

Tracking Number
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OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

KWAME RAOUL
ATTORNEY GENERAL

Report Section

Fiscal Year Beginning
1/1/2025

Fiscal Year Ending
12/31/2025

Is this a Final Report?
No

FEIN
933734026

CO Number
01100664

Name of Organization
SPRINGFIELD COMMUNITY BROADCASTERS

New Mailing Address
1 WEST OLD STATE CAPITOL PLAZA SUITE 821
SPRINGFIELD, IL 62701, USA

Email Address
springfieldbroadcasters@gmail.com

Are contributions to the organization tax-deductible?
 Yes No

Date organization was created
11/19/2019

BEGINNING OF THE YEAR ASSETS
\$ 7,571.00

YEAR-END AMOUNTS

A) Assets
\$ 7,489.00

B) Liabilities
\$ 0.00

C) Net Assets
\$ 7,489.00

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	100%	\$ 12,601.00
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	0%	\$ 0.00
F) OTHER REVENUES	0%	\$ 0.00
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100%	\$ 12,601.00

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

	PERCENTAGE	AMOUNT
H) OPERATING CHARITABLE PROGRAM EXPENSE	0%	\$ 0.00
I) EDUCATION PROGRAM SERVICE EXPENSE	0%	\$ 0.00
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	0%	\$ 0.00
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$ 0.00
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0%	\$ 0.00
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	0%	\$ 0.00
M) MANAGEMENT AND GENERAL EXPENSE	100%	\$ 12,683.00
N) FUNDRAISING EXPENSE	0%	\$ 0.00
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	\$ 12,683.00

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:	PERCENTAGE	AMOUNT
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	\$ 0.00
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	0%	\$ 0.00
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	100%	\$ 0.00
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		\$ 0.00

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

Did this organization have any paid personnel during the reporting period?

Yes No

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

W) Description: _____ **Code:** _____

X) Description: _____ **Code:** _____

Y) Description: _____ **Code:** _____

THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

1. Was the organization the subject of any court action, fine, penalty or judgment?

Yes No

2. 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 part 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?

Yes No

3. Has the organization invested in any corporate stock in which any officer, director or trustee owns more than 10% of the outstanding shares?

Yes No

4. Is any property of the organization held in the name of or commingled with the property of any other person or organization?

Yes No

5. Did the organization use the services of a professional fundraiser? (attach form IFC)?

Yes No

6a. Did the organization allocate the cost of any solicitation, mailing, advertisement or literature costs between program service and fundraising expenses?

Yes No

7. Did the organization expend its restricted funds for purposes other than restricted purposes?

Yes No

8. Has the organization ever been refused registration or had its registration or tax exemption suspended or revoked by any governmental agency?

Yes No

9. Did the organization learn or become aware of any kickback, bribe or any theft, defalcation, misappropriation, commingling or misuse of organizational funds in the current or previous fiscal years?

Yes No

10. List the name and address of the financial institutions where the organization maintains its three largest accounts:

Name	ATTN	Address Line 1	Address Line 2	City	State	Postal Code
CEFCU		2424 W ILES AVE		SPRINGFIELD	IL	62704

Provide name and telephone number of contact person:

Name:
KENNETH PACHA

Telephone Number:
(217) 481-4114

Signature

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.

Signed Electronically: Jim Jim Pemberton

Date: 03/26/2026

Title: President

Signed Electronically: Kenneth Pacha

Date: 03/26/2026

Title: Vice President