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ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

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

Form AG990-IL
Revised 1/19

CO # 01019188

Report for the Fiscal Period:

Beginning 07/01/2021

& Ending 06/30/2022
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

- [X] Copy of IRS Return
- [X] Audited Financial Statements
- [ ] Copy of Form IFC
- [X] $15.00 Annual Report Filing Fee
- [ ] $100.00 Late Report Filing Fee

Federal ID # 37-1222958

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

Date Organization was created: MO DAY YR 01/04/1988

LEGAL NAME: HOYLETON YOUTH AND FAMILY SERVICES
MAIL ADDRESS: 8 EXECUTIVE DRIVE SUITE 200
CITY, STATE: FAIRVIEW HEIGHTS IL
ZIP CODE: 62208

	Year-end amounts	
A) ASSETS		A) $ 12,821,253
B) LIABILITIES		B) $ 3,658,379
C) NET ASSETS		C) $ 9,162,874

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. **(GROSS AMTS.)**	2%	D) $ 472,456
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	98%	E) $ 19,756,964
F) OTHER REVENUES	0%	F) $ -93,982
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) $ 20,135,438
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	84%	H) $ 17,056,442
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) $
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	84%	J) $ 17,056,442
J') 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%	L) $ 17,056,442
M) MANAGEMENT AND GENERAL EXPENSE	13%	M) $ 2,685,519
N) FUNDRAISING EXPENSE	3%	N) $ 589,586
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) $ 20,331,547

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) $
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) $

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: CHRISTOPHER COX	PRESIDENT & CEO	T) $ 225,034
U) NAME, TITLE: SHAVONDA MITCHOM	CHIEF FINANCIAL OFFI	U) $ 138,991
V) NAME, TITLE: SHARON SCHULTZ	DIR OF CHILD WELFARE	V) $ 108,742

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

	List on back side of instructions CODE
W) DESCRIPTION: RESIDENTIAL CARE	W) # 134
X) DESCRIPTION: CHILD WELFARE	X) # 111
Y) DESCRIPTION: CLINICAL & PREVENTION	Y) # 111

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:
SEE STATEMENT 1

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SHAVONDA MITCHOM
618-688-4727

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.

[illegible]	Pres. Asst/CEO	[signature]	1-31-23
PRESIDENT or TRUSTEE (PRINT NAME)		SIGNATURE	DATE
Shavonda Mitchom, CFAO		S Mitchom	1-31-23
TREASURER or TRUSTEE (PRINT NAME)		SIGNATURE	DATE
KEVIN J. TEPEN			
PREPARER (PRINT NAME)		SIGNATURE	DATE

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.

Statement 1 - Form AG990-IL, Page 2, Line 11 - Financial Institutions where Organization Maintains Three Largest Accounts

Description
1.)CITIZENS COMMUNITY BANK, MASCOUTAH, IL 2.)FARMER AND MERCHANTS NATIONAL BANK,NASHVILLE, IL 3.)FIRST MID-ILLINOIS BANK & TRUST, MATTOON, IL

OTHER REVENUE

Description	Amount
INVESTMENT INCOME	$ -269,588
OTHER	175,606
TOTAL	$ -93,982