

Illinois Charitable Organization Annual ReportForm AG990-IL
Revised 3/05 ID: 2BN

PMT #	
AMT	
INIT	

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

CO# 1011557

Report for the Fiscal Period:

Beginning 1/01/15
& Ending 12/31/15
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

MO DAY YR

Federal ID # 37-0895679Are contributions to the organization tax deductible? ☒ Yes ☐ No

Date Organization was created:

LEGAL Community Action Partnership of NAME Central Illinois, Inc MAIL ADDRESS 1800 Fifth Street CITY, STATE ZIP CODE Lincoln, IL 62656	Year-end amounts	
	A ASSETS	A\$ 1,838,144.
	B LIABILITIES	B\$ 750,941.
	C NET ASSETS	C\$ 1,087,203.
I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)	18.95 %	D\$ 1,499,045.
E GOVERNMENT GRANTS AND MEMBERSHIP DUES	78.71 %	E\$ 6,226,408.
F OTHER REVENUES See Statement 1	2.34 %	F\$ 185,324.
G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)	100 %	G\$ 7,910,777.
II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H OPERATING CHARITABLE PROGRAM EXPENSE	37.68 %	H\$ 2,932,670.
I EDUCATION PROGRAM SERVICE EXPENSE	50.67 %	I\$ 3,942,903.
J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)	88.35 %	J\$ 6,875,573.
J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K\$
L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K)	88.35 %	L\$ 6,875,573.
M MANAGEMENT AND GENERAL EXPENSE	11.65 %	M\$ 906,674.
N FUNDRAISING EXPENSE	%	N\$
O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)	100 %	O\$ 7,782,247.
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\$ 0.
Q TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q\$ 0.
R NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R\$ 0.
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S\$ 0.
IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T NAME, TITLE: Kathryn Inman, Fiscal Officer	T\$	66,820.
U NAME, TITLE: Alison Rumler-Gomez, Exec Director	U\$	65,540.
V NAME, TITLE: Ellen Burbage, Human Resources	V\$	50,981.
V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	See instructions for list CODE	
W DESCRIPTION: HEAD START PROGRAM	W#	110
X DESCRIPTION: FAMILY AND INDIVIDUAL SERVICES	X#	111
Y DESCRIPTION: NEIGHBORHOOD AND COMMUNITY DEVELOPMENT	Y#	112

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
7 a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7 b 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>Kathy Inman 217-732-2159</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.

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.

Steve Lobb

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Richard Kaufman

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Raymond Hickman CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE

RW Hickman, P.C.

1717 S 5TH ST

SPRINGFIELD, IL 62703-3116

2015

Illinois Statements
Community Action Partnership of
Central Illinois, Inc

Page 1

37-0895679

Statement 1
Form AG990-IL, Page 1, Line F
Other Revenues

Miscellaneous.....	\$	180,108.
Interest.....		5,216.
Total	\$	<u>185,324.</u>

Statement 2

Form AG990-IL, Page 2, Question 11
Name and Account Number of Institutions Holding Three Largest Accounts

Regions Bank
PO Box 387, Memphis, TN 38147