

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 _____
 INIT _____

CO# 30 04433

Report for the Fiscal Period:

Beginning 1/01/20

& Ending 12/31/20

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 # 47-5516802

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 3/08/2016

LEGAL NAME BRAINUP INC MAIL ADDRESS PO BOX 244 CITY, STATE ZIP CODE FRANKFORT, IL 60423	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Year-end amounts</th> <th style="width: 30%;"></th> <th style="width: 30%;"></th> </tr> <tr> <td>A ASSETS</td> <td>A \$</td> <td style="text-align: right;">495,055.</td> </tr> <tr> <td>B LIABILITIES</td> <td>B \$</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>C NET ASSETS</td> <td>C \$</td> <td style="text-align: right;">495,055.</td> </tr> </table>	Year-end amounts			A ASSETS	A \$	495,055.	B LIABILITIES	B \$	0.	C NET ASSETS	C \$	495,055.												
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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 Q TOTAL FUNDRAISERS FEES AND EXPENSES R NET RECEIVED BY THE CHARITY (P MINUS Q=R) PROFESSIONAL FUNDRAISING CONSULTANTS: S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">100 %</td> <td>P \$</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">%</td> <td>Q \$</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">%</td> <td>R \$</td> <td style="text-align: right;">0.</td> </tr> <tr> <td></td> <td>S \$</td> <td style="text-align: right;">0.</td> </tr> </tbody> </table>	100 %	P \$	0.	%	Q \$	0.	%	R \$	0.		S \$	0.												
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V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES W DESCRIPTION: SEE STATEMENT 1 X DESCRIPTION: Y DESCRIPTION:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">List on back side of instructions CODE</td> </tr> <tr> <td>W #</td> <td style="text-align: right;">052</td> </tr> <tr> <td>X #</td> <td></td> </tr> <tr> <td>Y #</td> <td></td> </tr> </table>	List on back side of instructions CODE		W #	052	X #		Y #																	
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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 2</u>		
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DAN KRESACH 815-370-0898</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.

CLIENT'S COPY

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.

DAN KRESACH

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Donald R Dixon

[Signature]

6/21/21

PREPARER (PRINT NAME)

SIGNATURE

DATE

2020

ILLINOIS STATEMENTS

PAGE 1

CLIENT BRIAN

BRAINUP INC

47-5516802

6/21/21

11:29AM

STATEMENT 1
FORM AG990-IL, PAGE 1, PART V
CHARITABLE PROGRAM DESCRIPTION - LINE W

SUPPORT BRAIN CANCER RESEARCH CONDUCTED BY TEACHING UNIVERSITY HOSPITALS LOCATED IN CHICAGOLAND

STATEMENT 2
FORM AG990-IL, PAGE 2, QUESTION 11
NAME AND ADDRESS OF INSTITUTIONS HOLDING THREE LARGEST ACCOUNTS

OLD PLANK BANK
20901 S LA GRANGE ROAD, FRANKFORT, IL 60423