ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01020528

Report for the Fiscal Period:

Beginning 07/01/2013
& Ending 06/30/2014

Federal ID # 36-3666952
Are contributions to the organization tax deductible? X Yes □ No
Date Organization was created: 05/31/1982

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>B) LIABILITIES</th>
<th>C) NET ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A) $1,318,822</td>
<td>B) $81,294</td>
<td>C) $1,237,528</td>
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I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)

PERCENTAGE 86%
AMOUNT $3,092,764

E) GOVERNMENT GRANTS & MEMBERSHIP DUES

PERCENTAGE 14%
AMOUNT $508,664

F) OTHER REVENUES

PERCENTAGE 0%
AMOUNT $13,770

G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

PERCENTAGE 100%
AMOUNT $3,615,198

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE

PERCENTAGE 88%
AMOUNT $3,218,431

I) EDUCATION PROGRAM SERVICE EXPENSE

PERCENTAGE
AMOUNT $ 

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)

PERCENTAGE 88%
AMOUNT $3,218,431

J') JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):

AMOUNT $ 

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS

PERCENTAGE 5%
AMOUNT $173,236

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)

PERCENTAGE 93%
AMOUNT $3,391,667

M) MANAGEMENT AND GENERAL EXPENSE

PERCENTAGE 4%
AMOUNT $157,033

N) FUNDRAISING EXPENSE

PERCENTAGE 3%
AMOUNT $91,930

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

PERCENTAGE 100%
AMOUNT $3,640,630

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each FPR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

PERCENTAGE 100%
AMOUNT $ 

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

PERCENTAGE
AMOUNT $ 

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

PERCENTAGE
AMOUNT $ 

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

AMOUNT $ 

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

T) NAME, TITLE: Kathryn Stranciero Executive Director

AMOUNT $69,498

U) NAME, TITLE: May Ann Beer Business Director

AMOUNT $35,408

V) NAME, TITLE: Patricia Hovman Store Manager

AMOUNT $33,864

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

W) DESCRIPTION: Family and Individual Services

CODE W) # 111

X) DESCRIPTION: Housing for the Needy

CODE X) # 131

Y) DESCRIPTION:
Together We Cope 36-3666952

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 $ .......................................................... (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


[Signatures]

[Dates: 12/1/14, 11/20/14]

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.