns: CODE, AMOUNT. Rows W-Y. Values: W) # 111, X) #, Y) #.

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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

YES	NO
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?
2. 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 PART 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?
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)
- 6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?
- 6b. 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 \$ _____ .
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?
9. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?
10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:
HEARTLAND BANK, 321 W GOLF ROAD, SCHAUMBURG, IL 60195

11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: **MELANIE PIGNOTTI - 847-744-5206**

• 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.

MELANIE PIGNOTTI *Melanie Pignotti* 12/20/24
 PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

ROY PICCIUCA *Roy Picciuca* 12/20/24
 TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

VICKI M. MICHALSKI, CPA
 PREPARER (PRINT NAME) SIGNATURE DATE