

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01039585

Report for the Fiscal Period:

Beginning 01 / 01 / 2020

& Ending 12 / 31 / 2020  
MO DAY YR

**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

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # \_\_\_\_\_

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 09 / 10 / 2001  
MO DAY YR

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE KEY International Foundation 314 Linden Avenue Wilmette, Illinois, 60091	<b>Year-end amounts</b> A) ASSETS A) \$ 54,876 B) LIABILITIES B) \$ C) NET ASSETS C) \$ 54,876																
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b> D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS & MEMBERSHIP DUES F) OTHER REVENUES G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	<table border="1"> <thead> <tr> <th>PERCENTAGE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>99.83 %</td> <td>D) \$ 62,033</td> </tr> <tr> <td>%</td> <td>E) \$</td> </tr> <tr> <td>0.17 %</td> <td>F) \$ 106</td> </tr> <tr> <td>100%</td> <td>G) \$ 62,139</td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	99.83 %	D) \$ 62,033	%	E) \$	0.17 %	F) \$ 106	100%	G) \$ 62,139						
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<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b> H) OPERATING CHARITABLE PROGRAM EXPENSE I) EDUCATION PROGRAM SERVICE EXPENSE J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS 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 border="1"> <tbody> <tr> <td>%</td> <td>H) \$ 41,893</td> </tr> <tr> <td>%</td> <td>I) \$</td> </tr> <tr> <td>%</td> <td>J) \$ 41,893</td> </tr> <tr> <td>%</td> <td>K) \$</td> </tr> <tr> <td>%</td> <td>L) \$</td> </tr> <tr> <td>%</td> <td>M) \$ 25</td> </tr> <tr> <td>%</td> <td>N) \$</td> </tr> <tr> <td>100 %</td> <td>O) \$ 41,918</td> </tr> </tbody> </table>	%	H) \$ 41,893	%	I) \$	%	J) \$ 41,893	%	K) \$	%	L) \$	%	M) \$ 25	%	N) \$	100 %	O) \$ 41,918
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<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) <b>PROFESSIONAL FUNDRAISERS:</b> P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS Q) TOTAL FUNDRAISERS FEES AND EXPENSES R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) <b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b> S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	<table border="1"> <tbody> <tr> <td>100 %</td> <td>P) \$ 0</td> </tr> <tr> <td>%</td> <td>Q) \$ 0</td> </tr> <tr> <td>%</td> <td>R) \$ 0</td> </tr> <tr> <td></td> <td>S) \$ 0</td> </tr> </tbody> </table>	100 %	P) \$ 0	%	Q) \$ 0	%	R) \$ 0		S) \$ 0								
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%	R) \$ 0																
	S) \$ 0																
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b> T) NAME, TITLE: U) NAME, TITLE: V) NAME, TITLE:	<table border="1"> <tbody> <tr> <td>T) \$ 0</td> </tr> <tr> <td>U) \$ 0</td> </tr> <tr> <td>V) \$ 0</td> </tr> </tbody> </table>	T) \$ 0	U) \$ 0	V) \$ 0													
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U) \$ 0																	
V) \$ 0																	
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES W) DESCRIPTION: Scholarship and Educational Support for poor Elementary and High School Students X) DESCRIPTION: Primary health care for poor children Y) DESCRIPTION:	List on back side of instructions CODE W) # 002 X) # 115 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? ----- 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 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? ----- 4.		✓
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? ----- 8.		✓
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ----- 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.		✓
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>Fidelity Investments, 245 Summer Street, Boston, MA 02210</u>  <u>(the organisation has only one financial account).</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Dr. Cynthianna Hahn, 312-412-0121</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.

Cynthianna Hahn  
PRESIDENT or TRUSTEE (PRINT NAME)

Cynthianna Hahn 6-19-21  
SIGNATURE DATE

Bala Batavia  
TREASURER or TRUSTEE (PRINT NAME)

Bala Batavia 6/19/2021  
SIGNATURE DATE

Bala Batavia  
PREPARER (PRINT NAME)

Bala Batavia 6/19/2021  
SIGNATURE DATE

KEY INTERNATIONAL FOUNDATION  
175 E DELAWARE PL APT 6605  
CHICAGO, IL 60611

Fidelity Account®

1009

80-568/1012

6/19/2021

Date

CHECK ARMOR  
FRAUD PROTECTION

Pay to the  
Order of

Illinois Charity Bureau Fund

\$ 15 <sup>10</sup>/<sub>100</sub>

Fifteen and 10/100

Dollars



Security  
Features  
Details on  
Back



**Fidelity**  
INVESTMENTS

UMB Bank, N.A.  
Kansas City, MO

For

Key AG 590-1L Annual Report

Rob Bortem

MP

⑆ 10 120568 ⑆ ⑆ 1009 ⑆ ⑆ 77 ⑆ 10596396 ⑆ ⑆ 2 ⑆

## Check Filing Status

### KEY INTERNATIONAL FOUNDATION

36-4472136




2020 IRS Form 990 EZ

1/1/2020 - 12/31/2020

#### Links

[Control Panel](#)  
[E-file Steps](#)

#### View PDF images of this filing

-  [Form 990-EZ / Sch A / Statements](#)
-  [Schedule B](#)
-  [Form 8453 Signature Form](#)

**Current Status:** Accepted

Congratulations, this filing was accepted by the entities listed below.

**Next Step:** Congratulations. This Filing was accepted. Thank you for using the 990 Online system for electronically filing your return(s). We hope you come back again next year.

### Filing Checklist

<u>No.</u>	<u>Step</u>	<u>Status</u>	<u>Description</u>	<u>Delivery Actions</u>
1	Edit IRS Form 990-EZ:	<input checked="" type="checkbox"/> OK	Completed by Bala Batavia, Director on 5/6/2021 2:40:57 PM	E-file
2	Authentication (electronic signature): » Bala Batavia, Director	<input checked="" type="checkbox"/> OK	Completed on 5/6/2021 2:44:14 PM	
3	Signature Form:	<input checked="" type="checkbox"/> OK	Completed on 5/6/2021 4:39:22 PM	

### Delivery Status

<u>No.</u>	<u>Return</u>	<u>Delivery Status</u>	<u>Description</u>	<u>Postmark</u>
1	IRS Form 990-EZ	E-file <span style="color: green;">Accepted</span>	Congratulations. This Return was <b>Accepted</b> on 5/6/2021	5/6/2021 4:39:22 PM

Please see our [technical support page](#) if you have questions or problems using this website. Concerned about your privacy? Please view our [privacy](#) policy. This website best viewed on a desktop or laptop/notebook computer with a screen resolution of 1024 X 768.

**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning** January 1, 2020, and ending December 31, 2020

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Key International Foundation  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
314 Linden Avenue  
 City or town, state or province, country, and ZIP or foreign postal code  
Wilmette, IL 60091

**D** Employer identification number  
36-4472136

**E** Telephone number  
312-927-4728

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.keyinternational.org

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	62,033
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	106
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events:		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>		
<b>6c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	62,139	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	41,893
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	25
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	41,918	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	20,221
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	34,655
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	54,876

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .		<b>22</b> 54,876
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .		<b>25</b> 54,876
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .		<b>27</b> 54,876

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

What is the organization's primary exempt purpose? Education for low ncome children in developing countries

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b>	<u>75 low income children given scholarships for 6 years and 75 children for 7 years to complete their education for their high school diploma in Chennai, Tamilnadu, India. The scholarships average \$40/student/year</u> ----- (Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input checked="" type="checkbox"/>	<b>28a</b>	39,500
<b>29</b>	<u>Educational materials for 464 poor children in secondary school</u> ----- (Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input checked="" type="checkbox"/>	<b>29a</b>	1,393
<b>30</b>	<u>Amani Foundation, Nyeri, Kenya to support the education of 10 low income girl students in high school</u> ----- (Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input checked="" type="checkbox"/>	<b>30a</b>	1,000
<b>31</b>	Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	<b>32</b>	41,893

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . .

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Cynthianna Hahn, President</u>	2	0		
<u>Georgia Gebhardt, Vice President</u>	2	0		
<u>Tejas Batavia, Treasurer</u>	4	0		
<u>Priti Patel, Secretary</u>	2	0		
<u>Quasar Hamirani, Director</u>	2	0		
<u>Bala Batavia, Director</u>	4	0		
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> 0		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text" value="Illinois"/>		
42a	The organization's books are in care of <input type="text" value="Bala Batavia"/> Telephone no. <input type="text" value="312-927-4728"/> Located at <input type="text" value="314 Linden Avenue, Wilmette, IL"/> ZIP + 4 <input type="text" value="60091-2843"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		<input checked="" type="checkbox"/>
42c			<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44b			<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44c			<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>
45b			<input checked="" type="checkbox"/>

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Bala Batavia, Director Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**