### I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
- E) GOVERNMENT GRANTS & MEMBERSHIP DUES
- F) OTHER REVENUES
- G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

### II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H) OPERATING CHARITABLE PROGRAM EXPENSE
- I) EDUCATION PROGRAM SERVICE EXPENSE
- J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
- K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
- L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
- M) MANAGEMENT AND GENERAL EXPENSE
- N) FUNDRAISING EXPENSE
- O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

### 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:

- P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
- Q) TOTAL FUNDRAISERS FEES AND EXPENSES
- R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

#### PROFESSIONAL FUNDRAISING CONSULTANTS:

- S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

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

- T) NAME, TITLE: Kathryn Straniero Executive Director
- U) NAME, TITLE: May Ann Baer Business Director
- V) NAME, TITLE: Patricia Hossman Store Manager

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

- W) DESCRIPTION: Family and Individual Services
- X) DESCRIPTION: Housing for the Needy
- Y) DESCRIPTION: [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? ............ 1. 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? ......................... 2. 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? ............ 3. 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? ......................... 4. X

5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ......................... 5. 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? ......................... 8. X

9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ......................... 9. 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? ......................... 10. X

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

708-633-5040

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS


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.

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

John C. Williams, C.P.A.
PREPARER (PRINT NAME) SIGNATURE DATE