ILINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01020528

Check all items attached:
X Copy of IRS Return
X Audited Financial Statements
X Copy of Form IFC
$15.00 Annual Report Filing Fee
$100.00 Late Report Filing Fee

Report for the Fiscal Period:
Beginning 07/01/2015
& Ending 06/30/2016

Federal ID # 36-3666952
Are contributions to the organization tax deductible? X Yes □ No
Date Organization was created: 05/31/1989

LEGAL
NAME Together We Cope
MAIL
ADDRESS 17728 South Oak Park Ave
CITY, STATE Tinley Park IL
ZIP CODE 60477-2722

<table>
<thead>
<tr>
<th>Year-end amounts</th>
<th>A) ASSETS</th>
<th>$ 1,231,240</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B) LIABILITIES</td>
<td>$ 71,355</td>
</tr>
<tr>
<td></td>
<td>C) NET ASSETS</td>
<td>$ 1,159,885</td>
</tr>
</tbody>
</table>

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
   86% D) $ 2,849,007

E) GOVERNMENT GRANTS & MEMBERSHIP DUES
   13% E) $ 458,000

F) OTHER REVENUES
   1% F) $ 22,933

G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)
   100% G) $ 3,329,940

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE
   88% H) $ 2,939,870

I) EDUCATION PROGRAM SERVICE EXPENSE
   % I) $

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
   88% J) $ 2,939,870

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
   4% K) $ 139,397

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
   92% L) $ 3,079,267

M) MANAGEMENT AND GENERAL EXPENSE
   5% M) $ 171,245

N) FUNDRAISING EXPENSE
   3% N) $ 108,223

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)
   100% O) $ 3,358,735

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(provide summary of all paid fundraiser and consultant activities)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
   100% P) $

Q) TOTAL FUNDRAISERS FEES AND EXPENSES
   % Q) $

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)
   % R) $

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS
   S) $

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

T) NAME, TITLE: Kathryn Straniero, Executive Director
   T) $ 71,780

U) NAME, TITLE: Gina Rydz, Business Director
   U) $ 31,479

V) NAME, TITLE: Kristina Kessens, Office Manager
   V) $ 31,068

V. CHARITABLE PROGRAM DESCRIPTION:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>W) FAMILY AND INDIVIDUAL SERVICES</th>
<th>W) #</th>
<th>111</th>
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<tbody>
<tr>
<td>DESCRIPTION</td>
<td>X) HOUSING FOR THE NEedy</td>
<td>X) #</td>
<td>131</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>Y)</td>
<td>Y) #</td>
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</table>

List on back side of instructions
IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?  
   YES  NO

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?  
   YES  NO

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?  
   YES  NO

4. 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

5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?  
   YES  NO

6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)  
   YES  NO

7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  
   YES  NO

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?  
   YES  NO

9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?  
   YES  NO

10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?  
    YES  NO

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:
   MB Financial Bank - 15533 S. Cicero Ave., Oak Forest, IL 60452;
   Carlinville National Bank - PO Box 350, Carlinville, IL 62626

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON:  Kathryn Straniero  
    708-263-0302

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS


Frank Trombley  
(PRESIDENT or TRUSTEE (PRINT NAME))  
(SIGNATURE)  
DATE  
12/19/16

Patrick H. McElhernan  
(CHAIRMAN)  
(SIGNSATURE)  
DATE  
12/19/16

John C. Williams, C.P.A.  
PREPARER (PRINT NAME)  
(SIGNATURE)  
DATE  
12/11/16

BE SURE TO INCLUDE ALL FEES DUE:
1) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2) FOR FEES DUE SEE INSTRUCTIONS.
3) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A $100.00 PENALTY.