

For Office Use Only

# Illinois Charitable Organization Annual Report

Form AG990-IL  
Revised 3/05 ID: 2BN

PMT #	_____
AMT	_____
INIT	_____

Attorney General **Lisa Madigan** State of Illinois  
Charitable Trust Bureau, 100 West Randolph  
11th Floor, Chicago, Illinois 60601

CO# 01027876

Report for the Fiscal Period:  
Beginning 7/01/15  
& Ending 6/30/16  
MO DAY YR

- 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

*Make Checks  
Payable to  
the Illinois  
Charity  
Bureau Fund*

Federal ID # 23-7085749

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 4/21/1969  
MO DAY YR

LEGAL NAME INC BOARD, NFP  MAIL ADDRESS 400 MERCY LANE, P.O. BOX 935  CITY, STATE ZIP CODE AURORA, IL 60507-0935	Year-end amounts	
	<b>A ASSETS</b>	<b>A \$ 3,048,698.</b>
	<b>B LIABILITIES</b>	<b>B \$ 639,334.</b>
	<b>C NET ASSETS</b>	<b>C \$ 2,409,364.</b>
<b>I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
<b>D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)</b>	99.87 %	<b>D \$ 1,939,770.</b>
<b>E GOVERNMENT GRANTS AND MEMBERSHIP DUES</b>	%	<b>E \$</b>
<b>F OTHER REVENUES SEE STATEMENT 1</b>	0.13 %	<b>F \$ 2,437.</b>
<b>G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)</b>	100 %	<b>G \$ 1,942,207.</b>
<b>II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
<b>H OPERATING CHARITABLE PROGRAM EXPENSE</b>	23.48 %	<b>H \$ 457,397.</b>
<b>I EDUCATION PROGRAM SERVICE EXPENSE</b>	%	<b>I \$</b>
<b>J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)</b>	23.48 %	<b>J \$ 457,397.</b>
<b>J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):</b>		\$ _____
<b>K GRANTS TO OTHER CHARITABLE ORGANIZATIONS</b>	71.66 %	<b>K \$ 1,396,121.</b>
<b>L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K)</b>	95.14 %	<b>L \$ 1,853,518.</b>
<b>M MANAGEMENT AND GENERAL EXPENSE</b>	4.86 %	<b>M \$ 94,626.</b>
<b>N FUNDRAISING EXPENSE</b>	%	<b>N \$</b>
<b>O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)</b>	100 %	<b>O \$ 1,948,144.</b>
<b>III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b>		
(Attach Attorney General Report of Individual Fundraising Campaign — Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
<b>P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</b>	100 %	<b>P \$ 0.</b>
<b>Q TOTAL FUNDRAISERS FEES AND EXPENSES</b>	%	<b>Q \$ 0.</b>
<b>R NET RECEIVED BY THE CHARITY (P MINUS Q=R)</b>	%	<b>R \$ 0.</b>
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
<b>S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</b>		<b>S \$ 0.</b>
<b>IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
<b>T NAME, TITLE: JERRY MURPHY, EXEC. DIRECTOR</b>		<b>T \$ 90,624.</b>
<b>U NAME, TITLE: MARIA OCHOA, OPERATIONS MGR</b>		<b>U \$ 46,302.</b>
<b>V NAME, TITLE: EILEEN MARYANSKI, ADMIN. ASSIST.</b>		<b>V \$ 24,000.</b>
<b>V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b>		See instructions for list CODE
<b>W DESCRIPTION: SUPPORTING AREA MENTAL HEALTH AND RELATED PROGRAMS</b>	<b>W #</b>	150
<b>X DESCRIPTION:</b>	<b>X #</b>	
<b>Y DESCRIPTION:</b>	<b>Y #</b>	

**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>JERRY MURPHY 630-892-5456</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.

<b>BE SURE TO INCLUDE ALL FEES DUE:</b>	_____ PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.			
2 FOR FEES DUE SEE INSTRUCTIONS.	_____ TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	<u>PAUL H. WIELAND</u> PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE
	WIELAND & COMPANY, INC., CPAS 201 HOUSTON STREET, SUITE 301 BATAVIA, IL 60510		

9/13/16

10:33AM

**STATEMENT 1  
FORM AG990-IL, PAGE 1, LINE F  
OTHER REVENUES**

INTEREST INCOME.....	\$	2,437.
TOTAL	\$	<u>2,437.</u>

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

MAXSAFE  
201 S. HOUGH STREET, BARRINGTON, IL 60010

PNC BANK  
PO BOX 609 PITTSBURGH, PA, 15230

WEST SUBURBAN BANK  
2000 W. GALENA BLVD., AURORA, IL 60507