

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	SGT. JOHN M. PENICH MEMORIAL
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	38068 DEWOODY RD.
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4
<input type="checkbox"/> Amended return	BEACH PARK IL 60087-1505
<input type="checkbox"/> Application pending	
	D Employer identification number
	26-6607279
	E Telephone number
	(847) 249-4399
	F Group Exemption Number ▶
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ WWW.SGTPENICH.ORG	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 34,493

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	16,988
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	7
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	15,743
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c	1,920	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,823	
7a Gross sales of inventory, less returns and allowances	7a	1,755	
b Less: cost of goods sold	7b	5,869	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-4,114	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	26,704	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	27
	16 Other expenses (describe in Schedule O)	16	20,794
17 Total expenses. Add lines 10 through 16 ▶	17	20,821	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,883
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	23,108
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	28,991

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,108	28,991
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	23,108	28,991
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,108	28,991

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SUPPORT TROOPS AWAY & AT HOME

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>SENDING PACKAGES TO SOLDIERS STATIONED OVER SEAS - 209 SOLDIERS BENEFITED</u> ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,945
29 <u>ENTERTAINMENT & TRAVEL - "THANK YOU" GIFT FOR SOLDIERS STATIONED LOCALLY - 4 VETERANS BENEFITED</u> ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	800
30 <u>MEET THE NEEDS OF VETERANS BY PROVIDING TWO SERVICE DOGS, CREATED A SITTING AREA AT WISCONSIN VETERANS' HOME; APPLIANCES FOR VETERANS' LIFE CHANGING SERVICES, ETC. - 235+ VETERANS BENEFITING</u> ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	15,627
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	20,372

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFF PENICH PRESIDENT	Hr/WK	0		
KATHY PENICH-GARROSS VP	Hr/WK	0		
NICOLE PENICH SECRETARY	Hr/WK	0		
MICHAEL GARROSS TREASURER	Hr/WK	0		
CHRIS RICKERT DIRECTOR	Hr/WK	0		
JUSTIN SCHONTER DIRECTOR	Hr/WK	0		
KIM ZABRESKY DIRECTOR	Hr/WK	0		
MIKEY KICIELINSKI DIRECTOR	Hr/WK	0		
EDDIE ALBA DIRECTOR	Hr/WK	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.
40 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of MICHAEL GARROSS Telephone no. (847) 249-3334 Located at 30868 N DEWOODY RD City BEACH PARK ST IL ZIP + 4 60087-1515
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42 c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X

b If "Yes," was the related organization a section 527 organization? 49b Yes No X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer VICE PRESIDENT Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name KRISTA PIWONKA CPA Preparer's signature Date 2/18/2014 Check self-employed PTIN P00829674 Firm's name PIWONKA, CPA, INC. Firm's EIN 26-1236837 Firm's address 5404 W. ELM ST., SUITE L-1, MCHENRY, IL 60050 Phone no. 815-679-6282

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Split-Interest Trust Information Return

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Information about Form 5227 and its instructions is at www.irs.gov/form5227.

Full name of trust SGT. JOHN M. PENICH MEMORIAL		A Employer identification number 26-6607279
Name of trustee		B Type of Entity (1) <input type="checkbox"/> Charitable lead trust (2) <input type="checkbox"/> Charitable remainder annuity trust described in section 664(d)(1) (3) <input type="checkbox"/> Charitable remainder unitrust described in section 664(d)(2) (4) <input type="checkbox"/> Pooled income fund described in section 642(c)(5) (5) <input type="checkbox"/> Other—Attach explanation
Number, street, and room or suite no. (If a P.O. box, see the instructions.) 38068 DEWOODY RD.		
City, state, and ZIP code BEACH PARK IL 60087-1505		
C Fair market value (FMV) of assets at end of tax year	D Gross Income	F Date the trust was created
E Check applicable boxes (see instructions) <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in trustee's Name <input type="checkbox"/> Address		G If the trust is a section 664 trust, did it have unrelated business taxable income? If "Yes," file Form 4720 <input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income and Deductions (All trusts complete Sections A through D)

Section A—Ordinary Income				
1	Interest income		1	
2a	Ordinary dividends (including qualified dividends)		2a	
b	Qualified dividends (see the instructions)	2b		
3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)		3	
4	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)		4	
5	Farm income or (loss). Attach Schedule F (Form 1040)		5	
6	Ordinary gain or (loss). Attach Form 4797		6	
7	Other income. List type and amount ▶		7	
8	Total ordinary income. Combine lines 1, 2a, and 3 through 7 ▶		8	0
Section B—Capital Gains (Losses)				
9	Total short-term capital gain or (loss). Attach Schedule D, Part I (Form 1041)		9	
10	Total long-term capital gain or (loss). Attach Schedule D, Part II (Form 1041)		10	
11	Unrecaptured section 1250 gain	11		
12	28% gain	12		
13	Total capital gains (losses). Combine lines 9 and 10 ▶		13	0
Section C—Nontaxable Income				
14	Tax-exempt interest		14	
15	Other nontaxable income. List type and amount ▶		15	
16	Total nontaxable income. Add lines 14 and 15 ▶		16	0
Section D—Deductions				
17	Interest		17	
18	Taxes (see the instructions)		18	
19	Trustee fees		19	
20	Attorney, accountant, and return preparer fees		20	
21	Other allowable deductions. Attach schedule (see the instructions)		21	
22	Total. Add lines 17 through 21		22	0
23	Charitable deduction	23		
Section E—Deductions Allocable to Income Categories (Section 664 trust only)				
24a	Enter the amount from line 22 allocable to ordinary income		24a	
b	Subtract line 24a from line 8		24b	0
25a	Enter the amount from line 22 allocable to capital gains (losses)		25a	
b	Subtract line 25a from line 13		25b	0
26a	Enter the amount from line 22 allocable to nontaxable income		26a	
b	Subtract line 26a from line 16		26b	0

Part II Schedule of Distributable Income (Section 664 trust only) See the instructions

Accumulations	(a) Ordinary income	(b) Capital gains (losses)	(c) Nontaxable income
27 Undistributed income from prior tax years			
28 Current tax year net income (before distributions): <ul style="list-style-type: none"> ● In column (a), enter the amount from line 24b ● In column (b), enter the amount from line 25b ● In column (c), enter the amount from line 26b 			
29 Total distributable income. Add lines 27 and 28	0	0	0

Part III-A Distributions of Principal for Charitable Purposes

30 Principal distributed in prior tax years for charitable purposes	30		
31 Principal distributed during the current tax year for charitable purposes. Fill in the information for columns (A), (B), and (C) and enter the amount distributed on the space to the right. (see the instructions)			
(A) Payee's name and address	(B) Date of distribution	(C) Charitable purpose and description of assets distributed	
a ----- ----- -----		----- ----- -----	31a
b ----- ----- -----		----- ----- -----	31b
c ----- ----- -----		----- ----- -----	31c
32 Total. Add lines 30 through 31c	32		0

Part III-B Accumulated Income Set Aside and Income Distributions for Charitable Purposes
 Grantor type trusts complete only lines 35 and 36 (see the instructions).

33a Accumulated income set aside in prior tax years for which a deduction was claimed under section 642(c)	33a		
b Enter the amount shown on line 23	33b		
34 Add lines 33a and 33b	34		0
35 Distributions made during the tax year (see the instructions): <ul style="list-style-type: none"> ● For income set aside in prior tax years for which a deduction was claimed under section 642(c), ● For charitable purposes for which a charitable deduction was claimed under section 642(c) in the current tax year, or ● For charitable purposes by a grantor type trust for which a charitable deduction was claimed under section 170 upon contribution to the trust Fill in the information for columns (A), (B), and (C) and enter the amount distributed on the line to the right.			
(A) Payee's name and address	(B) Date of distribution	(C) Charitable purpose and description of assets distributed	
a ----- ----- -----		----- ----- -----	35a
b ----- ----- -----		----- ----- -----	35b
c ----- ----- -----		----- ----- -----	35c
36 Add lines 35a through 35c	36		0
37 Carryover. Subtract line 36 from line 34	37		0

Part IV Balance Sheet (see the instructions)

		(a) Beginning-of-Year Book Value	(b) End-of-Year Book Value	(c) FMV (see instructions)
Assets				
38	Cash—non-interest-bearing	38		
39	Savings and temporary cash investments	39		
40a	Accounts receivable	40a		
b	Less: allowance for doubtful accounts	40b		
41	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule)	41		
42a	Other notes and loans receivable	42a		
b	Less: allowance for doubtful accounts	42b		
43	Inventories for sale or use	43		
44	Prepaid expenses and deferred charges	44		
45a	Investments—U.S. and state government obligations (attach schedule)	45a		
b	Investments—corporate stock. Attach schedule	45b		
c	Investments—corporate bonds. Attach schedule	45c		
46a	Investments—land, buildings, and equipment: basis (attach schedule)	46a		
b	Less: accumulated depreciation	46b		
47	Investments—other (attach schedule)	47		
48a	Land, buildings, and equipment: basis	48a		
b	Less: accumulated depreciation	48b		
49	Other assets. Describe ▶ _____	49		
50	Total assets. Add lines 38 through 49 (must equal line 60) ▶	50	0	0
Liabilities				
51	Accounts payable and accrued expenses	51		
52	Deferred revenue	52		
53	Loans from officers, directors, trustees, and other disqualified persons	53		
54	Mortgages and other notes payable. Attach schedule	54		
55	Other liabilities. Describe ▶ _____	55		
56	Total liabilities. Add lines 51 through 55 ▶	56	0	0
Net Assets				
57	Trust principal or corpus	57		
58a	Undistributed income	58a		
b	Undistributed capital gains	58b		
c	Undistributed nontaxable income	58c		
59	Total net assets. Add lines 57 through 58c	59	0	0
60	Total liabilities and net assets. Add lines 56 and 59	60	0	0

Part V-A Charitable Remainder Annuity Trust (CRAT) Information (to be completed **only** by a section 664 CRAT)

61a	Enter the initial fair market value (FMV) of the property placed in the trust	61a	
b	Enter the total annual annuity amounts for all recipients	61b	

Part V-B Charitable Remainder Unitrust (CRUT) Information (to be completed **only** by a section 664 CRUT)
See the instructions

62	Is the CRUT a net income charitable remainder unitrust (NICRUT) as described in Regulations section 1.664-3(a)(1)(i)(b)(1)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63	Is the CRUT a net income with make-up charitable remainder unitrust (NIMCRUT) as described in Regulations section 1.664-3(a)(1)(i)(b)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64	Did the trust change its method of payment during the tax year? If "Yes," describe the triggering event including the date of the event and the old method of payment ▶	<input type="checkbox"/> Yes	<input type="checkbox"/> No

65a	Enter the unitrust fixed percentage to be paid to the recipients	65a		%
b	Unitrust amount. Subtract line 56, column (c), from line 50, column (c), and multiply the result by the percentage on line 65a. Do not enter less than -0- If the answer is "Yes" on line 62 or line 63, go to line 66a. Otherwise, skip lines 66a through 67b and enter the line 65b amount on line 68.	65b		0
66a	Trust's accounting income for 2012. Attach schedule If the answer is "Yes" on line 62, go to line 66b. If the answer is "Yes" on line 63, skip line 66b and go to line 67a.	66a		
b	Enter the smaller of line 65b or line 66a here and on line 68. Skip lines 67a and 67b	66b		
67a	Total accumulated distribution deficiencies from previous years (see the instructions)	67a		
b	Add lines 65b and 67a If lines 67a and 67b are completed, enter the smaller of line 66a or line 67b on line 68.	67b		0
68	Required unitrust distribution for 2012	68		
69	Carryover of accumulated distribution deficiency (only for trusts that answered "Yes" on line 63). Subtract line 68 from line 67b	69		0
70	If this is the final return, enter the initial FMV of all assets placed in trust by the donor	70		
71	Did the trustee change the method of determining the fair market value of the assets? If "Yes," attach an explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
72	Were any additional contributions received by the trust during 2012? If "Yes," be sure to complete all columns of line 7 in Schedule A, Part III.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Part VI-A Statements Regarding Activities (see the instructions)

73	Are the requirements of section 508(e) satisfied either: ● By the language in the governing instrument; or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		Yes	No
74	Are you using this return only to report the income and assets of a segregated amount under section 4947(a)(2)(B)?			

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column (to the right), unless an exception applies.

		Yes	No
75	Self-dealing (section 4941):		
a	During 2012, did the trust (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the trust agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 75a(1) through (6), did any of the acts fail to qualify under the exceptions described in Regulations sections 53.4941(d)-3 and 4, or in a current Notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	75b	N/A
	Organizations relying on a current Notice regarding disaster assistance, check here <input type="checkbox"/>		
c	Did the trust engage in a prior year in any of the acts described in 75a, other than excepted acts, that were not corrected before January 1, 2012 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	75c	
76	Does section 4947(b)(3)(A) or (B) apply? (See the instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," check the "N/A" box in questions 77 and 78.		
77	Taxes on excess business holdings (section 4943): <input type="checkbox"/> N/A		
a	Did the trust hold more than a 2% direct or indirect interest in any business enterprise at any time during 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the trust have excess business holdings in 2012 as a result of (1) any purchase by the trust or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	77b	N/A
	Use Schedule C, Form 4720, to determine if the trust had excess business holdings in 2012.		
78	Taxes on investments that jeopardize charitable purposes (section 4944): <input type="checkbox"/> N/A		
a	Did the trust invest during 2012 any amount in a manner that would jeopardize its charitable purpose? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78a	
b	Did the trust make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before January 1, 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78b	
79	Taxes on taxable expenditures (section 4945) and political expenditures (section 4955):		
a	During 2012, did the trust pay or incur any amount to:		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 79a(1) through (5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945, or in a current Notice regarding disaster assistance (see the instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	79b	N/A
	Organizations relying on a current Notice regarding disaster assistance, check here <input type="checkbox"/>		
c	If the answer is "Yes" to question 79a(4), does the trust claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
80	Personal benefit contracts (section 170(f)(10)):		
a	Did the trust, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the trust, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80b	
	If "Yes" to 80b, file Form 8870 (see the instructions.)		

Part VII Questionnaire for Charitable Lead Trusts, Pooled Income Funds, and Charitable Remainder Trusts (see the instructions)

Section A—All Trusts

- 81 Check this box if any of the split-interest trust's income interests expired during 2012
- 82 Check this box if all of the split-interest trust's income interests expired before 2012.
If 82 (above) is checked and this is **not** a final return, attach an explanation.

Section B—Charitable Lead Trusts

- 83 Does the governing instrument require income in excess of the required annuity or unitrust payments to be paid for charitable purposes? Yes No
- 84 Enter the amount of any excess income required to be paid for charitable purposes for 2012

84		
----	--	--
- 85 Enter the amount of annuity or unitrust payments required to be paid to charitable beneficiaries for 2012

85		
----	--	--

Section C—Pooled Income Funds

- 86 Enter the amount of contributions received during 2012

86		
----	--	--
- 87 Enter the amount required to be distributed for 2012 to satisfy the remainder interest

87		
----	--	--
- 88 Enter any amounts that were required to be distributed to the remainder beneficiary that remain undistributed

88		
----	--	--
- 89 Enter the amount of income required to be paid to the charitable remainder beneficiary for 2012

89		
----	--	--

Section D—Charitable Remainder Trusts

- 90 Check this box if you are filing for a charitable remainder annuity trust or a charitable remainder unitrust whose charitable interests involve only cemeteries or war veterans' posts
- 91 Check this box if you are making an election under Regulations section 1.664-2(a)(1)(i)(a)(2) or 1.664-3(a)(1)(i)(g)(2) to treat income generated from certain property distributions (other than cash) by the trust as occurring on the last day of the tax year. (See the instructions.)
- 92 Is this the initial return? If "Yes," attach a copy of the trust instrument. Yes No
- 93 Was the trust instrument amended during the year? If "Yes," attach a copy Yes No
- 94a If this is the final return, were final distributions made according to the trust instrument? Yes No
 - b If "Yes," did you complete line 31? Yes No
 - c If either line 94a or 94b is "No," explain why _____

- 95 At any time during calendar year 2012, did the trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
If "Yes," enter the name of the foreign country _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than trustee) is based on all information of which preparer has any knowledge.				
	<input type="checkbox"/> _____ Signature of trustee or officer representing trustee	<input type="checkbox"/> _____ Date			
Paid Preparer's Use Only	Print/Type preparer's name KRISTA PIWONKA CPA	Preparer's signature	Date 2/18/2014	Check <input type="checkbox"/> if self-employed	PTIN P00829674
	Firm's name <input type="checkbox"/> PIWONKA, CPA, INC.			Firm's EIN <input type="checkbox"/> 26-1236837	
	Firm's address <input type="checkbox"/> 5404 W. ELM ST., SUITE L-1, MCHENRY, IL 60050			Phone no. 815-679-6282	

Full name of trust

Employer identification number

SGT. JOHN M. PENICH MEMORIAL

26-6607279

NOT Open To Public Inspection

Schedule A—Distributions, Assets, and Donor Information

Part I Accumulation Schedule (Section 664 trust only) See the instructions

Table with 4 columns: Accumulations, (a) Ordinary income, (b) Capital gain (loss), (c) Nontaxable income. Rows include Total distributable income, Total distributions for 2012, 2012 distributions from income, and Undistributed income at end of tax year.

Part II-A Current Distributions Schedule (Section 664 trust only) See the instructions

Table with 6 columns: (a) Name of recipient, (b) Identifying number, (c) Percentage of total unitrust amount payable, (d) Ordinary Income, (e) Short-term Capital gains, (f) Long-term Capital gains, (g) Nontaxable Income, (h) Corpus, (i) Total (add cols. (d) through (h)). Rows include 4a, b, c, and Total.

If Part II-A, Total, column (i) does not agree with line 61b of Form 5227 for a CRAT or line 68 of Form 5227 for a CRUT, check here [] and attach an explanation.

Part II-B Current Distributions (charitable lead trusts or pooled income funds only) See the instructions

5 Enter the amount required to be paid to private beneficiaries for 2012 0

Part III Assets and Donor Information (Section 664 trust or charitable lead trust only)

6 Is this the initial return or were additional assets contributed to the trust in 2012? [] Yes [] No

If "Yes," complete the schedule below.

If "No," complete only column (a) of the schedule below.

Table with 4 columns: (a) Name and address of donor, (b) Description of each asset donated, (c) Fair market value of each asset on date of donation, (d) Date of donation. Rows include 7a, 7b, 7c, and 7d Total.

8 For charitable remainder trusts: If this was the final year, was an early termination agreement signed by all parties to the trust? [] Yes [] No [X] N/A

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

SGT. JOHN M. PENICH MEMORIAL

Employer identification number

26-6607279

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				6,351	16,988	23,339
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				19,138	17,498	36,636
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	25,489	34,486	59,975
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						59,975

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	0	0	0	25,489	34,486	59,975
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				13	7	20
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	13	7	20
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	25,502	34,493	59,995
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.97%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.95%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.03%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.05%

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization

SGT. JOHN M. PENICH MEMORIAL

Employer identification number

26-6607279

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SGT. JOHN M. PENICH MEMORIAL	Employer identification number 26-6607279
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SGT. JOHN M. PENICH MEMORIAL	Employer identification number 26-6607279
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization SGT. JOHN M. PENICH MEMORIAL	Employer identification number 26-6607279
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>EVENT ADMISSION</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	2,008	0	2,008
	2	Less: Contributions		0	0
	3	Gross income (line 1 minus line 2)	2,008	0	2,008
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs		0	0
	7	Food and beverages		0	0
	8	Entertainment		0	0
	9	Other direct expenses		0	0
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			(0)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶			2,008

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			13,735
Direct Expenses	2	Cash prizes			350	350
	3	Noncash prizes			1,075	1,075
	4	Rent/facility costs			95	95
	5	Other direct expenses			400	400
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(1,920)	
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				11,815	

9 Enter the state(s) in which the organization operates gaming activities: IL

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

SGT. JOHN M. PENICH MEMORIAL

26-6607279

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 369

Form 990-EZ, Part I, Line 16, Other Expenses: IL Annual Fees: 15

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 38

Form 990-EZ, Part I, Line 16, Other Expenses: Program Service Expenses - See Part III &

Schedule O: 20,372

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01061875

Report for the Fiscal Period:

Beginning 1/1/2012

& Ending 12/31/2012
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 # 26-6607279

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 1/1/2009
MO DAY YR

LEGAL NAME	SGT. JOHN M. PENICH MEMORIAL	Year-end amounts	
MAIL ADDRESS	38068 DEWOODY RD.	A) ASSETS	A) \$ 28,991
CITY, STATE	BEACH PARK IL	B) LIABILITIES	B) \$ 0
ZIP CODE	60087-1505	C) NET ASSETS	C) \$ 28,991

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100%	D) \$ 34,486
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$ 0
F) OTHER REVENUES	%	F) \$ 7
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 34,493

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE	71%	H) \$ 20,372
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	71%	J) \$ 20,372
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$ 0
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	71%	L) \$ 20,372
M) MANAGEMENT AND GENERAL EXPENSE	2%	M) \$ 449
N) FUNDRAISING EXPENSE	27%	N) \$ 7,789
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 28,610

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	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ 0

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
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IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE:	T) \$
U) NAME, TITLE:	U) \$
V) NAME, TITLE:	V) \$

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

DESCRIPTION:	CODE
W) SENDING PACKAGES TO SOLDIERS STATIONED OVERSEAS	W) # 127
X) PURCHASING SERVICE DOGS FOR VETERANS	X) # 127
Y) DOING WHATEVER IS NEEDED TO HELP A VETERAN SMILE	Y) # 127

List on back side of instructions CODE

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? ----- 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 |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ----- 6. | | X |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ----- 7. | | X |
| 7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ 0; (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: | | |

FIRST MIDWEST BANK, 333 SHERIDAN RD., ZION IL 60099

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KATHY PENICH-GARROSS 847-249-4399

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:

- 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.

JEFF PENICH

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

MICHAEL GARROSS

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

PIWONKA, CPA, INC.

PREPARER (PRINT NAME)

SIGNATURE

2/18/2014

DATE