



# Illinois State Council K of C Charities, Inc.

P. O. Box 681, 187 S Indiana Avenue, Kankakee, Illinois 60901-0681

Phone 815-935-2262 Fax 815-935-2078

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## PLEASE COMPLETE YOUR ORGANIZATION'S INFORMATION BELOW:

Your Exempt Organization Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Mailing: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_ +4 Zip \_\_\_\_\_

Contact Name (please Print) \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Website: \_\_\_\_\_ Council Sponsor? # \_\_\_\_\_

Dear Applicant;

As you may know, for over 40 years the Illinois State Council K of C Charities, Inc. Intellectual Disabilities Fund has helped thousands of individuals by providing financial support to qualified organizations who operate programs on behalf of persons with mental disabilities.

To comply with federal and state regulations, to affirm that funds are being distributed in accordance with current fund guidelines, and to maintain an up-to-date listing of qualified organizations, we are asking your charitable organization to provide information about how the funds you receive are used. Please assist us by responding to the following:

- Our Program which received funding from the Illinois State Council K of C Charities, Inc. Intellectual Disabilities Fund supports individuals with the following mental disabilities (as identified by the Federal Rehabilitation Act -Section 504): **[Please indicate as a percentage, either A) the number of individuals in your program or B) the total budget expended to assist individuals with a particular type of mental disability.]**

\_\_\_\_\_ % - **Intellectual Disabilities** [Intellectual functioning level (IQ) is below 70-75; significant limitation exist in two or more adaptive skill areas; and the condition is present from childhood (defined as age 18 or less).  
 \_\_\_\_\_ % - **Learning Disabilities** –  
 \_\_\_\_\_ % - **Cognitive Impairments**  
 \_\_\_\_\_ % - **Psychiatric Disabilities**  
 \_\_\_\_\_ % - **Other (Identify)** \_\_\_\_\_  
 \_\_\_\_\_ = [100% Total]

- Please provide your **Federal Employer Identification Number: FEIN#** \_\_\_\_\_ - \_\_\_\_\_

**WE DO NOT WANT YOUR ILLINOIS E #**

- We are registered tax-exempt Section 501C 3 organization as established by the US Internal Revenue Code, its supplements and amendments.

X Yes  No Date Registered \_\_\_\_\_

**\*4. Please attach a copy of the letter you received, in which the US Internal Revenue determined you were a 501C 3 organization. (Schools & Churches are exempt, but we would like a copy)**

**NO FUTURE FUNDS CAN BE DISBURSED WITHOUT A COPY OF THIS CORRECTLY COMPLETED FORM AND YOUR 501c 3 LETTER**  
**NOT SENDING A COPY OF YOUR 501c3 COULD DELAY YOUR APPROVAL**

Please return this form to the address above