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ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
 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 7/01/17
 & Ending 6/30/18
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	
	A ASSETS	A \$ 2,986,035.
	B LIABILITIES	B \$ 691,721.
	C NET ASSETS	C \$ 2,294,315.
I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)	99.85 %	D \$ 1,982,515.
E GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E \$
F OTHER REVENUES SEE STATEMENT 1	0.15 %	F \$ 3,030.
G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)	100 %	G \$ 1,985,545.
II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H OPERATING CHARITABLE PROGRAM EXPENSE	23.43 %	H \$ 484,430.
I EDUCATION PROGRAM SERVICE EXPENSE	%	I \$
J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)	23.43 %	J \$ 484,430.
J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$ _____
K GRANTS TO OTHER CHARITABLE ORGANIZATIONS	71.37 %	K \$ 1,475,449.
L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K)	94.81 %	L \$ 1,959,879.
M MANAGEMENT AND GENERAL EXPENSE	5.19 %	M \$ 107,336.
N FUNDRAISING EXPENSE	%	N \$
O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)	100 %	O \$ 2,067,215.
III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
<small>(Attach Attorney General Report of Individual Fundraising Campaign — Form IFC. One for each PFR.)</small>		
PROFESSIONAL FUNDRAISERS:		
P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P \$ 0.
Q TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q \$ 0.
R NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R \$ 0.
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: JERRY MURPHY, EXEC. DIRECTOR	T \$	96,143.
U NAME, TITLE: DALILA ALEGRIA, OPERATIONS MGR	U \$	54,000.
V NAME, TITLE: EILEEN MARYANSKI, ADMIN. ASSIST.	V \$	37,080.
V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		See instructions for list CODE
W DESCRIPTION: SUPPORTING AREA MENTAL HEALTH AND RELATED PROGRAMS	W #	150
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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 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 \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
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.

BE SURE TO INCLUDE ALL FEES DUE:	<u>JERRY J. MURPHY</u>	SIGNATURE	DATE
1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
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>	SIGNATURE	DATE
	PREPARER (PRINT NAME) WIELAND & COMPANY, INC., CPAS 201 HOUSTON STREET, SUITE 301 BATAVIA, IL 60510		

9/13/18

05:17PM

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

INTEREST INCOME.....	\$	3,030.
TOTAL	\$	<u>3,030.</u>

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

MAXSAFE
201 S. HOUGH STREET, BARRINGTON, IL 60010

PNC BANK
PO BOX 609 PITTSBURGH, PA, 15230