PMT	* ** ** ** ** ** ** ** ** **		te of Illinois andolph	Form AG990-IL Revised 3/05 # 01022158
				Check all items attached:
		Report for the Fiscal Period:		Copy of IRS Return Audited Financial Statements
INIT		Beginning 07 / 01 / 2017	Payable to the Illinois	Copy of Form IFC \$15.00 Annual Report Filing Fee
	26.2566122	& Ending06/_30/_2018		\$100.00 Late Report Filing Fee
	Federal ID # 36-3566122 Are contributions to the organization tax deductible?			MO DAY YR Was created: 11 / 19 / 87
Ale	Yea			was created.
	NAME	ROOKFIELD H/S EDUCATIONAL FOUNDATION	amounts A) ASSETS	A) \$ 143,755
A	FIRST AVENUE AND RIDGEWOOD AVENUE			B) \$
CIT	ITY, STATE RIVERSIDE II, 60546		B) LIABILITIES C) NET ASSETS	C) \$ 143,755
Z	IP CODE			7
1.	SUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CO	ONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.48 %	D) \$ 31,424
	E) GOVERNMENT GRAN	TS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES		.52 %	F) \$ 163
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)			G) \$ 31,587
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			04.00	27 201
	H) OPERATING CHARITA	BLE PROGRAM EXPENSE	81.83 %	н) \$ 27,381
	I) EDUCATION PROGRA	M SERVICE EXPENSE	%	I) \$
	J) TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (ADD H & I)	81.83 %	J) \$ 27,381
×	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)	81.83 %	L) \$ 27.381
	M) MANAGEMENT AND	GENERAL EXPENSE	11.16 %	M) \$ 3,736
	N) FUNDRAISING EXPE	NSE	7.01 %	N) \$ 2,345
	O) TOTAL EXPENDITU	RES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 33,462
111.		PAID FUNDRAISER AND CONSULTANT ACTIVITIES port of Individual Fundraising Campaign- Form IFC. One for each PFR. ERS:		Military and Standards
	P) TOTAL AMOUNT RAIS	ED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS	S FEES AND EXPENSES	%	Q) \$ 0
	R) NET RECEIVED BY THE PROFESSIONAL FUNDRAL	HE CHARITY (P MINUS Q=R)	%	R) \$ 0
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ 0
IV	IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: N/A			
				T) \$ 0
	U) NAME, TITLE: N/A			U) \$ 0
	V) NAME, TITLE: N/A			V) \$ 0
V.	CHARITABLE PROG	HARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
	W) DESCRIPTION: EDUCATIONAL SUPPORT FOR STUDENTS AND THE SCHOOL			W) # 300
	X) DESCRIPTION:			X) #
	Y) DESCRIPTION:			Y) #