

For Office Use Only

# Illinois Charitable Organization Annual Report

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

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

PMT # _____
AMT _____
INIT _____

CO# 01008579

Report for the Fiscal Period:  
Beginning 3/01/15  
& Ending 2/29/16  
MO DAY YR

*Make Checks  
Payable to  
the Illinois  
Charity  
Bureau Fund*

**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

Federal ID # 36-2781764

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 8/14/1973  
MO DAY YR

<p>LEGAL <u>PALATINE TOWNSHIP SENIOR</u> NAME <u>CITIZENS COUNCIL</u> MAIL ADDRESS <u>505 SOUTH QUENTIN ROAD</u> CITY, STATE ZIP CODE <u>PALATINE, IL 60067</u></p>	<p>Year-end amounts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>A ASSETS</b></td> <td style="width: 15%;"><b>A \$</b></td> <td style="width: 70%; text-align: right;">1,206,330.</td> </tr> <tr> <td><b>B LIABILITIES</b></td> <td><b>B \$</b></td> <td style="text-align: right;">425,030.</td> </tr> <tr> <td><b>C NET ASSETS</b></td> <td><b>C \$</b></td> <td style="text-align: right;">781,300.</td> </tr> </table>	<b>A ASSETS</b>	<b>A \$</b>	1,206,330.	<b>B LIABILITIES</b>	<b>B \$</b>	425,030.	<b>C NET ASSETS</b>	<b>C \$</b>	781,300.																		
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<p><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.)</p> <p><b>PROFESSIONAL FUNDRAISERS:</b></p> <p><b>P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</b></p> <p><b>Q TOTAL FUNDRAISERS FEES AND EXPENSES</b></p> <p><b>R NET RECEIVED BY THE CHARITY (P MINUS Q=R)</b></p> <p><b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b></p> <p><b>S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 70%;"></td> </tr> <tr> <td style="text-align: center;">100 %</td> <td><b>P \$</b></td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">%</td> <td><b>Q \$</b></td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">%</td> <td><b>R \$</b></td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">%</td> <td><b>S \$</b></td> <td style="text-align: right;">0.</td> </tr> </tbody> </table>				100 %	<b>P \$</b>	0.	%	<b>Q \$</b>	0.	%	<b>R \$</b>	0.	%	<b>S \$</b>	0.												
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<p><b>IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b></p> <p><b>T NAME, TITLE:</b> <u>CAROL REAGAN, EXECUTIVE DIR</u></p> <p><b>U NAME, TITLE:</b> <u>NANCY FRENK, SOCIAL SERV DIR</u></p> <p><b>V NAME, TITLE:</b> <u>DIANE LANCOUR, PROGRAM DIR</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 70%;"></td> </tr> <tr> <td></td> <td><b>T \$</b></td> <td style="text-align: right;">85,461.</td> </tr> <tr> <td></td> <td><b>U \$</b></td> <td style="text-align: right;">49,655.</td> </tr> <tr> <td></td> <td><b>V \$</b></td> <td style="text-align: right;">48,058.</td> </tr> </tbody> </table>					<b>T \$</b>	85,461.		<b>U \$</b>	49,655.		<b>V \$</b>	48,058.															
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<p><b>V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b></p> <p><b>W DESCRIPTION:</b> <u>SERVICES FOR AGED</u></p> <p><b>X DESCRIPTION:</b> <u>COMMUNITY RECREATION FOR ELDERLY</u></p> <p><b>Y DESCRIPTION:</b> _____</p>	<p>See instructions for list CODE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 70%;"></td> </tr> <tr> <td><b>W #</b></td> <td></td> <td style="text-align: right;">117</td> </tr> <tr> <td><b>X #</b></td> <td></td> <td style="text-align: right;">044</td> </tr> <tr> <td><b>Y #</b></td> <td></td> <td></td> </tr> </tbody> </table>				<b>W #</b>		117	<b>X #</b>		044	<b>Y #</b>																	
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**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>CAROL REAGAN (847) 991-1112</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>	<u>KAREN FAY</u>	_____	_____
	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>RUSSELL P. CANNIZZO, CPA</u>	_____	_____
	PREPARER (PRINT NAME)	SIGNATURE	DATE
	<u>RUSSELL P. CANNIZZO &amp; COMPANY</u>		
	415 E. GOLF RD STE 119		
	ARLINGTON HEIGHTS, IL 60005-4049		

5/23/16

03:15PM

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

FACILITY RENTAL.....	\$	19,931.
INTEREST INCOME-NET.....		7,305.
GAIN (LOSS) ON SALE OF SECURITIES.....		9,118.
	TOTAL \$	<u>36,354.</u>

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

- BMO HARRIS BANK OF PALATINE  
50 NORTH BROCKWAY PALATINE, IL. 60067
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