

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

PMT #
AMT
NIT

CO#

Report for the Fiscal Period:

Beginning 1/01/19

& Ending 12/31/19

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

Federal ID # 36-2946248

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

Date Organization was created: 1/01/1977

Table with 3 columns: Description, Year-end amounts, and Amount. Rows include LEGAL NAME FAR SOUTH COMMUNITY DEVELOPMENT CORP., MAIL ADDRESS 837 WEST 115TH STREET, CITY, STATE, ZIP CODE CHICAGO, IL 60643. Summary rows: A ASSETS \$ 3,192,472; B LIABILITIES \$ 600,629; C NET ASSETS \$ 2,591,843.

Table with 3 columns: Description, PERCENTAGE, and AMOUNT. Section I: SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR. Rows: D PUBLIC SUPPORT... 14.58% \$ 259,748; E GOVERNMENT GRANTS... 83.45% \$ 1,486,669; F OTHER REVENUES See Statement 1 1.97% \$ 35,050; G TOTAL REVENUE... 100% \$ 1,781,467.

Table with 3 columns: Description, PERCENTAGE, and AMOUNT. Section II: SUMMARY OF ALL EXPENDITURES DURING THE YEAR. Rows: H OPERATING CHARITABLE PROGRAM EXPENSE 69.32% \$ 1,084,685; I EDUCATION PROGRAM SERVICE EXPENSE % \$; J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) 69.32% \$ 1,084,685; K GRANTS TO OTHER CHARITABLE ORGANIZATIONS % \$; L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 69.32% \$ 1,084,685; M MANAGEMENT AND GENERAL EXPENSE 30.68% \$ 480,073; N FUNDRAISING EXPENSE % \$; O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) 100% \$ 1,564,758.

Table with 3 columns: Description, PERCENTAGE, and AMOUNT. Section III: SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES. Rows: P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS 100% \$ 0; Q TOTAL FUNDRAISERS FEES AND EXPENSES % \$ 0; R NET RECEIVED BY THE CHARITY (P MINUS Q=R) % \$ 0; S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS \$ \$ 0.

Table with 3 columns: Description, Name/Title, and Amount. Section IV: COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR. Rows: T NAME/TITLE ABRAHAM LACY, EXECUTIVE DRTR \$ 98,325; U NAME/TITLE FLORENCE HARDY, DTR OF BUS SERV \$ 77,625; V NAME/TITLE ERIC WILLIAMS, REAL ESTATE DIR \$ 75,000.

Table with 3 columns: Description, Code, and Amount. Section V: CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (1 HIGHEST BY \$ EXPENDED) CODE CATEGORIES. Rows: W DESCRIPTION See Statement 2 W # 112; 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: <u>See Statement 3</u>		
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ABRAHAM LACY 773-830-6275</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.

ABRAHAM LACY

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Kymberly Buchanan

Kymberly Buchanan 4/1/21

PREPARER (PRINT NAME)

SIGNATURE

DATE

Client FARSOUTH

FAR SOUTH COMMUNITY DEVELOPMENT CORP.

36-2946248

4/01/21

04:38PM

Statement 1
Form AG990-IL, Page 1, Line F
Other Revenues

OTHER MISCELLANEOUS INCOME	\$	1,522.
OTHER INCOME-CANCELLATION/WRITE OFF OF DEBT/AP		32,973.
PROGRAM INCOME/FUNDRAISING		555.
Total	\$	<u>35,050.</u>

Statement 2
Form AG990-IL, Page 1, Part V
Charitable Program Description - Line W

The Organization was originally established to foster economic development and eradicate slum and blighted conditions in its service area.

Statement 3
Form AG990-IL, Page 2, Question 11
Name and Address of Institutions Holding Three Largest Accounts

HARRIS/BMO BANK
P.O. BOX 94033 PALATINE, IL 60094-4033

BEVERLY BANK-OPERATING
10258 SOUTH WESTERN AVENUE CHICAGO, IL 60643

PULLMAN BANK & TRUST
861 WEST 115TH STREET, CHICAGO, IL 60643