

Form 990-N (e-Postcard) Summary
(THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY**)**

Tax period beginning 01/01/2017 and ending 12/31/2017

Organization's legal name

Global Vitiligo Foundation

Employer ID number

81-3950571

Other names used by organization (DBA)

Number and street (or P.O. box, if applicable)

303 West State Street

Room/Suite

Telephone number

630-578-3991

City or town, state or country and ZIP + 4

Geneva, IL 60134

Web address, if applicable n/a

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year

Check if organization is terminating (going out of business)

Information regarding principal officer:

Name

Iltefat Hamzavi, MD, FAAD

Street address

303 West State Street

City, state or country and ZIP + 4

Geneva, IL 60134

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

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

CO #

Check all items attached:

| | |
|-------|-------|
| PMT # | _____ |
| AMT | _____ |
| INIT | _____ |

Report for the Fiscal Period:

Beginning 01/01/2017

& Ending 12/31/2017
MO DAY YR

| | |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Copy of IRS Return |
| <input type="checkbox"/> | Audited Financial Statements |
| <input type="checkbox"/> | Copy of Form IFC |
| <input checked="" type="checkbox"/> | \$15.00 Annual Report Filing Fee |
| <input type="checkbox"/> | \$100.00 Late Report Filing Fee |

Federal ID # 81-3950571

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 11/07/2016
MO DAY YR

| | | | |
|---|--|---|----------------------|
| LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE | Global Vitiligo Foundation 303 West State Street Geneva, IL 60134 | Year-end amounts | |
| | | A) ASSETS | A) \$ 43,223. |
| | | B) LIABILITIES | B) \$ 3,794. |
| | | C) NET ASSETS | C) \$ 39,429. |
| I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: | | PERCENTAGE | AMOUNT |
| D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) | | 99.613% | D) \$ 90,157. |
| E) GOVERNMENT GRANTS & MEMBERSHIP DUES | | 0.387% | E) \$ 350. |
| F) OTHER REVENUES | | % | F) \$ |
| G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) | | 100 % | G) \$ 90,507. |
| II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: | | | |
| H) OPERATING CHARITABLE PROGRAM EXPENSE | | 59.668% | H) \$ 30,477. |
| I) EDUCATION PROGRAM SERVICE EXPENSE | | % | I) \$ |
| J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) | | 59.668% | J) \$ 30,477. |
| J1) 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) | | 59.668% | L) \$ 30,477. |
| M) MANAGEMENT AND GENERAL EXPENSE | | 40.332% | M) \$ 20,601. |
| N) FUNDRAISING EXPENSE | | % | N) \$ |
| O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) | | 100 % | O) \$ 51,078. |
| 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) \$ 0. |
| 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) \$ 0. |
| IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: | | | |
| T) NAME, TITLE <u>n/a</u> | | | T) \$ 0. |
| U) NAME, TITLE <u>n/a</u> | | | U) \$ 0. |
| V) NAME, TITLE <u>n/a</u> | | | V) \$ 0. |
| V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES | | List on back side of instructions CODE | |
| W) DESCRIPTION: <u>Develop international standards for Vitiligo</u> | | W) # | 300 |
| 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? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | | <input checked="" type="checkbox"/> |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? | | <input checked="" type="checkbox"/> |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) | | <input checked="" type="checkbox"/> |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? | | <input checked="" type="checkbox"/> |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | | <input checked="" type="checkbox"/> |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>JPMorgan Chase, PO Box 659754, San Antonio, TX 78265-9754</u> | | |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Kimberly Miller 630-578-3991</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.

Iltefat Hamzavi, MD, FAAD

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

Kimberly Boyd

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

Paul Betlinski

PREPARER (PRINT NAME) SIGNATURE DATE