or Office Use Only	Attorney General LISA MADIGAN State Charitable Trust Bureau, 100 West Ra	te of Illinois andolph	Revised 5/05
MT	11th Floor, Chicago, Illinois 606	01 60	# 01039585 Check all items attached:
	Report for the Fiscal Period:		Copy of IRS Return
NIT	Beginning 01 , 01 , 2007	Payable to	Audited Financial Statements Copy of Form IFC
	& Ending 12 / 31 / 2007	Charity 🗹	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Federal ID # 364472136	MO DAY YR		MO DAY YR
Are contributions to the org	ganization tax deductible? ☑ Yes ☐ No ☐	Date Organization	was created: 09 / 10 / 01
LEGAL		Year-end amounts	
(2) 1 (3) (2) (1)	nternational Foundation	A) ASSETS	A) \$ 26,642.33
1000000	. Delaware Place, #6605 go, IL 60611	B) LIABILITIES	B) \$
CITY, STATE	go, 1L 60611	C) NET ASSETS	C) \$ 26,642.33
ZIP CODE			
I. SUMMARY OF AL	L REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT,	CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100 %	D) \$ 11,569.52
E) GOVERNMENT GRA	ANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	S	%	F) \$
G) TOTAL REVENUE, I	100%	G) \$ 11,569.52	
	EXPENDITURES DURING THE YEAR:	STATE OF STATE OF	
	TABLE PROGRAM EXPENSE	99.63 %	н) \$ 5,883
7.7 <b>.6</b> - \$200 (**2000) 0.00 (**0.500.00)	RAM SERVICE EXPENSE	%	I) \$
	E PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$
	OCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
Service Assessment Schooling Control of the Control	R CHARITABLE ORGANIZATIONS	%	V) ¢
	BLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	K) \$
		L) \$	
M) MANAGEMENT AN	0.37 %	M) \$ 21.95	
N) FUNDRAISING EXPENSE			N) \$
	TURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 5,904.95
	PAID FUNDRAISER AND CONSULTANT ACTIVITIES: Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
P) TOTAL AMOUNT RA	AISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISE	RS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY PROFESSIONAL FUNDS	%	R) \$	
S) TOTAL AMOUNT PA	S) \$ 0		
IV. COMPENSATION	(20年前,1955年)		
T) NAME, TITLE:			T) \$ 0
U) NAME, TITLE:			U) \$ 0
V) NAME, TITLE:	V) \$ 0		
V. CHARITABLE PRO	List on back side of instructions CODE		
	W) # 002		
,	molarship support for poor Elementary and ringh sensor studen		, 002
X) DESCRIPTION:	cholarship support for poor Elementary and High School Student		X) #

IF '	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	١
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.		
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		
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? 3.		
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		
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.		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7.		
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?		
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION		
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? 9.	03000000	-
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		
1.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	The Vanguard Group MM Fund, Valley FOrge, PA 18482, Account #996048271		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Dr. Bala Batavia, 312-337-4163		
AL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS	-	
NDE ND T RUE TATE	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS  R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUTHE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STAND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.	TATED PLE OF	

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.

Bala Batavia	Male	Batani	5/6/6
PRESIDENT or TRUSTEE (PRINT NAME)		SIGNATURE	DATE
Cynthianna C. Hahn	Cynthe	- cight	5-6-08
TREASURER or TRUSTEE (PRINT NAME)		SIGNATURE	DATE
Bala Batavia	Bale	Batan	5/6/08
PREPARER (PRINT NAME)	(	SIGNATURE	DATE

## Attachment to Form AG990-IL

- 1. KEY International Foundation is a small organization with gross revenues less than \$15,000 for the year 2006, and therefore no annual filing fee is required. Also, only lines A, G, and O of Form AG990-IL are required to be completed.
- 2. Explanation of why an IRS Return for KEY International was not filed for 2006.

KEY International Foundation had total revenues of less than \$25,000 for the year 2006 and thus was not required to file an IRS Return.