AGENDA
CITY OF ST. CHARLES
GOVERNMENT OPERATIONS COMMITTEE
ALD. TODD BANCROFT, CHAIR

MONDAY, JUNE 18, 2018
IMMEDIATELY FOLLOWING THE CITY COUNCIL MEETING
CITY COUNCIL CHAMBERS – 2 EAST MAIN STREET

1. Call to Order

2. Roll Call

3. Omnibus Vote

a. Budget Revisions – May, 2018

4. City Administrator

a. Recommendation to approve an Ordinance Amending Title 2, Entitled "Administration and Personnel" Chapter 2.04, "City Council", 2.04.145, "Omnibus Vote" of the St. Charles Municipal Code.

5. Police Department

a. Recommendation to approve a Proposal for a New Class A6 Liquor License for Gordy's Quick Mart located at 101 E Main Street, St. Charles, IL 60174.

6. Finance Department

a. Recommendation of Approval of the Funding Allocation Requests of the 708 Mental Health Board for FY 2018-2019.

b. Seeking Direction and a Recommendation on the Implementation of a Local Fuel Tax (LFT) at the rate of $.02 per gallon, and discussion, direction, and recommendations on other alternate revenue sources.

7. Executive Session

- Personnel –5 ILCS 120/2(c)(1)
- Pending Litigation – 5 ILCS 120/2(c)(11)
- Probable or Imminent Litigation – 5 ILCS 120/2(c)(11)
- Property Acquisition – 5 ILCS 120/2(c)(5)
- Collective Bargaining – 5 ILCS 120/2(c)(2)
- Review of Executive Session Minutes – 5 ILCS 120/2(c)(21)

8. Additional Items from Mayor, Council, Staff, or Citizens.

9. Adjournment

ADA Compliance

Any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the ADA Coordinator, Jennifer McMahon, at least 48 hours in advance of the scheduled meeting. The ADA Coordinator can be reached in person at 2 East Main Street, St. Charles, IL, via telephone at (630) 377 4446 or 800 526 0844 (TDD), or via e-mail at jmcmahon@stcharlesil.gov. Every effort will be made to allow for meeting participation. Notices of this meeting were posted consistent with the requirements of 5 ILCS 120/1 et seq. (Open Meetings Act).

CITY OF ST. CHARLES

May 2018

Budget Revision Listing

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
Budget Reduction	1	100	1000	2019	1	04/27/2018	521300	56200	(723,571.00)	Land/VSC was purch in FY17/18
Budget Reduction	1	100	1000	2019	1	04/27/2018	521900	31199	723,571.00	Land/VSC was purch in FY17/18
	1 Total								-	
Budget Transfer	2	100	1000	2019	1	04/27/2018	799700	55310	(380,000.00)	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	799700	55300	(477,098.00)	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	799800	49100	857,098.00	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	732700	55310	380,000.00	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	732700	55300	477,098.00	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	732800	49100	(857,098.00)	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	100800	57112	857,098.00	To set-up 2018A Debt Service
Budget Transfer	2	100	1000	2019	1	04/27/2018	100800	57107	(857,098.00)	To set-up 2018A Debt Service
	2 Total								-	
Budget Addition	3	100	1000	2019	1	05/01/2018	200522	50101	6,840.00	To cover raise for mtr readers
Budget Addition	3	100	1000	2019	1	05/01/2018	200900	31199	(6,840.00)	To cover raise for mtr readers
Budget Addition	3	100	1000	2019	1	05/01/2018	210542	50101	4,680.00	To cover raise for mtr readers
Budget Addition	3	100	1000	2019	1	05/01/2018	210900	31199	(4,680.00)	To cover raise for mtr readers
	3 Total								-	
Budget Transfer	4	100	1000	2019	1	05/03/2018	100124	54621	(1,560.00)	For FD re-accreditation visit
Budget Transfer	4	100	1000	2019	1	05/03/2018	100400	51400	860.00	For FD re-accreditation visit
Budget Transfer	4	100	1000	2019	1	05/03/2018	100400	51401	700.00	For FD re-accreditation visit
	4 Total								-	
Budget Transfer	5	100	1000	2019	1	05/10/2018	100650	52000	(122.00)	For increase to Adobe License
Budget Transfer	5	100	1000	2019	1	05/10/2018	100650	54250	122.00	For increase to Adobe License
	5 Total								-	
Budget Transfer	6	100	1000	2019	1	05/11/2018	100111	54540	(223.00)	For increase/Adobe software
Budget Transfer	6	100	1000	2019	1	05/11/2018	100111	54250	223.00	For increase/Adobe software
	6 Total								-	
Roll Forward Budget for Non PO	7	100	1000	2019	1	05/11/2018	220552	56001	40,000.00	For Vehice #1753 Replacement
Roll Forward Budget for Non PO	7	100	1000	2019	1	05/11/2018	220900	31197	(40,000.00)	For Vehice #1753 Replacement
	7 Total								-	
Budget Addition	8	100	1000	2019	1	05/11/2018	220552	56001	6,375.00	For addt'l veh replac #1753
Budget Addition	8	100	1000	2019	1	05/11/2018	220900	31192	(6,375.00)	For addt'l veh replac #1753
	8 Total								-	
Budget Transfer	9	100	1000	2019	1	05/14/2018	100221	52000	(33.00)	To cover lease on mail machine
Budget Transfer	9	100	1000	2019	1	05/14/2018	100221	54401	33.00	To cover lease on mail machine
	9 Total								-	
Budget Addition	10	100	1000	2019	1	05/15/2018	100510	55204	603.00	For property tax-installment 1
Budget Addition	10	100	1000	2019	1	05/15/2018	100900	31199	(603.00)	For property tax-installment 1
	10 Total								-	
Budget Addition	11	100	1000	2019	1	05/17/2018	210541	56101	8,271.00	To cover Ohio Ave water line
Budget Addition	11	100	1000	2019	1	05/17/2018	210900	31199	(8,271.00)	To cover Ohio Ave water line

CITY OF ST. CHARLES

May 2018

Budget Revision Listing

JE TYPE	JE #	BUDGET #	COMPANY	FISCAL YEAR	PERIOD	DATE	ACCT-UNIT	ACCOUNT	AMOUNT	DESCRIPTION
	11 Total								-	
Budget Transfer	12	100	1000	2019	12	05/25/2018	100111	56003	(62.00)	For GoPro video camera
Budget Transfer	12	100	1000	2019	12	05/25/2018	100111	56004	62.00	For GoPro video camera
	12 Total								-	
Budget Addition	13	100	1000	2019	1	05/25/2018	100401	54350	2,789.00	For Tri-Com dispatch service
Budget Addition	13	100	1000	2019	1	05/25/2018	100900	31199	(2,789.00)	For Tri-Com dispatch service
	13 Total								-	
Budget Addition	14	100	1000	2019	1	05/29/2018	100300	54350	10,870.00	For Tri-Com dispatch service
Budget Addition	14	100	1000	2019	1	05/29/2018	100900	31199	(10,870.00)	For Tri-Com dispatch service
	14 Total								-	
Budget Transfer	15	100	1000	2019	1	05/31/2018	220551	50100	(3,000.00)	For OSHA assessment
Budget Transfer	15	100	1000	2019	1	05/31/2018	220551	54310	3,000.00	For OSHA assessment
	15 Total								-	
	Grand Total								-	

The revisions shown herewith have been approved by the City Council, except as noted below.

Chairman, Government Operations Committee — Date

Vice Chairman, Government Operations Committee — Date

Finance Director — Date

Exceptions:

ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 4a
	Title:	Recommendation to approve an Ordinance Amending Title 2, Entitled "Administration and Personnel" Chapter 2.04, "City Council", 2.04.145, "Omnibus Vote" of the St. Charles Municipal Code
	Presenter:	Mark Koenen, City Administrator

Meeting: Government Operations Committee	Date: June 18, 2018	
Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

This municipal code update is for the purpose of allowing routine (non-controversial) agenda items to be placed as omnibus on committee agendas. It's important to note that action can be taken to remove an item from an omnibus state any time a committee member deems appropriate.

Attachments (*please list*)**:**
Code amendment
Proposed ordinance

Recommendation/Suggested Action (*briefly explain*)**:**
Recommendation to approve an Ordinance Amending Title 2, Entitled "Administration and Personnel" Chapter 2.04, "City Council", 2.04.145, "Omnibus Vote" of the St. Charles Municipal Code

2.04.145 – Omnibus vote

At any meeting the city council or a standing committee may by unanimous consent take a single vote by yeas and nays on the several questions of the city council passage or standing committee recommendation of any two or more of the designated ordinances, orders, resolutions or motions placed together for voting purposes in and under the designation "omnibus vote," and in such event the clerk or designee may enter the words, "omnibus vote" in the journal in each case in lieu of entering the names of the members of the city council or standing committee voting "yea" and of those voting "nay" on the passage of each of the designated ordinances, orders, resolutions and motions included in such omnibus group. The taking of such single or omnibus vote and such entries of the words "omnibus vote" in the journal shall be a sufficient compliance with the provisions of the St. Charles Municipal Code for all intents and purposes and with like effect as if the vote in each case had been taken separately by yeas and nays on the question of the passage of each ordinance, order, resolution and motion including in such omnibus group, and separately recorded in the journal. Likewise, the yeas and nays shall be taken upon the question of the passage of any other resolution or motion at the request of any alderman and shall be recorded in the journal.

Omnibus committee actions

City of St. Charles
Ordinance No. 2018-M-_____

Ordinance Amending Title 2, Entitled "Administration and Personnel" Chapter 2.04, "City Council", 2.04.145, "Omnibus Vote" of the St. Charles Municipal Code

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF ST. CHARLES, KANE AND DUPAGE COUNTIES, ILLINOIS, AS FOLLOWS:

SECTION ONE: That Title 2 "Administration and Personnel" Chapter 2.04, "City Council", 2.04.145, "Omnibus Vote" be deleted and replaced with the following:

At any meeting the city council or a standing committee may by unanimous consent take a single vote by yeas and nays on the several questions of the city council passage or standing committee recommendation of any two or more of the designated ordinances, orders, resolutions or motions placed together for voting purposes in and under the designation "omnibus vote," and in such event the clerk or designee may enter the words, "omnibus vote" in the journal in each case in lieu of entering the names of the members of the city council or standing committee voting "yea" and of those voting "nay" on the passage of each of the designated ordinances, orders, resolutions and motions included in such omnibus group. The taking of such single or omnibus vote and such entries of the words "omnibus vote" in the journal shall be a sufficient compliance with the provisions of the St. Charles Municipal Code for all intents and purposes and with like effect as if the vote in each case had been taken separately by yeas and nays on the question of the passage of each ordinance, order, resolution and motion including in such omnibus group, and separately recorded in the journal. Likewise, the yeas and nays shall be taken upon the question of the passage of any other resolution or motion at the request of any alderman and shall be recorded in the journal.

S**ECTION TWO:** That after the adoption and approval hereof, this Ordinance shall (i) be printed or published in book or pamphlet form pursuant to the authority of the City Council, or (ii) within thirty (30) days after the adoption and approval hereof, be published in a newspaper published in and with a general circulation within the City of St. Charles.

SECTION THREE: This Ordinance shall be in full force and effect ten (10) days from and after its passage by a vote of the majority of the corporate authorities now holding office, approval and publication in the manner provided by law.

PRESENTED to the City Council of the City of St. Charles, Illinois, this ___ day of

_____, 2018.

PASSED by the City Council of the City of St. Charles, Illinois this ____ day of

_____, 2018.

APPROVED by the Mayor of the City of St. Charles, Illinois, this _____ day of

_____, 2018.

_____
Raymond P. Rogina, Mayor

ATTEST:

_____
City Clerk

COUNCIL VOTE:
Ayes :_____
Nays :_____
Absent :_____

APPROVED AS TO FORM:

_____
City Attorney

DATE:_____

ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 5a
	Title:	Recommendation to approve a Proposal for a Class A6 Liquor License for Gordy's Quick Mart, located at 101 E. Main St., St. Charles.
	Presenter:	Jim Keegan, Police Chief

Meeting: Government Operations Committee	Date: June 18, 2018	
Proposed Cost:	Budgeted Amount:	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

Mother and son Terri and Nicholas Simic have applied for an A-6 Liquor License in order to sell alcohol at their soon to be open business, Gordy's Quick Mart, 101 E. Main Street. This location was formerly occupied by Starbucks. Terri advised the store would be a convenient store and deli. The business plan calls for the sale of packaged liquor with no consumption on site. The main focus of the location would be convenient items and a deli. The deli would serve cold sandwiches along with hot items such as hot dogs and Italian beef sandwiches. They would like to provide delivery of their deli sandwiches to the St. Charles area.

Terri advised they would like to have outdoor seating like Starbucks had when they occupied the location.

Pursuant to this item being presented at the Government Operations Committee meeting on Monday, June 18, 2018 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled at 4:30 p.m., the same day, to process and move it forward to this Committee. This item will then continue on to the City Council meeting scheduled on July 2, 2018 for final approval.

Attachments (*please list*)**:**
Memo, Application, BASSET Information, Site Plan, Lease, Business Plan, COI

Recommendation/Suggested Action (*briefly explain*)**:**
Recommendation to approve a Proposal for a Class A6 Liquor License for Gordy's Quick Mart, located at 101 E. Main St., St. Charles.

Police Department

Memo

Date: 6/11/2018

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-Gordy's Food Mart/101 E. Main Street (Class A-6)

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

As you are aware, City Council recently modified our city code allowing alcohol sales inside gas station and mini-marts as follows:

Class A-6 licenses shall authorize the retail sale of alcoholic liquors in original packages only, and not for consumption on the premises, in convenience stores or gas stations containing convenience stores where the retail sale of packaged alcoholic liquor is secondary to the sale of gasoline products and/or miscellaneous convenience store items and the square footage devoted to the retail sale of alcoholic liquor is ten percent (10%) or less of the gross square footage.

Sales can only occur between 7:00am and 10:00pm daily.

The site location/floor plans and the corresponding application materials were reviewed by my staff. We also reviewed their business plan, Dram Shop insurance and application materials. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with alcohol sales, subject to City Council approval.

Please note, a site inspection was NOT conducted due to on-going construction. Approval of a liquor license will be contingent on a final inspection and occupancy permit being issued by the City.

Thank you in advance for your consideration in this matter.

Police Department

ST. CHARLES
SINCE 1834

Memo

Date: 05/21/18

To: Chief Keegan

From: Commander Pierce

Re: Liquor License Background, Gordy's Food Mart 101 E. Main St.

The purpose of this memo is to outline steps taken during the background investigation for a liquor license application. This investigation was done based on the application submitted for a Class A-6 license for Gordy's Food Mart 101 E. Main Street.

Applicants:

Simic, Terri A.

[redacted]

Simic, Nicholas G.

[redacted]

Application:

The application lists two managers, Terri and Nicholas Simic. At the time of the application Terri and Nicholas submitted valid BASSET certification. Terri's expires on 10/04/2020 and Nicholas's on 12/18/20. There is a signed lease attached. A certificate of insurance from Afina Insurance Advisors in Oak Brook Terrace is attached with an effective date of 02/05/18. A floor plan is also attached.

Records Checks:

Terri and Nicholas were fingerprinted.

Terri's response: The response from the FBI and Illinois Bureau of Identification shows no arrests.

Nicholas's response: The response from the FBI and Illinois Bureau of Identification shows no arrests.

A check of St. Charles records showed police contact for Terri and Nicolas however the contacts would not have a negative effect on this process.

During the interview Terri advised the family currently lives in Wood Dale, Illinois. Prior to this the family has lived in S. Elgin, Bartlett, Glendale Heights, and Niles.

A check of the Illinois Liquor Control Commission showed no current license and no record of license revocation for Gordy's or the Simic name.

A check of TLO and I-Clear (law enforcement databases) showed the information concerning Terri and Nicholas's identity to be accurate and no areas of concern were noted.

Checking with Wood Dale PD they had no contacts of concern with any of the two.

A check with Bartlett PD showed no contacts of concern.

A check with Glendale Heights showed no contacts of concern.

A check with Niles showed no contacts of concern.

Both stated they are U.S. citizens.

SITE VISIT:

A site visit has yet to be completed. I have an appointment to meet with Nicholas on 06/12/18 to complete this.

INTERVIEW WITH APPLICANT:

I met with Terri and Nicholas at the police department. Terri and Nicholas are related and are mother and son. The two advised they will be running the store together under the name; Gordy's Quick Mart of St. Charles, LLC. The liquor application indicates the liquor inventory will be approximately $70,000.00 Terri advised the store would be a convenient store and deli. Terri said they would like to sell packaged liquor with no consumption on site. The main focus of the location would be the convenient items and deli. The deli would serve cold sandwiches along with hot items such as hot dogs and Italian beef sandwiches. I was advised they would not be cooking anything that would require a stove hood. They would like to provide delivery of their deli sandwiches to the St. Charles area.

Terri advised they would like to have outdoor seating like Starbucks had when they occupied the location. They were advised to obtain a permit for this seating. They were also advised they could not sell alcohol after 10:00pm or before 7:00am. They were also advised the sale of single serving of beer had to be greater than a 16 ounce can or bottle. The Simic's were given a full copy of the liquor ordinance. The business is currently being renovated for this new business. Terri advised the renovation should be completed by mid-July, 2018 with the opening shortly thereafter.

This concludes this background investigation. Recommend approval.

City of St. Charles, Illinois Liquor Control Commissioner

CITY RETAIL LIQUOR DEALER LICENSE APPLICATION

APPLICATION FEE IS NON-REFUNDABLE

Incomplete applications will not be accepted.

Completed applications may be submitted to:

Two East Main Street, St. Charles, IL 60174-1984

Date Application Received: 6/6/18 ☑ **New Application** ☐ **Renewal Application**

APPLICATION CHECKLIST

Check items to confirm all are attached to this application	Applicant	Office Use Only
Application Fee	☑	☐
Completed Application for all questions applicable to your business.	☑	☐
Copy of Lease/Proof of Ownership	☑	☐
Copy of Dram Shop Insurance or a letter from insurance agent with a proposed quote.	☑	☐
Copy of Articles of Corporation, if applicable.	☑	☐
Completed B.A.S.S.E.T. (Beverage Alcohol Sellers & Servers Training) form – filled out for **all** employees. A copy of the B.A.S.S.E.T. certificate is **only** needed for **each manager**. It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for all of their employees.	☑	☐
Copy of Site Plan for Establishment (Drawn to scale including the parking lot, patio and/or deck, outdoor seating).	☑	☐
Copy of Floor Plan for Establishment (Drawn to scale and **must include** the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with dimensions, percentage, and square footage noted for each space). Be sure to also include all **fixed objects**, such as pool tables, bar stools, vending/amusement machines; as well as all **exits**.	☑	☐
Copy of Business Plan, to include: ☐ Hours of Operation ☐ Copy of Menu ☐ Whether or not live music will be played at this establishment ☐ Will there be outdoor seating and/or outdoor designated smoking area ☐ **Do not include a marketing or financial plan with this business plan**	☑	☐
Are any building alterations planned for this site? If not sure, please contact **Building & Code Enforcement at 630.377.4406** and/or **Fire Prevention Bureau at 630.377.4458** to discuss whether or not a walk-thru and/or permit are necessary for this business.	☑	☐
All managers have been fingerprinted who are employed by your establishment. When new management is hired, it is imperative you contact the Mayor's office to be fingerprinted so the City's business files are appropriately updated.	☑	☐

OFFICIAL USE ONLY

☐ Approved* ☐ Denied Date Approved/Denied:_____ Customer Number:_____

_____ _____

Signature of Mayor, Liquor Control Commissioner Date Issued

***ISSUANCE OF THIS LICENSE IS CONTINGENT ON MEETING ALL REQUIRED BUILDING AND FIRE DEPARTMENT REQUIREMENTS.**

APPLICANT INFORMATION

A. Type of Business: ☐ Individual ☐ Partnership ☐ Corporation ☑ Other (explain): LLC

B. Business Name:
Gordy's Quick Mart

C. Business Address:
101 E Main St., St. Charles, IL 60174

D. IL Tax ID Number:	E. Business Phone:	F. Business E-mail:	G. Business Website:
4278-9257	Pending	terrisimic@yahoo.com	www.gordysquickmart.com

H. Contact Person:	I. Title:	J. Phone No.:
Terri Simic	Manager	630-538-6741

K. If Corporation, Corporation Name:
Gordy's Quick Mart of St. Charles, LLC

L. Corporation Address (city, state, zip code):
902 S. Randall Rd., Unit 306, St. Charles, IL 60174

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. **Type of Establishment:** ☑ Package ☐ Restaurant ☐ Tavern ☐ Hotel/Banquet/Arcada/Q-Center ☐ Other

B. Address applying for liquor license (exact street address):	C. Number of Parking Spaces:	D. Outside Dining s.f. [17.20.020-R]:	E. Holding Bar s.f. [5.08.010-F]:
101 E Main St	0	N/A	N/A

F. Total Building s.f.:	G. Total Number of Seats:	H. Number of Bar Seats:	I. Sale Counter s.f.:	J. Live Entertainment Area s.f. [5.08.010-H]:
2600	4	N/A	40	N/A

K. Kitchen s.f.:	L. Cooler s.f.:	M. Dry Storage s.f.:	N. Seating Area s.f.:	O. Retail/public Area s.f.:	P. Service Bar s.f. [5.08.010-O]:
100	160	140 7/31/94	20	1955	N/A

Q. Brief Business Plan description based on type of establishment listed above:

Premises will be operated as an upscale convenience store providing groceries, cigarettes, coffee, alcohol, milk, lotto, lunches, household goods, etc.

MANAGER INFORMATION

Full Name, include middle initial: Terri A Simic Title: Manager/LLC Manager

Birthdate: Birthplace: [redacted] Driver's License#: [redacted] Home Phone: [redacted]

Home Address: [redacted]

Full Name, include middle initial: Nicholas Simic Title: Manager/LLC Manager

Birthdate: Birthplace: [redacted] Driver's License#: [redacted] Home Phone [redacted]

Home Address: [redacted]

Full Name, include middle initial: Title:

Birthdate: Birthplace: Driver's License#: Home Phone:

Home Address:

PROPOSED FLOOR PLAN/LAYOUT OF PROPERTY	
Mandatory: attach to this application a floorplan or layout of the proposed facility to include the following:	
CLASS B LICENSES	
1.	Every application for a Class B license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale showing the following (***check off once complete***): a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof; b. The designated use of each room or segregated area (i.e. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided); c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.**
2.	The site drawing is subject to the approval of the Local Liquor Control Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any license by noting the same on the approved site drawing or as provided on the face of the license.
3.	A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
4.	It shall be unlawful for any Class B licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.
CLASS C LICENSES	
1.	Every application for a Class C license, whether an initial application or a renewal application, shall have attached thereto a site drawing of the proposed licensed premises, drawn to scale, showing the following (***check off once complete***): a. The location of all rooms, segregated areas, including outdoor seating areas and the square footage thereof; b. The designated use of each room or segregated area (e.g. dining room, holding bar, service bar, kitchen, restrooms, outdoor seating areas, all rooms and segregated areas, including outdoor areas, where alcoholic liquor may be served or consumed and all locations where live entertainment may be provided; c. The proposed seating capacity of rooms or segregated areas where the public is permitted to consume food and/or alcoholic beverages and/or live entertainment may be provided.**
2.	The site drawing is subject to the approval of the Local Liquor Commissioner. The Local Liquor Commissioner may impose such restrictions as he deems appropriate on any licensee by noting the same on the approved site drawing or as provided on the face of the license.
3.	A copy of the approved site drawing shall be attached to the approved license and is made a part of said license.
4.	It shall be unlawful for any Class C licensee to operate and/or maintain the licensed premises in any manner inconsistent with the approved site drawing.
****THE FIRE PREVENTION BUREAU WILL FURNISH ALL FINAL, PERMITTED OCCUPANCY NUMBERS FOR THIS LICENSE.**	

CORPORATION / PREMISES QUESTIONS	
1.	If applicant is an individual or partnership, is each and every person a United States citizen **(5.08.070-2)**? ☐ **Yes** ☐ **No** Is any individual a naturalized citizen? ☐ **Yes** ☐ **No** **If yes**, print name(s), date(s), and place(s) of naturalization:
2.	List the type of business of the applicant **(5.08.070-3)**: Upscale Convenience Store
3.	Number of years of experience for the above listed type of business **(5.08.070-4)**: 0
4.	Amount of merchandise that normally will be in inventory when in operation **(5.08.070-5)**: $ 70,000
5.	Location/address and description of business to be operated under this applied for license **(5.08.070-6)**: 101 E Main St., St. Charles, IL 60174. Single floor convenience store with basement storage facilities.
6.	Is the premises owned or leased **(5.08.070-6A)**? ☐ **Owned** ☑ **Leased**
7.	If the premises are leased, list the names and addresses of all direct owners or owners of beneficial interests in any trusts, if premises are held in trust **(5.08.070-6B)**: **Name of Building Owner:** Arada BLDG LLC Address of Building Owner: c/o Scott Price, 5464 174th Pl. SE, Bellvue WA 98006 Mailing Address of Building Owner (if different): Phone Number: 206-419-3884 E-mail Address: spricere@comcast.net **Name of Building Owner:** Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address: **Name of Building Owner:** Address of Building Owner: Mailing Address of Building Owner (if different): Phone Number: E-mail Address:
8.	Does the applicant currently operate, or operated in the past, any other establishment within the City of St. Charles that requires a liquor license? ☐ **Yes** ☑ **No** **If yes**, please list the business name(s) and address(es): N/A

9.	Does applicant have any outstanding debt with the City of St. Charles, including, but not limited to, utility bills, alcohol tax, and permit fees, for any current or previous establishment owned, operated or managed by the applicant? ☐ **Yes** ☑ **No** N/A **If yes, please note the City of St. Charles requires all debt to be paid in full before consideration of a new or renewed liquor license is issued.**
10.	Are any improvements planned for the building and/or site that will require a building permit? ☑ **Yes** ☐ **No** **If yes**, has a building permit been applied for? ☑ **Yes** ☐ **No** **If yes,** date building permit was applied for with Building & Code Enforcement: 9/14/17
11.	Has applicant applied for a similar or other license on the premises other than the one for which this license is sought **(5.08.070-7)**? ☐ **Yes** ☑ **No** **If yes,** what was the disposition of the application? Explain as necessary: N/A
12.	Has applicant (and all persons listed on page 1 of this application) ever been convicted of a felony under any Federal or State law, or convicted of a misdemeanor opposed to decency or morality **(5.08.070-8)**? ☐ **Yes** ☑ **No** Is applicant (and all persons listed on page 1 of this application) disqualified from receiving a liquor license by reason of any matter contained in Illinois State law and/or City of St. Charles Municipal Ordinances? ☐ **Yes** ☑ **No**
13.	**List previous liquor licenses issued by any State Government or any subdivision thereof (5.08.070-9). Use additional paper if necessary.** **Government Unit:** Date: Location, City/State: Special Explanations: **Government Unit:** Date: Location, City/State: Special Explanations:
14.	Have any liquor licenses possessed ever been revoked **(5.08.070-9)**? ☐ **Yes** ☑ **No** **If yes,** list all reasons on a separate, signed letter accompanying this application. Has any director, officer, shareholder, or any of your managers, ever been denied liquor license from any jurisdiction? ☐ **Yes** ☑ **No** **If yes,** proceed to Question 15. If more space is needed, please attach a separate sheet of paper with the information.

15.	**Complete ONLY if yes was answered to the questions above (14):** Name: Name of Business: Position with the Business: Date(s) of Denial: Reason(s) for Denial of License:
16.	Date of Incorporation (Illinois Corporations) **(5.08.070-10):** 8-16-17 Date qualified under Illinois Business Corporation Act to transact business in Illinois (Foreign Corporation): N/A
17.	Has the applicant and all designated managers read and do they all understand and agree not to violate any liquor laws of the United States, the State of Illinois, and any of the ordinances of the City of St. Charles in conducting business**(5.08.070-11)**? ☑ **Yes** ☐ **No** Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? ☐ **Yes** ☑ **No** Have you, or in the case of a corporation the local manager, or in the case of a partnership any of the partners, ever been convicted of a felony? ☐ **Yes** ☑ **No** Have you ever been convicted of a gambling offense? ☐ **Yes** ☑ **No** (If a partnership or corporation, include all partners and the local manager(s).) Will you and all your employees refuse to serve or sell alcoholic liquor to an intoxicated person or to a minor? ☑ **Yes** ☐ **No**
18.	**Mandatory:** All individual owners, partners, officers, directors, and/or persons holding directly or beneficially more than five (5) percent in interest of the stock of owners by interest listed on page 1 of this application must be fingerprinted by the City of St. Charles Police Department **(5.08.070-A12)**. Has this been done? ☐ **Yes** ☑ **No** **If yes,** date(s):
19.	**Mandatory:** Has the applicant attached proof of Dram Shop Insurance to this application or already furnished it to the City of St. Charles **(5.08.060)**? ☑ **Yes** ☐ **No** If already furnished, date of delivery: **NOTE: Insurance must be issued from May 1, 20XX – April 30, 20XX in accordance with City code 5.08.060. Request a prorated rate from your insurance company if you are applying for a new license during this timeframe.**

20.	**Mandatory:** Is the premises within 100 feet of any real property of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands, or children; and/or any military or naval station **(5.08.230)**? ☐ **Yes** ☑ **No**

COMMENTS/ADDITIONAL INFORMATION

B.A.S.S.E.T. TRAINING

Please list employees required to have B.A.S.S.E.T training on this page – include all managers, assistant managers, bartenders, and clerks who are permitted to make alcoholic liquor sales. **Include copies of certificates for managers only and mark Manager if applicable. Add another page, if needed.**

Name: Terri (First) Simic (Last) A (Middle) Yes Manager

Home Street Address: [redacted]

City, State, Zip: [redacted]

Date of Course: 10/4/17 Place Course was Taken: Online

Birthdate: [redacted] Certificate Granted: 10/4/17 Expiration: 10/4/20

Name: Nicholas (First) Simic (Last) (Middle) Yes Manager

Home Street Address: [redacted]

City, State, Zip: [redacted]

Date of Course: 12/18/17 Place Course was Taken: Online

Birthdate: [redacted] Certificate Granted: 12/18/17 Expiration: 12/18/20

Name: (First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

Name: (First) (Last) (Middle) Manager

Home Street Address:

City, State, Zip:

Date of Course: Place Course was Taken:

Birthdate: Certificate Granted: Expiration:

NEW MANAGEMENT REQUIREMENTS

Whenever a new manager comes on board, the City must be notified and that person must be fingerprinted.

It is the business establishment's responsibility to keep copies of all B.A.S.S.E.T. certificates on file for their employees.

APPLICATION FOR LATE NIGHT PERMIT	
SUPPLEMENTAL TO LIQUOR LICENSE FOR CLASS B/C	
To: St. Charles Liquor Control Commission	Date:
I now possess or have applied for a liquor license Class	
Applicant's Name:	
Name of Business:	
Business Address:	
Business Phone:	

SUPPLEMENTAL PERMIT APPLIED FOR

Payment of Late Night Permit fee is required at the time the permit is issued.

☐ 1:00 a.m. Late Night Permit – fee of $800.00

☐ 2:00 a.m. Late Night Permit – fee of $2,300.00

NOTE: Other permits that may be available upon request include:

- Class E – Special Event License (1 to 3-day event @ $100.00 per day)
- Outdoor Dining Permit (Contact Community & Economic Development @ 630.377.4443)

SIGNATURES

6/4/18

Applicant's Signature

☐ **Liquor Commissioner hereby directs City Clerk to issue permit indicated above.**

Liquor Commissioner's Signature **Date**

ADDENDUM TO RETAIL LIQUOR LICENSE APPLICATION	
To be completed by the City of St. Charles Police Department	
Date:	Name of Applicant:
Name of Business:	
Address of Business:	Ward Number:

To Liquor Control Commissioner, City of St. Charles, Illinois

Pursuant to the provision of the City of St. Charles Municipal Code, Chapter 5.08, Alcoholic Beverages, the following guide shall be in effect for the investigation of an applicant for a Retail Dealer's Liquor License:

1.	Date on which applicant will begin selling retail alcoholic liquors at this location:
2.	Is the location within 100 feet of any church; school; hospital; home for the aged or indigent persons; home for veterans, their wives/husbands or children; or any military or naval station? ☐ **Yes** ☐ **No**
3.	If the answer to question 2 is yes, answer the following: Is applicant's place of business a hotel offering restaurant service, a regularly organized club, a restaurant, a food shop, or other place where the sale of alcoholic liquors is not the principal business? ☐ **Yes** ☐ **No** **If yes, answer a, b and c:** a. State the kind of such business: b. Give date on which applicant began the kind of business named at this location: c. Has the kind of business designated been established at this location for such purpose prior to February 1, 1934, and carried on continuously since such time by either the applicant or any other person? ☐ **Yes** ☐ **No**
4.	If premises for which an alcoholic liquor license is herein applied for are within 100 feet of a church, have such premises been licensed for the sale of alcoholic liquor at retail prior to the establishment of such church? ☐ **Yes** ☐ **No** **If yes**, have the premises been continuously operated and licensed for the sale of alcoholic liquor at retail since the original alcoholic liquor license was issued therefore? ☐ **Yes** ☐ **No**
5.	Is the place for which the alcoholic liquor license is sought a dwelling house, flat, or apartment used for residential purposes? ☐ **Yes** ☐ **No**
6.	Is there any access leading from premises to any other portion of the same building or structure used for dwelling or lodging purposes and which is permitted to be used or kept accessible for use by the public? (Connection between premises and such other portion of building or structure as is used only by the applicant, his/her family and personal guests not prohibited.) ☐ **Yes** ☐ **No**
7.	If applicant conducts or will conduct in the same place any other class of business in addition to that of City Retailer of Alcoholic Liquor, state the kind and nature of such business: ☐ **Yes** ☐ **No**

8.	Are all rooms where liquor will be sold for consumption on the premises continuously lighted during business hours by natural light or artificial white light so that all parts of the interior shall be clearly visible? ☒ **Yes** ☐ **No**
9.	Are premises located in any building belonging to or under the control of the State of Illinois or any other political subdivision thereof, such as county, city, etc.? ☐ **Yes** ☒ **No**
10.	Are the premises for which license is herein applied for a store or place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food or drinks for such minors? ☐ **Yes** ☒ **No**
11.	It is required by the City of St. Charles that all employees undergo BASSET training. Provide a copy of the certificate of training completion for each manager. All certificates for managers have been submitted: ☒ **Yes** ☐ **No**
12.	From your observation and investigation, has applicant–to the best of your knowledge–truthfully answered all questions? ☒ **Yes** ☐ **No** **If no**, state exceptions:
13.	Have all persons named in this application been fingerprinted? ☒ **Yes** ☐ **No** Fingerprinted by: Sullivan Date: 050118
14.	Other necessary data:

SIGNATURES
ENDORSEMENTS AND APPROVALS

INVESTIGATING OFFICER

323	323 / Commander
Investigating Officer Signature	**Badge Number & Rank**

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing Liquor License: ☐ **Yes** ☐ **No**

Signature Of Chief of Police	**Date**

Serving Alcohol Operator License

License Code

wzfLdQ3T2U

Verify online at servingalcohol.com

Serving Alcohol Inc.

nicholas simic

has successfully completed the course

Illinois Alcohol Seller-Server

STATE OF ILLINOIS BASSET TRAINING PROGRAM
Beverage Alcohol Sellers and Servers Education and Training
LICENSE NUMBER: 12-5A-0100823

Persons completing this course acknowledge that it is illegal to sell, give or deliver alcoholic liquor to any person under the age of 21 years or to any intoxicated person. 625 ILCS 5/6-16(a)(i)

Persons completing this course acknowledge that it is illegal to sell, buy for, distribute samples of or furnish any cigar, cigarette, smokeless tobacco or tobacco in any of its forms to any minor under 18 years of age. 720 ILCS 675/680

Certification Date

Dec 18th, 2017

Learn more about this wallet card at http://servingalcohol.com/wallet-card

Illinois BASSET Card (Temporary)

nicholas simic

Certification Date: Dec 18th, 2017

Certificate Code: wzfLdQ3T2U

Verify Online: servingalcohol.com

BASSET TRAINER: 12-5A-0100823

SERVING ALCOHOL INC
VALID FOR 30 DAYS

Student ID: 95429 Date of Birth: 07/31/1994

After 30 days print your official BASSET card here: https://mytax.illinois.gov/?Link=Basset

BASSET Card

STATE OF Illinois LIQUOR CONTROL COMMISSION

January 10, 2018

Letter ID: L0275673904

NICHOLAS SIMIC
902 S RANDALL RD UNIT 306
ST CHARLES IL 60174

License No.: 5A-0105593
Expiration Date: 12/18/2020
License Type: Basset Card

Your "Student ID number" is: 95429

Your "Trainer's ID number" is: 5A-0105593

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov (click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 12/18/2017 Expires: 12/18/2020
Trainer's IL Liquor License Number: 5A-0105593
NICHOLAS SIMIC
902 S RANDALL RD UNIT 306
ST CHARLES IL 60174

****Card is not transferrable****

CCB-01 (N-01/15)

BASSET Card

STATE OF Illinois
LIQUOR CONTROL COMMISSION

October 5, 2017

Letter ID: L0792409808

TERRI SIMIC
902 S RANDALL RD UNIT 306
ST CHARLES IL 60174

License No.: 5A-0105593
Expiration Date: 10/4/2020
License Type: Basset Card

Your "Student ID number" is: 95428

Your "Trainer's ID number" is: 5A-0105593

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

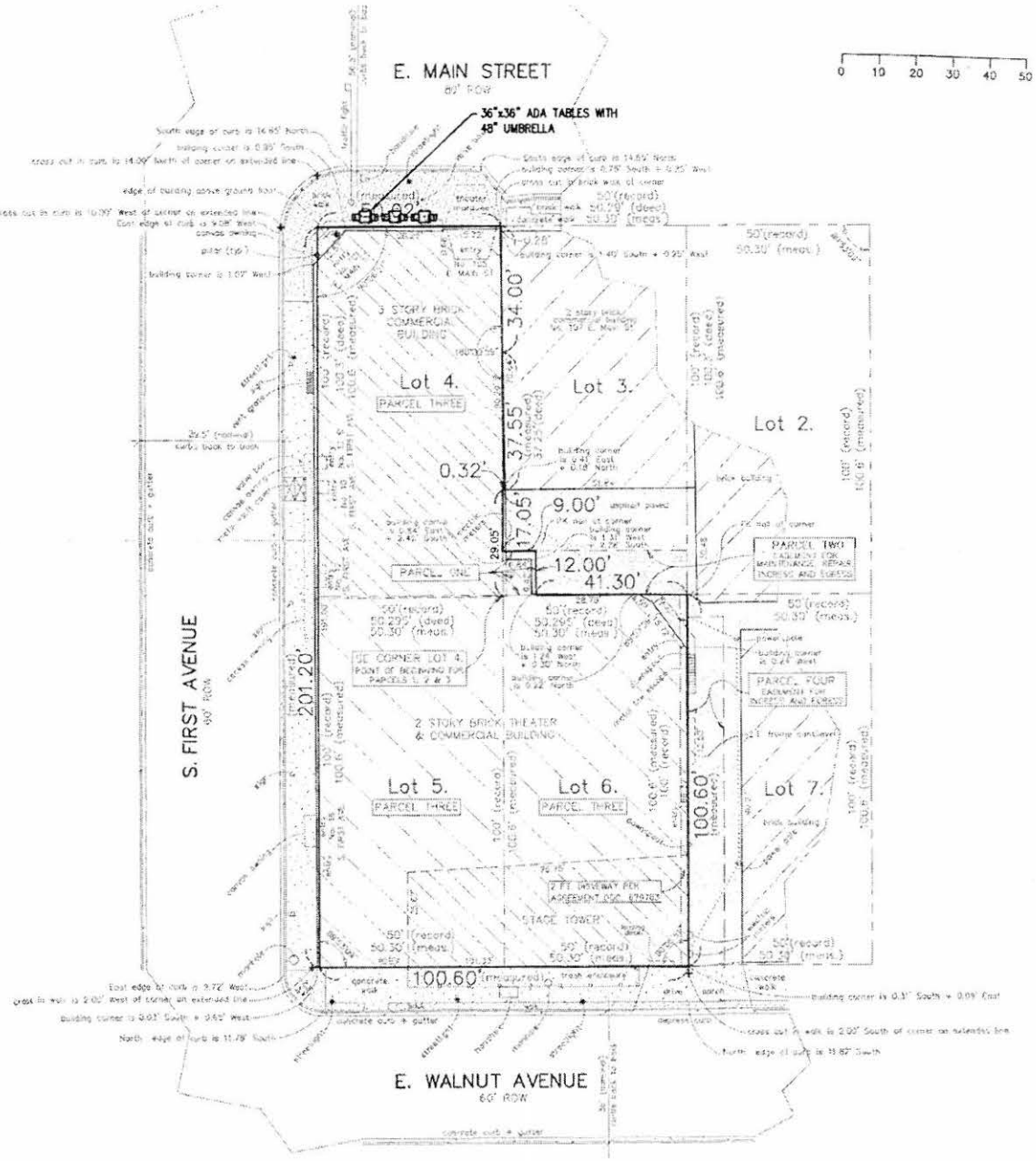
To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601
BEVERAGE ALCOHOL SELLERS AND SERVERS EDUCATION AND TRAINING [BASSET] CARD

Date of Certification: 10/4/2017 Expires: 10/4/2020
Trainer's IL Liquor License Number: 5A-0105593
TERRI SIMIC
902 S RANDALL RD UNIT 306
ST CHARLES IL 60174

****Card is not transferrable - OFF-PREMISE ONLY****

LCCB-01 (N-01/15)



1 SITE PLAN
SCALE: 1" = 30'

N

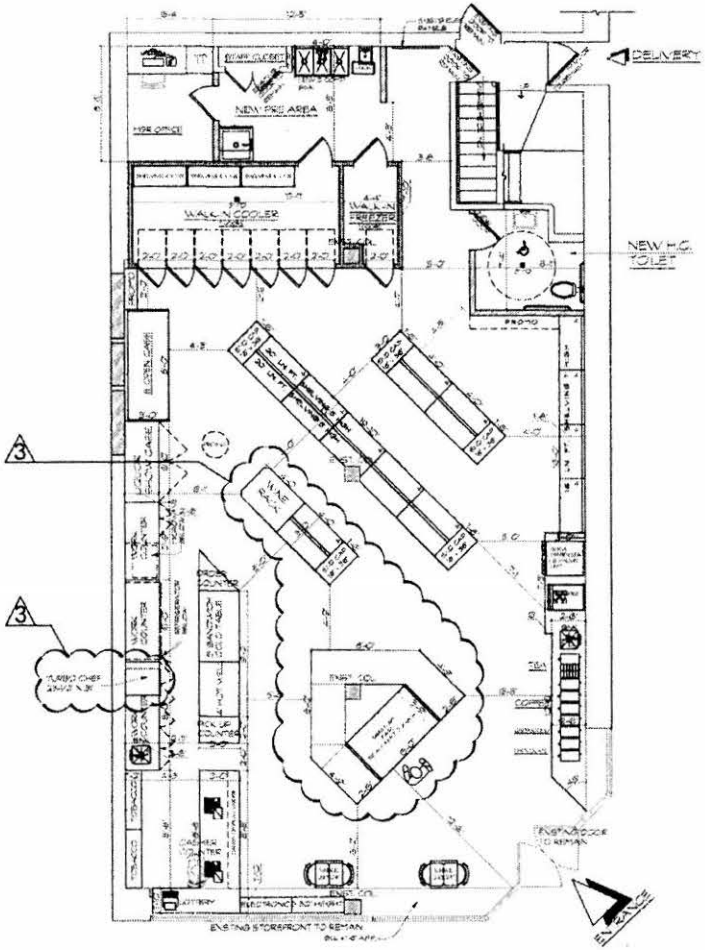
SHEET	SITE PLAN
SP1.EX	REVISIONS
	DRAWN BY:
	FILE NAME:

GORDY'S QUICK MART

101 E. Main St.
St. Charles, IL 60174

ECA ARCHITECTS AND PLANNERS
24 N. BENNETT ST.
GENEVA IL 60134
PHONE 630 608 0500
FAX 630 839 8875

IF PRINTED TO SCALE, BOTH THESE BARS WILL MEASURE 1" 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 9 10



PROPOSED FIXTURE FLOOR PLAN

SCALE: 3/8" = 1'-0" (2,023 square ft. Net Back Stairs not Included)

NOTE; CONTRACTOR TO VERIFY ALL FIELD DIMENSIONS AND ANGLES' BEFORE CONSTRUCTION

WALL LEGEND
NEW WALL
NEW COOLER
DEMO WALL
ENSTING WALL

ARCHITECTONICS INTERNATIONAL INC
WORKING DRAWINGS
520 SOUTH BROADWAY
SUITE 208
HICKSVILLE, NY 11801
TEL: 516 - 837 - 3410
FAX: 516 - 837 - 3413
web: www.architectonics.com
e-mail: info@aiinc.com

THESE DRAWINGS AND ASSOCIATED CORPORATE AREA AND SHALL REMAIN THE PROPERTY OF THE ARCHITECT. ALL DRAWINGS & WRITTEN MATERIAL APPEARING HEREIN CONSTITUTE THE ORIGINAL & UNPUBLISHED WORK OF THE ARCHITECT & MAY NOT BE REPRODUCED, DUPLICATED, USED OR DISCLOSED WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT.

REVISIONS

NO.	DATE	DESCRIPTION
1	10-27-17	Revised Plan
2	12-28-17	Revised Plan to Angelo
3	1-2-18	Revised Plan to Owner

ISSUES

ISSUED TO	NO.	DATE
send to owner	1	10-27-2017
send to owner	2	12-28-2017
send to owner	3	1-2-2018

Project Title
Gordy's Quick Mart
101 E Main St
St Charles, Illinois 60174

Drawing Title
Proposed Equipment Plan

Drawn By: P.C.
Checked By: D.D.
Date: 9/13/2017
Scale: Noted
Drawing No.: iD-1
Project No.: 10-8-81
Sheet: 1 of 1

COMMERCIAL LEASE

THIS COMMERCIAL LEASE, dated as of the 21st day of July, 2017, by and between Arcada BLDG LLC, an Illinois Limited Liability Company ("Landlord") and Gordy's Quick Mart of St. Charles LLC, a to be formed Illinois limited liability company ("Tenant") is hereby entered into upon the following terms and conditions:

1. **PREMISES.** In consideration of the mutual promises, covenants and conditions hereinafter set forth, Landlord hereby leases to Tenant, and Tenant hereby leases from Landlord upon the terms and conditions herein set forth, the street level first floor corner space with the address commonly known as 101 E. Main Street, St. Charles, Illinois and the secured area in the basement below the street level first floor corner space that will only be accessible by Tenant for the purposes of storage, in the Arcada Theatre Building located at the corner of Main Street and Riverside in St. Charles, Illinois, the general areas as set forth in the site plan attached hereto as Exhibit B and made a part hereof (the "Premises"), together with all improvements and fixtures contained in the Premises and any and all the fixtures, improvements now or hereinafter located or installed thereon in the Building including and any other facilities available for common use (the "Building") which other tenants have the right of use or enjoyment. The Building is described on Exhibit A (Legal Description) attached hereto and by this reference incorporated herein. The real property described in Exhibit A referred to herein is situated in the City of St. Charles, County of Kane, State of Illinois. Landlord specifically excepts and reserves to itself the use of the roof, exterior portions of the Premises, and such areas within the Premises required for structural columns and their enclosures and the installation, maintenance and repair of utility lines, building systems and other installations required in the Building from time to time during the Term of this Lease. Landlord specifically reserves to itself possession and use of the common areas, roof, exterior portions of the Premises, and such areas within the Premises required for structural columns and their enclosures and the installation, maintenance and repair of utility lines, building systems and other installations required in the Building from time to time during the Term of this Lease, all rights to the land and improvements below floor level of the Premises and to the light and air over the Building.

2. **TERM.**

2.1 **Term.** The term ("Term") of this Lease shall be for the period commencing on the earlier to occur of (i) November 1, 2017 or (ii) the date the Tenant opens for business to the public (the "Commencement Date") and ending on October 31, 2022 (the "Expiration Date"), unless sooner terminated as provided herein. Notwithstanding the date set forth for commencement of the Term, the provisions of this Lease shall apply from the date hereof.

2.2 **Lease Year.** For the purpose of this Lease or any renewal thereof, the term "Lease Year" shall mean and refer to that period for twelve (12) full consecutive calendar months beginning with the first full calendar month of the Term (except that if the Term commences on other than the first day of a calendar month, then the initial fractional month of the Term plus the next succeeding twelve (12) full calendar months shall constitute the first Lease Year of the Term), each subsequent period of twelve (12) consecutive calendar months during the Term, and any period for less than twelve (12) full consecutive calendar months immediately preceding the termination of this Lease.

2.3 Extension.

(a) If this Lease is in full force and effect, and Tenant is not in default under said Lease, Tenant shall have the right to extend the Term of this Lease (subject to section b. herein) for one (1) five-year period ("Option Period "), to commence at the end of the initial Lease Term, which extension shall be upon the same terms and conditions as contained in this Lease, with the exception of this paragraph 2.3 and the

Base Rent shall be increased for each Lease Year by 3% of the prior Lease Year Base Rent.

(b) The Option Periods provided for herein shall be applicable only if (i) Tenant has provided Landlord not less than one hundred and eighty (180) days' prior written notice of its intent to extend this Lease for the Extension Term. The giving of such notice shall be effective to renew this Lease and to extend the Term hereof as to the Premises without the necessity for execution of any further instrument by either party.

3. **RENT.** Tenant shall pay to Landlord as a direct payment to Landlord's bank account or to such other persons or at such other places as Landlord may designate in writing, Base Rent on or before the first day of each and every month during the Term ("Base Rent") as follows:

Period	**Monthly**
Commencement Date - Oct 31, 2018	$4,000
Nov 1, 2018- Oct 31, 2019	4,400
Nov 1, 2019- Oct 31, 2020	4,600
Nov 1, 2020- Oct 31, 2021	4,800
Nov 1, 2021- Oct 31, 2022	5,200

All payments made by Tenant to Landlord under this Lease, including but not limited to, Base Rent, Real Property Taxes and Insurance shall be considered Rent. Rent for any period during the Term hereof which is for less than one month shall be a prorata portion of the monthly installment. Tenant agrees that Rent shall be due each month without any set-offs, deductions or counterclaims whatsoever except as provided herein. Landlord may apply payments received from Tenant, to any obligations of Tenant there accrued, without regard to Tenant's designation, Tenant shall be obligated to pay to Landlord interest at the rate of twelve percent (12%) per annum or, provided that the interest rate charged shall not exceed the maximum rate permitted by law, on all sums Tenant is obligated to pay under the terms of this Lease from the date said sums and changes become due and remain unpaid until the date said sums and charges are paid in full. On the first occurrence only in any lease year that Tenant's Rent has not been paid when due, the Landlord will provide written notice of such non-payment and Tenant shall have five (5) days to pay such rent without penalty as set forth herein. Notwithstanding the foregoing, Tenant shall pay any sales tax, service tax, transfer tax, value added tax or any other applicable utilities or services with respect to this Lease.

4. **CONDITION OF THE PREMISES AND POSSESSION.**

4.1 **Conditions of the Premises.** Tenant agrees to accept the Premises, Building, and any systems and equipment serving the Premises without any agreement, representations, understandings or obligations on the part of Landlord to perform any alterations, repairs or improvements. During any period that Tenant shall be permitted to enter the Premises prior to the Commencement Date, Tenant shall comply with all terms and provisions of this Lease, except those provisions requiring the payment of Rent.

4.2 **Turn-Over-Date**. Possession of the Premises shall be tendered to Tenant by Landlord upon full execution of this Lease, payments of the Security Deposit and first month's Rent (the "Turn-Over-Date"). The Security Deposit and first month's Rent shall be paid upon full execution of this Lease.

5. USE AND COMPLIANCE WITH LAWS.

5.1 Use. Tenant will use and occupy the Premises for the use as a high-end and upscale convenience store (as a matter of example: materially higher-end and upscale as compared to the chain convenience stores, such as 7-Eleven convenience stores) for no other reason whatsoever without Landlord's reasonable written consent.

5.2 Compliance with Laws. Landlord represents that to its knowledge they have received no notices for violations of any codes or ordinances applicable to the Premises Tenant, at its own cost and expense, shall fully and promptly comply with each and all current or future laws, regulations and ordinances made by or pursuant to any federal, state, county, municipal or other lawful authority, in, upon, appertaining to, or affecting the demised premises or their appurtenances and Tenant's use thereof, including without limitation any expenditures or improvements required to be made to the Premises or Building to comply with the Americans with Disabilities Act ("ADA"), and shall pay all fines and penalties incurred by said demised premises or by either Landlord or Tenant, which may be imposed by reason of any failure, actual or alleged, on the part of the Tenant thus promptly to comply with and execute the same. Tenant further covenants and agrees to pay all charges, license fees, inspection fees, permit fees and other impositions, levied, charged, imposed or assessed against Landlord or Tenant during the term hereof by any governmental authority in connection with the demised premises or the use or occupancy thereof.

6. MAINTENANCE, REPAIRS, AND ALTERATIONS.

6.1 Landlord's Maintenance and Repairs. Except for repairs and replacements that Tenant must make under Section 6.2 hereunder or as required of Tenant under any other sections of this Lease, Landlord shall pay for and make all other maintenance, repairs and/or replacements to the Building. This maintenance shall include, but not limited to, the roof, foundation, exterior walls, interior structural walls, alley, landscape areas and all structural components. Notwithstanding anything to the contrary contained herein, Landlord shall not be required to make such repairs if any damage shall have been caused by any act or omission of or violation of this Lease by Tenant or any of its employees, agents, invitees or contractors, in which event Landlord may require that Tenant perform such repairs (without limiting Landlord's other remedies therefor). Landlord shall not be required to maintain the interior surface of exterior walls, windows, doors or plate glass and store fronts. Landlord shall commence to make repairs under this Section within a reasonable time (not to exceed thirty (30) days in any event) after Tenant's written notice of the need of such repairs. If Landlord fails to make such repairs within thirty (30) days after Tenant's notice (except when the repairs are such that more than thirty (30) days are required for its performance and Landlord commences the performance within the thirty (30) day period and thereafter diligently pursues the cure to completion), Tenant may, at its option, undertake such repairs and deduct the cost thereof from the installments of rent next falling due.

6.2 Tenant's Obligations. Unless Landlord is required to maintain or repair under Section 6.1, Tenant shall keep the Premises in good working order, repair and condition, including replacements (which condition shall also be clean, sanitary, sightly and free of pests and rodents). Tenant's obligations hereunder shall include, but not be limited to, Tenant's trade fixtures and equipment, security gates, ceilings, walls, storefront, entrances, signs, interior decorations, floor-coverings, wall-coverings, entry and interior doors, exterior and interior glass, plumbing fixtures, light fixtures and bulbs, keys and locks, and to the extent serving the Premises, fire extinguishers and fire protection and alarm systems, and equipment and lines for water, sewer (including free flow up to the common sewer line), electrical, gas, steam, and mechanical facilities, HVAC repairs and replacements, and other systems and equipment which serve the Premises exclusively whether located within or outside the Premises, and all alterations and improvements to the Premises whether installed by Landlord or Tenant. Tenant shall also at Landlord's option perform or reimburse Landlord for any repairs, maintenance and replacements to areas of the Building outside the Premises caused as a result of moving any furniture, fixtures, or other

property to or from the Premises, or otherwise caused by Tenant or any other work by Tenant hereunder shall be deemed "Tenant's Work" under this Lease, and shall be subject to all of the requirements thereunder, including Landlord's prior written approval. Notwithstanding anything to the contrary contained herein, Tenant shall not be required to make such repairs if any damage shall have been caused by any act or omission of, or violation of this Lease by, Landlord or any of its employees, agents, invitees or contractors, in which event Tenant may require that Landlord perform such repairs (without limiting Tenant's other remedies therefor). Tenant shall commence to make repairs under this Section within a reasonable time (not to exceed thirty (30) days in any event) after Landlord's written notice of the need of such repairs; unless, when the repairs are such that more than thirty (30) days are required for its performance and commences the performance within the thirty (30) day period and thereafter diligently pursues the cure to completion.

6.3 **Surrender.** Tenant upon expiration or termination of this Lease or termination of Tenant's right of possession, agrees peaceably to surrender the Premises to Landlord, including the alterations, additions, improvements, changes and fixtures other than Tenant's trade fixtures and personal property, in broom-clean condition and in reasonable repair, except for damage caused by acts of God, ordinary use and wear. Tenant agrees to remove Tenant's trade fixtures and personal property upon any such expiration or termination and to repair all damage to the Premises or the Building caused by such removal. If Tenant shall fail or refuse to comply with Tenant's duty to remove all trade fixtures and personal property from the Premises or the Building on or before the above-specified date, the parties hereto agree and stipulate that Landlord may, at its election: (i) treat such failure or refusal as an offer by Tenant to transfer title to such trade fixtures and personal property to Landlord, in which event title thereto shall thereupon pass under this Lease as a bill of sale to and vest in Landlord absolutely without any cost either by set-off, credit allowance or otherwise, and Landlord may remove, sell, retain, donate, destroy, store, discard, or otherwise dispose of all or any part of said trade fixtures and personal property in any manner that Landlord shall choose; or (ii) treat such failure or refusal as conclusive evidence, on which Landlord and any third party shall be entitled absolutely to rely and act, that Tenant has forever abandoned such trade fixtures and personal property, and without accepting title thereto, Landlord may at Tenant's expense enter into and upon the Premises and remove, sell, retain, donate, destroy, store, discard or otherwise dispose of all or any part thereof in any manner that Landlord shall choose without incurring liability to Tenant or to any other person. In no event shall Landlord ever become or accept or be charged with the duties of a bailee (either voluntary or involuntary) of any trade fixtures and personal property, and the failure of Tenant to remove all personal property from the Premises, the Building shall forever bar Tenant from bringing any action or from asserting any liability against Landlord with respect to any such fixtures or property which Tenant fails to remove. If Landlord elects to remove all or any part of said fixtures and personalty, the cost of such removal, including repairing any damage to the Premises caused by such removal and/or the cost of storage of said fixtures and personalty, shall be paid by and be at the risk of Tenant.

6.4 **Garbage.** Tenant shall pay for its own garbage, refuse and recycle disposal and collection at its sole cost and expense and strictly observe the Building's garbage collection program and procedures as Landlord reasonably imposes from time to time.

6.5 **Landlord's Rights.** If Tenant fails to perform Tenant's obligations under this Article 6, Landlord may, but shall not be required to, enter upon the Premises, after thirty (30) days' prior written notice to Tenant, except in the case of an emergency, remedy the issue and put the same in good order, condition and repair, and the reasonable costs thereof shall become due and payable as additional Rent to Landlord together with Tenant's next Rent installment.

6.6 Alterations and Additions.

(a) Tenant shall not make any alterations, improvements, additions or repairs in, on, or about the Premises without Landlord's prior written consent, which shall not be reasonably withheld or delayed.

(b) Before commencing any work relating to alterations, additions and improvements affecting the Premises requiring Landlord's consent under this Section, Tenant shall notify Landlord in writing of the expected date of commencement thereof.

(c) Tenant agrees to obtain at its sole cost and expense all permits, licenses, variances and approvals (collectively called the Permits) required, obtain and post bonds if required by a party other than Landlord, submit contractor, subcontractor and supplier lien waivers with respect to any Tenant's Work, as hereinafter defined. Any work performed by Tenant shall be referred to as "Tenant's Work". Tenant shall perform all Tenant's Work in compliance with all Laws and other provisions of this Lease, including without limitation, the Americans with Disabilities Act.

(d) Tenant shall keep the Building, Premises and this Lease free from any mechanic's, materialman's or similar liens or encumbrances, and any claims therefor, in connection with any Tenant's Work performed prior to or during the Term. Tenant shall give Landlord notice at least ten (10) days prior to the commencement of any Tenant's Work required to be approved by Landlord (or such additional time as may be necessary under applicable Laws), to afford Landlord the opportunity of posting and recording appropriate notices of non-responsibility. Tenant shall obtain lien waivers from all contractors during the construction process as it makes payments to the contractors and final lien waivers upon completion of Tenant's Work and shall forward to Landlord copies of all such lien waivers. Tenant shall remove any claim, lien or encumbrance by bond or otherwise within thirty (30) days after notice by Landlord. If Tenant fails to do so, Landlord may pay the amount or take such other action as Landlord deems necessary to remove such claim, lien or encumbrance without being responsible for investigating the validity thereof. The amount so paid and costs incurred by Landlord shall be deemed additional Rent under this Lease payable upon demand, without limitation as to other remedies available to Landlord. Nothing contained in this Lease shall authorize Tenant to do any act which shall subject Landlord's title to the Building or Premises to any such notices, liens or encumbrances whether claimed by operation of statute or other Law or express or implied contract. Any claim to a lien or encumbrance upon the Building or Premises arising in connection with any Tenant's Work shall be null and void, or at Landlords option shall attach only against Tenant's interest in the Premises and shall in all respects be subordinate to Landlord's title to the Building and Premises.

(e) All alterations, improvements, or additions which may be made on the Premises shall become the property of Landlord. Notwithstanding the provisions of this Section, machinery, equipment, and trade fixtures provided by Tenant, other than that which is affixed to the Premises so that it cannot be removed without material damage to the Premises, shall remain the property of Tenant and may be removed by Tenant subject to the provisions of Section 6.3. All machinery, equipment, and trade fixtures which were existent at Turn-over-Date shall remain property of Landlord. During the Term, Tenant shall use reasonable care in its use and properly maintain such machinery, equipment, and trade fixtures and upon Expiration or Early Termination of this Lease leave such machinery, equipment, and trade fixtures in the

same condition as received, ordinary wear and tear excepted. Landlord acknowledges that Tenant shall be installing certain lighting, sound and projection equipment which shall remain Tenant's property.

7. INSURANCE; INDEMNITY.

7.1 Liability Insurance. Tenant shall obtain and keep in force during the term of this Lease a policy of general comprehensive liability insurance, naming Landlord as additional insured as its interest may appear from time to time, against any liability arising out of the use, occupancy, or maintenance of the Premises. Such insurance shall provide coverage for and shall be in an amount of not less than $1,000,000 for injury to or death of one person in any one accident or occurrence and in an amount of not less than $2,000,000 for injury to or death of more than one person in any one accident or occurrence. Tenant will provide to Landlord a certificate naming Landlord as additional insured on such policy and renewals required under this Section. Such certificates shall state that the coverage may not be changed or cancelled without at least thirty (30) days' prior written notice to Landlord. The existence of such policy or policies shall not limit or affect Tenant's above stated undertaking to save and keep Landlord, its agents and servants, and the demised premises and improvements harmless from any and all such claims, demands, penalties, damages, suits, court costs, fines, judgments, liens, expenses and liabilities.

7.2 Tenant's Property Insurance. Tenant shall maintain in full force and effect on all of its fixtures, Tenant's Work and equipment in the leased Premises, policies of fire and extended coverage insurance with standard coverage endorsement to the extent of at least eighty percent (80%) of their insurable value. During the Lease Term, the proceeds from any such policy or policies of insurance shall be used for the repair or replacement of the fixtures and equipment so insured. Landlord shall have no interest in the insurance upon Tenant's equipment and fixtures and will sign all documents which are necessary or appropriate in connection with the settlement of any claim or loss by Tenant. Subject to Section 7.7 hereof, Landlord shall not be responsible for damage to or loss of Tenant's property. All insurance required hereunder shall be provided by responsible insurers rated at least A and 10 in the then current edition of Best's Insurance Guide and shall be licensed in Illinois. Tenant's property damage insurance shall include full replacement cost coverage and the amount shall satisfy any coinsurance requirements under the applicable policy.

7.3 Subrogation. Such certificates shall state that the coverage may not be changed or cancelled without at least thirty (30) days' prior written notice to Landlord. Neither Landlord nor Tenant shall be liable to the other or to any insurance company (by way of subrogation or otherwise) insuring the other party for any loss or damage to any building, structure or other tangible property, or any resulting loss of income and benefits, even though such loss or damage might have been occasioned by the negligence of such party, its agents or employees if any such loss or damage is covered by insurance benefiting the party suffering such loss or damage or was required to be covered by insurance pursuant to this Lease.

7.4 Landlord's Insurance. During the term of this Lease and any renewal hereof, Landlord shall keep and maintain in full force and effect, a policy of commercial general liability insurance (to include but not be limited to contractual liability covering Landlord's obligations under Section 7.7) insuring Landlord's activities upon, in or about the Premises or the Building against claims of bodily injury or death or property damage or loss with a limit of not less than $1,000,000 for injury to or death of one person in any one accident or occurrence and in an amount of not less than $2,000,000 for injury to or death of more than one person in any one accident or occurrence. Landlord shall insure the Premises and the Building including the Improvements, (excluding any property which Tenant is obligated to insure under Sections 7.1 and 7.2) for their full replacement value against damage and destruction by fire, vandalism, and other perils in the amount of the full replacement value of the

Premises and the Building, as the value may exist from time to time. Landlord shall provide a certificate of such policy to Tenant required under this Section.

7.5 **Waiver of Claims.** Except for claims arising from Landlord's negligent acts, willful misconduct or events related to Hazardous Material not caused by Tenant or any of its employees, agents invitees or contractors, as defined in Section 19 hereof, that are not covered by Tenant's insurance hereunder, Tenant waives all claims against Landlord for injury or death to persons, damage to property or to any other interest of Tenant sustained by Tenant or any party claiming through Tenant resulting from any occurrence in or upon the Premises, including, but not limited to (i) leaking of roofs, bursting, stoppage or leaking of water, gas, sewer or steam pipes or equipment, including sprinklers, (ii) wind, rain, snow, ice, flooding, freezing, fire, explosion, earthquake, excessive heat or cold, fire or other casualty, (iii) the Building, Premises, systems and equipment to be maintained by Landlord being defective, out of repair, or failing, and (iv) vandalism, malicious mischief, theft or other acts or omissions of any other parties including without limitation, other tenants, contractors and invitees at the Building, except as set forth in Section 19 hereof. To the extent that Tenant is required to or does carry insurance hereunder, Tenant agrees that Tenant's property loss risks shall be borne by such insurance, and Tenant agrees to look solely to and seek recovery only from its insurance carriers in the event of such losses; for purposes hereof, any deductible amount shall be treated as through it were recoverable under such policies.

7.6 **Indemnification by Tenant.** Except to the extent arising from the negligent acts or willful misconduct or breach of the covenants or provisions of this Lease by Landlord or Landlord's agents or employees, Tenant shall defend, indemnify and hold harmless Landlord from and against any and all claims, demands, liabilities, damages, judgments, orders, decrees, actions, proceedings, fines, penalties, costs and expenses, including without limitation, court costs and attorneys' fees arising from or relating to any violation of Law, loss of life, damage or injury to persons, property or business occurring in, Premises, or caused by or in connection with any violation of this lease or use of the Premises or Building, or any other act or omission of, Tenant, or any of its respective agents, employees, invitees or contractors. Without limiting the generality of the foregoing, Tenant specifically acknowledges that the indemnity undertaking herein shall apply to claims in connection with or arising out of any "Tenant's Work", the use or consumption of any utilities in the Premises, any repairs or other work by or for Tenant and the transportation, use, storage, maintenance, generation, manufacturing, handling, disposal, release or discharged of any "Hazardous Material" as described in the Lease (whether or not such matters shall have been theretofore approved by Landlord).

7.7 **Indemnification by Landlord.** Except to the extent arising from the negligent acts, willful misconduct or breach of the covenants or provisions of this Lease by Tenant or Tenant's agents, employees, invitees or contractors, Landlord agrees to indemnify, defends and hold harmless Tenant from and against all claims, liabilities, losses, damages and expenses for personal injury, loss of life and property damage arising from or out of any occurrence in or upon the Building, exclusive of the Premises.

8. DAMAGE OR DESTRUCTION.

8.1 **Restoration by Landlord.** If the Premises shall be damaged by fire or other casualty, Landlord shall use available insurance proceeds to repair the Premises, except that Landlord shall not be required to repair or replace any of Tenant's furniture, furnishings, fixtures or equipment, or any alterations or improvements or any Tenant's Work as provided in this Lease and Landlord's obligations shall be subject to any governmental requirements or requirements of any Lender and such Lender's right to control, apply or withhold such insurance proceeds. Subject to Section 7.7 hereof, Landlord shall not be liable for any inconvenience or annoyance to Tenant or its visitors, or injury to Tenant's business resulting in any way from such damage or the repair thereof.

8.2 Restoration by Tenant. If Landlord repairs the Premises as provided herein, Tenant shall repair and replace Tenant's Work, all items required to be insured by Tenant hereunder, and all other items required to restore the Premises to the condition required under this Lease. Tenant shall commence such work within ten (10) days following "Substantial Completion" by Landlord of any repairs required by Landlord hereunder and shall proceed diligently therewith to completion. The Restoration is determined "Substantially Completed" the Premises has been restored to a condition that enables Tenant to commence its restoration obligation under this Section 8.2. Tenant's work hereunder shall constitute "Tenant's Work" under the Lease, and shall be subject to all of the provisions thereof. Tenant may close the Premises for business to the extent reasonably required in connection with such work.

8.3 Abatement of Rent. Landlord shall allow Tenant a proportionate abatement of Rent from the date of the casualty through the date that Landlord substantially completes Landlord's repair obligations hereunder (or the date that Landlord would have substantially completed such repairs, but for delays by Tenant, its agents, employees, invitees, transferees and contractors), provided such abatement: (i) shall apply only to the extent the Premises are untenantable for the purposes permitted under this Lease and not used by Tenant as a result thereof, based proportionately on the square footage of the Premises so affected and not used, and (ii) shall not apply if Tenant or any other occupant of the Premises, or any of their employees, agents, invitees or contractors cause the damage. Notwithstanding the foregoing, if Tenant is not able to operate its business from the Premises due to such damage or destruction which was not caused by Tenant, its agents, invitees or employees, Tenant's Rent shall abate until such time that Tenant has completed its restoration work pursuant to Section 8.2 hereof; however, if Tenant fails to perform its obligation under Section 8.2 hereof, Rent shall be abated until such time Landlord has Substantially Completed its restoration under Section 8.1 hereof.

8.4 Termination of Lease. Notwithstanding the foregoing to the contrary, Landlord may elect to terminate this Lease, if the Building is materially damaged by Tenant or any of its agents, employees, invitees or contractors, or if the Building is damaged by fire or other casualty or cause such that: (a) more than 25% of the Premises is affected by the damage, or (b) the damage occurs less than one year prior to the end of the Term, or (c) any Lender requires that the insurance proceeds or any portion thereof be applied to the Mortgage debt (or terminates the ground lease, as the case may be), or the damage is not fully covered by Landlord's insurance policies, or (d) in Landlord's reasonable opinion, the cost of the repairs, alterations, restoration or improvement work would exceed 25% of the replacement value of the Building or of the portion thereof owned or ground leased by Landlord (whether or not the Premises is affected). In any such case, Landlord may terminate this Lease by notice to Tenant within 90 days after the date of damage (such termination notice to include a termination date providing at least thirty (30) days for Tenant to vacate the Premises). Tenant agrees that Landlord's obligation to restore, and the abatement of Rent provided herein, shall be Tenant's sole recourse in the event of such damage, and waives any other rights Tenant may have under any applicable Law to terminate this Lease by reason of damage to Building.

9. REAL PROPERTY TAXES.

9.1 Payment of Real Property Taxes. Landlord shall pay the Real Property Taxes directly to the taxing authorities. Tenant shall pay Landlord in the manner provided in Section 11, as additional Rent, Tenant's proportionate share of Real Property Taxes (as defined below) for the Term of this Lease. Landlord shall provide Tenant within a reasonable time copies of the Real Property Tax bills and assessment notices on the Building upon written request, by Tenant or other data as may be necessary to verify its proportion of the Real Property Taxes. Tenant shall be required to pay only its proportionate share of such Real Property Taxes prorated for the first and last years that such taxes are payable hereunder. In the event that, in the Landlord's reasonable discretion, there is a basis for challenging any increase in the assessment, Landlord shall appeal, challenge or seek modification of any tax assessment or billing for which Tenant is wholly or partly responsible for payment.

9.2 Definition of Real Property Taxes. As used herein, the term "Real Property Taxes" shall include all taxes and assessments, general and special, and all other impositions, ordinary and extraordinary, of every kind and nature whatsoever, which may be levied, assessed imposed by any authority having the direct or indirect power to tax, as against any legal or equitable interest of Landlord in the Premises or in the real property of which the Premises are a part, provided, however, that the term "Real Property Taxes" shall not include any inheritance, estate, succession, transfer, gift, franchise, or capital stock tax, or any income taxes arising out of or related to ownership and operation of income-producing real estate, any excise taxes imposed upon Landlord or other income received by it. If the assessment is reduced because of efforts or appealed by a real estate tax consultant on a contingency basis and the assessment is reduced as a result thereof, the cost of the contingency fee shall be added to and included in the total amount determined for such tax year as Real Property Taxes. If the assessor makes any adjustments for vacancy or other economic factors for any tax year, Real Property Taxes for such year will be based on the assessment prior to or before any such adjustments.

10. UTILITIES. Tenant shall: (i) make application in Tenant's own name for all utilities, (ii) comply with all utility company regulations for such utilities, and (iii) obtain such utilities directly from, and pay for the same when due directly to the applicable utility company. Tenant shall pay for all water, trash and recycle removal, sewer, fire protection, telephone, alarm service, gas and electricity used by Tenant during the term hereof. To the extent any utility is not separately metered, Tenant shall pay to Landlord, Tenant's share of such utility or utilities as reasonably determined by Landlord.

Landlord shall not charge Tenant a rate for any utility in excess of the rate Landlord must pay the supplier of the service. Landlord does not warrant that any utilities will be free from shortages, failures, variations, or interruptions caused by repairs, maintenance, replacements, improvements, alterations, changes of service, strikes, lockouts, labor controversies, accidents, inability to obtain services, fuel, steam, water or supplies, governmental requirements or requests, or other causes beyond Landlord's reasonable control. None of the same shall be deemed an eviction or disturbance of Tenant's use and possession of the Premises or any part thereof, or render Landlord liable to Tenant for abatement of Rent, or relieve Tenant from performance of Tenant's obligations under this Lease. Subject to Section 7.7 hereof, Landlord in no event shall be liable for damages by reason of such shortage, failure, variation, or interruption, including without limitation, loss of profits, business interruption or other incidental or consequential damages, except that all rental payments hereunder shall abate if and when the interruption of services is continuous for more than five (5) consecutive days and prevents Tenant from conducting business in the Premises

11. TENANT'S PRORATA SHARE OF REAL PROPERTY TAXES AND INSURANCE.

11.1 Tenant shall pay to Landlord, as additional rent, Tenant's Proportionate Share of Real Property Taxes in excess of the base amount (Base Amount for Real Property Taxes is $37,269) and Insurance (as defined below) in excess of the base amount (Base Amount for Insurance is $7,204).

11.2 For purposes of this Lease, it is agreed by Landlord and Tenant that Tenant's Proportionate Share of Real Property Taxes and Insurance shall be equal to 9.2%.

11.3 A. Real Property Taxes. Tenant shall pay Landlord an amount equal to Tenant's Proportionate Share of Real Property Taxes in excess of the Base Amount in the manner described below.

B. Insurance. Tenant shall pay Landlord an amount equal to Tenant's Proportionate Share of Insurance in excess of the Base Amount in the manner described below

C. Manner of Payment. Real Property Taxes and Insurance shall be paid in the following manner:

(i) Landlord may reasonably estimate in advance the amounts Tenant shall owe for Real Property Taxes and Insurance for any full or partial calendar year of the Term. In such event, Tenant shall pay such estimated amounts, on a monthly basis, on or before the first day of each calendar month, together with Tenant's payment of Base Rent. Tenant shall pay initially and until further notice by Landlord the estimated amounts. Landlord may reasonably adjust the estimated amounts, from time to time prior to the Commencement Date and during the Term.

(ii) As soon as practicable after the end of each calendar year or when actual tax bills are received, Landlord shall provide a statement (the "Statement") to Tenant showing: (a) the amount of actual Real Property Taxes and Insurance for such calendar year, (b) any amount paid by Tenant towards Real Property Taxes and Insurance during such calendar year on an estimated basis, and (c) any revised estimate of Tenant's obligations for Real Property Taxes and Insurance for the current calendar year.

(iii) If the Statement shows that Tenant's estimated payments were less than Tenant's actual obligations for Real Property Taxes and Insurance for such year, Tenant shall pay the difference. If the Statement shows an increase in Tenant's estimated payments for the current calendar year, Tenant shall pay the difference between the new and former estimates for the period from January 1 of the current calendar year through the month in which the Statement is sent. Tenant shall make such payments within thirty (30) days after Landlord sends the Statement or with next Rent due, whichever is earlier.

(iv) If the Statement shows that Tenant's estimated payments exceeded Tenant's actual obligations for Real Property Taxes and Insurance, Tenant shall receive a credit for the difference against payments of Rent next due. If the Term shall have expired and no further Rent shall be due, Landlord shall refund such difference when Landlord sends the Statement.

D. Tax Refunds, Supplemental Billings and Fiscal Tax Years. Tax refunds shall be deducted from Real Property Taxes in the year they are received by Landlord, but if any refund shall relate to Real Property Taxes paid in a prior year of the Term and the Lease shall have expired, Landlord shall mail Tenant's Proportionate Share of such net refund after deducting expenses and attorneys' fees to Tenant's last known address. If Real Property Taxes for any period during the Term or any extension thereof shall be increased after payment thereof by Landlord for any reason, including without limitation, error, reassessment, or supplemental billing by applicable governmental or municipal authorities, Tenant shall pay Landlord within thirty (30) days after notice of Tenant's Proportionate Share of such increased Real Property Taxes or with next Rent due, whichever is earlier. If any Real Property Taxes shall be paid based on assessments or bills by a governmental or municipal authority using a fiscal year other than a calendar year, Landlord may elect from time to time to bill Tenant and make adjustments: (i) based on such fiscal year, or (ii) based on tax payments becoming due during the subject calendar year without regard to such fiscal year.

E. Finality of Statements. Unless Tenant takes exception to any Statement by written notice to Landlord within sixty (60) days after Landlord provides such Statement to Tenant, such Statement shall be considered final and binding on Tenant except that a computational error only can be corrected by either party within three (3) years after Landlord provides such Statement to Tenant. Tenant acknowledges that Landlord's ability to budget and incur expenses depends on the finality of such Statement, and accordingly agrees that time is of the essence of this Section.

F. General Matters. In lieu of providing one Statement covering Real Property Taxes and Insurance, Landlord may provide separate statements at the same or different times. No delay by Landlord in providing the Statement (or separate statements) shall be deemed a default by Landlord or a waiver of Landlord's right to require payment of Tenant's obligations or actual for estimated Real Property Taxes or Insurance.

11.4 Insurance. "Insurance" shall mean all expenses, costs and amounts of every kind and nature, that are actual, out-of-pocket, reasonable and necessary to the Building, which Landlord shall pay during any calendar year or any portion of which occurs during the Term, for all insurance applicable to the Building pursuant to Section 7.4 herein.

11.5 Landlord's Records. Landlord shall keep reasonable records showing all expenditures incurred as Insurance and Real Property Taxes for each year for a period of three (3) years following each year, and such records shall be made available for inspection by Tenant and/or its agents during such three (3) year period subject to the provisions of Section 11.3.E. herein.

12. ASSIGNMENT AND SUBLETTING. Tenant shall not transfer, assign, convey, sublet, enter into a license or concession agreement or hypothecate or mortgage this Lease or any of Tenant's interest in and to the Premises or any part thereof, permit any transfer of Tenant's interest created hereby or allow any lien upon Tenant's interest by operation of law or permit the use or occupancy of the Premises or any part thereof by anyone other than Tenant, without first obtaining the written consent of Landlord, which consent shall not be unreasonably withheld, except: (1) Landlord may withhold its consent if in Landlord's judgment, occupancy by any proposed assignee, subtenant, or other transferee (i) is not consistent with the maintenance and operation of the Building due to the proposed occupant's manner of conducting business or its experience or reputation in the community, (ii) the intended use or business in not desirable, or (iii) is likely to cause disturbance to the normal use and occupancy of the Building; (2) Landlord may withhold in its absolute and sole discretion consent to any mortgage, hypothecation, pledge, or other encumbrance of any interest in this Lease or the Premises by Tenant or any subtenant, (3) Landlord may withhold its consent to the extent it deems necessary to comply with any restriction on use of the Premises, the Building, or the Land contained in any lease, mortgage, or other agreement or instrument by which the Landlord is bound or to which any of such property is subject. Any attempt to transfer, assign, convey, sublet, license or enter into a concession agreement or to otherwise hypothecate or mortgage or to transfer by operation of law or occupy the Premises by a party other than Tenant without Landlord's consent shall be void and confer no rights on any third party and shall constitute a default under this Lease. The consent by Landlord to any transfer, assignment, conveyance, subletting, license or concession agreement or hypothecation or transfer by operation of law or occupation by a party other than Tenant shall neither constitute a waiver of the necessity of such consent to any subsequent transfer, assignment, conveyance, subletting, license, concession agreement or hypothecation or transfer by operation of law or occupation by a party other than Tenant nor in any manner relieve Tenant of any of its obligations under this Lease. Each transfer, assignment, subletting, license, concession agreement, hypothecation, transfer by operation of law or occupation by a party other than Tenant to which there has been consent shall be by an instrument in writing, in form satisfactory to Landlord, and shall be executed by the transferor, assignor, sub landlord, licensor, concessionaire, hypothecator or mortgagor and the transferee, assignee, subtenant, licensee, concessionaire or mortgagee shall agree in writing for the benefit of Landlord to assume, to be bound by, and to perform the terms, covenants and conditions of this Lease to be done, kept and performed by Tenant. One executed copy of such written instrument in form satisfactory to Landlord shall be delivered to Landlord forthwith.

If a Tenant is a corporation or partnership, any transfer of this Lease by merger, consolidation or liquidation, or any change in the ownership of or power to vote a majority of its outstanding voting stock or partnership interests, shall constitute an assignment for the purpose of this Section. If Tenant is a partnership or individuals conversion of Tenant to a limited liability company or a corporation shall constitute an assignment for purposes of this Section.

All requests for Landlord's consent shall be written notice and, in the event Tenant requests Landlord's consent to any transaction covered under the previous paragraph and Landlord consents to such transaction, Tenant shall immediately reimburse Landlord for reasonable and competitive expenses, including attorneys' fees, incurred by Landlord in conjunction therewith in any manner whatsoever, which shall not be in an amount more than two thousand and No/100 Dollars ($2,000.00) ("Assignment Fee").

13. DEFAULTS; REMEDIES.

13.1 Default. The occurrence of any one or more of the following events shall constitute a "Default" by Tenant and shall give rise to Landlord's remedies set forth in Paragraph 13.2, below: (i) failure to make when due any payment of Rent, unless such failure is cured within five (5) days after written notice; (ii) failure to observe or perform any term or condition of this Lease other than the payment of Rent, unless such failure is cured within any period of time following notice expressly provided in other Sections hereof, or otherwise within a reasonable time, but in no event more than thirty (30) days following notice, and (iii) (a) making by Tenant of any general assignment for the benefit of creditors, (b) filing by or against Tenant of a petition to have Tenant adjudged a bankrupt or a petition for reorganization or arrangement under any Law relating to bankruptcy or insolvency (unless, in the case of a petition filed against Tenant, the same is dismissed within sixty (60) days), (c) appointment of a trustee or receiver to take possession of substantially all of Tenant's assets located in the Premises or of Tenant's interest in this Lease, where possession is not restored to Tenant within thirty (30) days, (d) attachment, execution or other judicial seizure of substantially all of Tenant's assets located on the Premises or of Tenant's interest in this Lease, (e) Tenant's convening of a meeting of its creditors or any class thereof for the purpose of effecting a moratorium upon or composition of its debt, (f) Tenant's insolvency or admission of an inability to pay its debts as they mature. The notice and cure periods provided herein are in lieu of, and not in addition to, any notice and cure periods provided by Law.

13.2 Remedies. If a Default occurs, Landlord shall have the rights and remedies hereinafter set forth to the extent permitted by Law, which shall be distinct, separate and cumulative with and in addition to any other right or remedy allowed under any Law or other provisions of this Lease:

(1) Landlord may terminate Tenant's right of possession, reenter and repossess the Premises by detainer suit, summary proceedings or other lawful means, with or without terminating this Lease (and if applicable Law permits, and Landlord shall not have expressly terminated this Lease in writing, any such action shall be deemed a termination of Tenant's right to possession only). In such event, Landlord may recover from Tenant: (i) any unpaid Rent as of the termination date, (ii) the amount by which: (a) any unpaid Rent which would have accrued after the termination date during the balance of the Term exceeds (b) the reasonable rental value of the Premises under a lease substantially similar to this Lease for the balance of the Term, taking into account among other things, the condition of the Premises, market conditions and the period of time the Premises may reasonably remain vacant before Landlord is able to re-lease the same to a suitable replacement tenant, and Costs of Reletting (as defined in Section 13.7 below) that Landlord may incur in order to enter such replacement lease, and (iii) any other amounts necessary to compensate Landlord for all damages proximately caused by Tenant's failure to perform its obligations under this Lease. For purposes of computing the amount of Rent herein that would have accrued after the termination date, Tenant's obligations for Real Property Taxes and Insurance, shall be projected, based upon the average rate of increase, if any, in such items from the Commencement Date through the termination date. The amounts computed in accordance with the foregoing subclauses (a) and (b) shall both be discounted, in accordance with accepted financial practice at the rate of one-year U.S. Treasury Bills at the date of occurrence, to the then present value, or

(2) Landlord may terminate Tenant's right or possession, reenter and repossess the Premises by detainer suit, summary proceedings or other lawful means, with or without terminating this

Lease (and if applicable Law permits, and Landlord shall not have expressly terminated this Lease in writing, any such action shall be deemed a termination of Tenant's right of possession only). In such event, Landlord may recover from Tenant: (i) any unpaid Rent as of the date possession is terminated, (ii) any unpaid Rent which accrues during the Term from the date possession is terminated through the time of judgment (of which may have accrued from the time of any earlier judgment obtained by Landlord), less any consideration received from replacement tenants as further described and applied pursuant to Paragraph 1above, and (iii) any other amounts necessary to compensate Landlord for all damages proximately cause by Tenant's failure to perform its obligations under this lease, including without limitation, all Costs of Reletting (as defined in Section 13.7). Tenant shall pay any such amounts to Landlord after the same have accrued from time to time upon demand. At any time after terminating Tenant's right to possession as provided herein, Landlord may terminate this Lease as provided in clause (1) above by written notice to Tenant, and Landlord may pursue such other remedies as may be available to Landlord under this Lease or applicable Law.

13.3 Mitigation Damages. If Landlord terminates this Lease or Tenant's right to possession, or is required by applicable law, Landlord shall mitigate damages under this Lease as follows, to the extent permitted by law: (a) Landlord shall be required only to use reasonable efforts to mitigate, which shall not exceed such efforts as Landlord generally uses to lease other space at the Building, and (b) Landlord will not be deemed to have failed to mitigate if Landlord leases any other portions of the Building before reletting all or any portion of the Premises, and (c) any failure to mitigate as described herein with respect to any period of time shall only reduce the Rent and other amounts to which Landlord is entitled hereunder by the reasonable rental value of the Premises during such period. In recognition that the value of the Building depends on the rental rates and terms of leases therein, Landlord's rejection of a prospective replacement tenant based on an offer of rentals below Landlord's rates for new leases of comparable space in the Building or market at the time in question, or at Landlord's option, below the rates provided in this Lease, or containing terms less favorable than those contained herein, shall not give rise to a claim by Tenant that Landlord failed to mitigate Landlord's damages.

13.4 Reletting. If this Lease or Tenant's right to possession is terminated, Landlord may: (i) enter and secure the Premises, change the locks, install barricades, remove any improvements, fixtures or other property of Tenant therein, perform any decorating, remodelling, repairs, alterations, improvements or additions and take such other actions as Landlord shall determine in Landlord's sole discretion to prevent damage or deterioration to the Premises or prepare the same for reletting, and (ii) relet all or any portion of the Premises (separately or as a part of a larger space), for any rent, use or period of time (which may extend beyond the Term hereof), and upon any other terms as Landlord shall determine in Landlord's sole discretion, directly or as Tenant's agent (if permitted or required by applicable Law). The consideration received from such reletting shall be applied pursuant to the terms hereof, and if such consideration, as so applied, is not sufficient to cover all Rent and damages to which Landlord may be entitled hereunder, Tenant shall pay any deficiency to Landlord after the same has accrued from time to time upon demand, subject to the other provisions hereof.

13.5 Specific Performance, Collection of Rent and Acceleration. Landlord shall at all times have the right without prior demand or notice except as required by applicable Law to: (i) seek any declaratory, injunctive or other equitable relief, and specifically enforce this Lease or restrain or enjoin a violation of any provision hereof, and (ii) sue for and collect any unpaid Rent which has accrued. Notwithstanding anything to the contrary contained in this Lease, to the extent not expressly prohibited by applicable Law, in the event of any Default by Tenant, Landlord may terminate this Lease of Tenant's right to possession and accelerate and declare that all Rent reserved for the remainder of the Term shall be immediately due and payable (in which event, Tenant's obligations for Real Property Taxes and Insurance herein that would have accrued thereafter shall be projected in the manner described in Section 13.2 (1), above); provided the Rent so accelerated shall be discounted, in accordance with accepted financial practice at the rate of one-year U.S. Treasury Bills at the date of occurrence, to the then present value, and Landlord shall, after receiving payment of the same from Tenant, be obligated to turn over to

Tenant any actual net reletting proceeds (net of all Costs of Reletting), thereafter received during the remainder of the Term, up to the amount so received from Tenant pursuant to this provision.

13.6 Landlord's Cure of Tenant Default. If Tenant fails to perform any obligation under this Lease during the grace periods provided herein (except that no notice shall be required in emergencies), Landlord shall have the right (but not the duty), to perform such obligation on behalf and for the account of Tenant. In such event, Tenant shall reimburse Landlord upon demand, as additional Rent, for all expenses incurred by Landlord in performing such obligation together with an amount equal to fifteen percent (15%) thereof for Landlord's overhead, and interest thereon at the Default Rate from the date such expenses were incurred. Landlords's performance of Tenant's obligations hereunder shall not be deemed a waiver or release of Tenant therefrom.

13.7 Other Matters. No re-entry or repossession, repairs, changes, alterations and additions, reletting, acceptance of keys from Tenant, or any other action or omission by Landlord shall be construed as an election by Landlord to terminate this Lease or Tenant's right to possession, or accept a surrender of the Premises, nor shall the same operate to release the Tenant in whole or in part from any of the Tenant's obligations hereunder, unless express written notice of such intention is sent by Landlord or its agent to Tenant. Notwithstanding the foregoing, Landlord shall not charge Tenant any amounts under this Lease that are collected from a subsequent Tenant. Landlord may bring suits for amounts owed by Tenant hereunder or any portions thereof, after the same have accrued, and no suit or recovery of any portion due hereunder shall be deemed a waiver of Landlord's right to collect all amounts to which Landlord is entitle hereunder, nor shall the same serve as any defense to any subsequent suit brought for any amount not theretofore reduced to judgment. Landlord may pursue one or more remedies against Tenant and need not make an election of remedies until findings of fact are made by a court of competent jurisdiction. All rent and other consideration paid by any replacement tenants shall be applied, at Landlord's option: first, to the Costs of Reletting, second, to the payment of all costs of enforcing this Lease against Tenant, third, to the payment of all interest and service charges accruing hereunder, fourth, to the payment of other obligations of Tenant to Landlord as the same become due (with any remaining residue to be retained by Landlord). "Costs of Reletting" shall include without limitation, all reasonable costs and expenses (whether to prevent damage or to prepare the Premises for reletting), brokerage commissions, advertising costs, attorneys' fees, any economic incentives given to enter leases with replacement tenants, and costs of collecting rent from replacement tenants. Landlord shall be under no obligation to observe or perform any provision of this Lease on its part to be observed or performed which accrues after the date of any Default by Tenant. The times set forth herein for the curing of violations by Tenant are of the essence of this Lease. Tenant hereby irrevocably waives any right otherwise available under any Law to redeem or reinstate this Lease or Tenant's right to possession after this Lease or Tenant's right to possession is terminated based on a Default by Tenant.

13.8 Default by Landlord. Landlord's failure to do, observe, keep and perform any of the terms, covenants, conditions, agreements or provisions of this Lease required to be done, observed, kept or performed by Landlord, for a period greater than thirty (30) days after written notice by Tenant to Landlord of said failure (except when the nature of Landlord's obligation is such that more than thirty (30) days are required for its performance, then Landlord shall not be deemed in default if it commences performance within the thirty (30) day period and thereafter diligently pursues the cure to completion), shall be deemed a default by Landlord and a breach of the Lease; then, Tenant may, at its option, seek its rights and remedies provided at law or in equity. Tenant shall have no right of self-help to perform repairs or any other obligation of Landlord, and shall have no right to withhold, set-off or abate rent, except as provided in Section 6.1. Notwithstanding the foregoing, Tenant may hire a licensed contractor to perform work for the Tenant in an emergency, provided: (i) Tenant provides reasonable notice to Landlord, (ii) Landlord fails to perform and (iii) the bill is submitted to Landlord for payment as a separate item not deducted from Rent.

14. **CONDEMNATION.** If the Premises or any portion thereof are taken under the power of eminent domain, or sold by Landlord under the threat of the exercise of said power (all of which is herein referred to as "condemnation"), this Lease shall terminate as to the part so taken as of the earliest of the following occur: (a) twenty (20) days after Tenant gives notice to Landlord of its election to vacate following the date the condemnor gives a notice of intention to take or the condemning authority takes title to the Premise or the portion thereof or (b) the date the condemning authority takes possession of the Premises or the portion thereof. Upon receipt by either party of the condemnor's notice of intention to take, each shall immediately give written notice of such receipt to the other party. If more than twenty-five percent (25%) of the Premises, or more than twenty-five percent (25%) of the land area of the parcel of land upon which the Premises are a part, is taken by condemnation, or the effect of condemnation is to render the Premises untenantable for Tenant's to conduct its business, either Landlord or Tenant may terminate this Lease at any time following the date the condemnor gives notice in writing of its intention to take within twenty (20) days after Landlord shall have notified Tenant of the taking or, in the absence of such notice, then within twenty (20) days after the condemning authority shall have taken possession.

If this Lease is not terminated by either Landlord or Tenant then it shall remain in full force and effect as to the portion of the Premises remaining, provided the Rent shall be reduced in the same proportion that the area taken bears to the total area of the Premises prior to taking. In the event this Lease is not so terminated then Landlord agrees, at Landlord's sole cost, as soon as reasonably possible restore the Premises to a complete unit of like quality, character and utility for Tenant's purposes as existed prior to the condemnation. The entire compensation awarded in or by reason of said eminent domain proceedings or conveyance in lieu thereof shall belong to Landlord whether damages are awarded as compensation for diminution in the value of the leasehold or of Landlord's interest in the Premises, without any deduction therefrom for any present or future estate or interest of Tenant, and Tenant hereby assigns to Landlord all of Tenant's right, title and interest in and to any and all such compensation together with any and all rights, estate and interest of Tenant now existing or hereafter arising in and to the same or any part thereof. Current Rent and other charges shall be apportioned as of the date of such taking.

15. **SIGNAGE.** Tenant, at its sole cost and expense, shall have the right to install or place professionally prepared, designed and installed signs, awnings, or other advertising materials in or about the Premises or on the Building and directories subject to Tenant obtaining Landlord's prior consent. Said signs and awnings shall be in compliance with all applicable laws, regulations and rules and approved by municipal and other governmental agencies prior to the installation of such signage. At expiration or early termination of the Lease, Landlord, at its sole discretion, shall have the right for each and every sign and awning to require either (i) Tenant to remove such sign, awning, or portion thereof at Tenant's sole cost and expense or (ii) such sign remains with the Premises and shall be the property of Landlord; except that Tenant shall remove the portion of the signs that contains its proprietary name.

16. **GENERAL PROVISIONS.**

16.1 <u>Estoppel Certificate</u>. Tenant shall at any time upon not less than thirty (30) days' prior written notice from Landlord execute, acknowledge and deliver to Landlord a statement in writing (i) certifying that this Lease is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect) and the date to which the rent, and other charges are paid in advance, if any, and (ii) acknowledging that there are not, to Tenant's knowledge, any uncured defaults on the part of Landlord hereunder, or specifying such defaults, if any, which are claimed. Any such statement may be conclusively relied upon by any prospective purchaser or encumbrancer of the Premises. However, such certificates shall be for the purpose of facilitating the Landlord's financing, refinancing or sale activities only, and shall not affect or prejudice any rights or remedies of Tenant against Landlord.

16.2 Landlord's Interests. The term "Landlord" as used herein shall mean only the owner or owners at the time in question of the fee title or a tenant's interest in a ground lease of the Premises. In the event of any transfer of such title or interest, Landlord herein named (and in case of any subsequent transfers, the grantor) shall be relieved from and after the date of such transfer of all liability with respect to Landlord's obligations thereafter to be performed, provided that any funds in the hands of Landlord or the grantor at the time of such transfer, in which Tenant has an interest, shall be delivered to the grantee. Nothing herein shall be deemed to relieve Landlord of any liability for its acts, omissions or obligations occurring or accruing up to and including the date of such transfer. The obligations contained in this Lease to be performed by Landlord shall, subject as aforesaid, be binding on Landlord's successors and assignees, only during their respective periods of ownership.

16.3 Severability. The invalidity of any provision of this Lease, as determined by a court of competent jurisdiction, shall in no way affect the validity of any other provision hereof.

16.4 Time of Essence. Time is of the essence to the parties executing this Lease.

16.5 Captions. Article and section captions are not a part hereof.

16.6 Incorporation of Prior Agreements; Amendments. This Lease contains all agreements of the parties with respect to any matter mentioned herein. No prior agreement or understanding pertaining to any such matter shall be effective. This Lease may be modified in writing only, signed by the parties in interest at the time of the modification.

16.7 Waivers. No waiver by Landlord or Tenant of any provision hereof shall be deemed a waiver of any other provision hereof or of any subsequent breach by Tenant or Landlord of the same or any other provision. Landlord's consent to or approval of any act shall not be deemed to render unnecessary the obtaining of Landlord's consent to or approval of any subsequent act by Tenant.

16.8 Recording. Landlord or Tenant may record a short form or memorandum of lease at its own expense.

16.9 Holding Over. Tenant shall pay Landlord 200% of the amount of Rent then applicable prorated on a per diem basis for each day Tenant shall retain possession of the Premises or any part thereof after expiration or earlier termination of this Lease, together with all damages sustained by Landlord on account thereof. If Tenant pays holdover rent as set forth herein, this Lease shall become a month-to-month lease which may be terminated by either party upon twenty (20) day written notice. The foregoing provisions shall not serve as permission for Tenant to holdover, nor serve to extend the Term (although Tenant shall remain a tenant at sufferance, bound to comply with all provisions of this Lease until Tenant vacates the Premises). Landlord shall have the right, at any time after expiration or earlier termination of this Lease or Tenant's right to possession, to reenter and possess the Premises and remove all property and persons therefrom, and Landlord shall have such other remedies for holdover as may be available to Landlord under other provisions of this Lease or applicable Laws.

16.10 Cumulative Remedies. No remedy or election hereunder shall be deemed exclusive, but shall, wherever possible, be cumulative with all other remedies at law or in equity.

16.11 Binding Effect; Choice of Law. This Lease shall bind the parties, their personal representatives, successors and assigns. This Lease shall be governed by the laws of the state where the Premises are located.

16.12 Subordination, Nondisturbance and Attornment. Subject to the provisions of Section 16.13 hereof, this Lease and the rights of Tenant hereunder shall be subordinate at all times to the lien of any first mortgage, or any ground lease of similar instrument now or hereafter placed upon the

Premises or all or any part of the Building, and to all advances made or hereafter to be made upon the security thereof, and to all renewals, modifications, amendments, consolidations, replacements and extensions thereof, provided that Tenant's rights shall not be abridged, nor its obligation be enlarged, notwithstanding any default in any such first mortgage, first mortgages, or any ground lease, or after foreclosure or termination thereof, so long as Tenant is not in default under any of the covenants, conditions and agreements in this Lease.. As used in this Article, the term "mortgage" shall also include a deed of trust and the term "ground lease" shall also include a master lease. In the event of cancellation or earlier termination of any ground lease or in the event of a foreclosure of any first mortgage, Tenant will attorn, as Tenant under this Lease, to such purchaser or ground Landlord and Tenant will promptly execute such instruments as may be necessary or appropriate to evidence such attornments. Tenant covenants and agrees to execute and deliver, upon demand, such further instruments subordinating or attorning this Lease to the lien of any such first mortgage, first mortgages, or ground lease as shall be reasonably required by Landlord or any first mortgage or proposed first mortgagee or Landlord under any ground lease upon condition that Tenant shall have the right to remain in possession of the Premises under the terms of this Lease and Tenant's rights shall not be abridged, nor its obligation be enlarged, notwithstanding any default in any such first mortgage, first mortgages, or any ground lease, or after foreclosure or termination thereof, so long as Tenant is not in default under any of the covenants, conditions and agreements in this Lease.

16.13 Landlord's Access. Landlord and Landlord's agents shall have the right to enter the Premises upon twenty-four (24) hours written notice, except in emergency, for the purpose of inspecting the same, showing the sam-e to prospective purchasers, insurers, contractors or lenders, and making such alterations, repairs, improvements or additions to the Premises or to the Building of which they are a part as Landlord may deem necessary or desirable. Landlord may place on or about the Premises any "For Rent or Lease" signs or notices and have free access to the Premises for the purpose of inspecting and exhibiting the Premises to prospective tenants, brokers or contractors under the following conditions: (i) at any time during the last one hundred and eighty (180) days of the Term hereof, (ii) at any time Tenant ceases to conduct business in the Premises for longer than 30 consecutive days, or (iii) at any time Tenant has executed a lease at another location to close and move its operations in the Premises to a new location (and under this section (iii), Landlord shall be able to take full control and possession of the Premises without altering Tenant's obligation to pay all Rent through the end of the Term, upon Tenant ceasing operations in the Premises). Notwithstanding anything contained herein to the contrary, Landlord, its agents, employees or contractors' entry onto the Premises, or any repair or work performed thereon as provided under this Section shall use its reasonable best efforts not to materially or unreasonably affect or interrupt Tenant's use, business or operations on the Premises or materially obstruct the visibility or ingress and egress of the Premises. In the event of such substantial and material interference, Landlord shall first obtain the written consent of Tenant (except in emergencies) which consent shall not be unreasonably withheld, and the rent shall be abated accordingly.

16.14 Only Landlord/Tenant Relationship. Nothing contained in this Lease shall be deemed or construed by the parties hereto or by any third party to create the relationship of principal and agent, partnership, joint venturer or any association between Landlord and Tenant, it being expressly understood and agreed that neither the method of computation of Rent nor any act of the parties hereto shall be deemed to create any relationship between Landlord and Tenant other than the relationship of landlord and tenant.

16.15 Attorneys' Fees. If Landlord brings an action to enforce the terms hereof or declare rights hereunder, Landlord shall be entitled to its reasonable attorneys' fees and costs as fixed by the court to be paid by Tenant.

17. QUIET ENJOYMENT. Landlord covenants and agrees that, so long as this Lease is in full force and effect, and Tenant is not in default Tenant shall lawfully and quietly hold, occupy and enjoy the Premises during the term of this Lease without disturbance by Landlord or by any person

having title paramount to Landlord's title or by any person claiming through or under Landlord, subject to the terms and conditions of this Lease.

18. NOTICES. Whenever a provision is made under this Lease for any demand, notice or declaration of any kind, or where it is deemed desirable or necessary by either party to give or serve any such notice, demand or declaration to the other party, it shall be in writing and served either personally or sent by United States mail, certified, postage prepaid, or sent by overnight courier addressed at the addresses set forth below or at such address as either party may advise the other from time to time, or by e-mail or facsimile.

To Landlord at:
Arcada BLDG LLC
c/o Scott Price
5464 174th Pl. SE
Bellevue, WA 98006
spricere@comcast.net

To Tenant at:
Gordy's Quick Mart of St. Charles LLC
c/o Gordon Simic
101 E. Main Street
St. Charles, Illinois
gordonsimic1@gmail.com

Notices given hereunder shall be deemed to have been given on the date of personal delivery, when transmitted by facsimile or email transmission provided the sender obtains an electronic confirmation of delivery, the next business day after deposit with overnight courier, or two (2) business days after the date of mailing.

19. HAZARDOUS MATERIALS.

A. Tenant shall not transport, use, store, maintain, generate, manufacture, handle, dispose, release or discharge any "Hazardous Material" (as defined below) upon or about the Building, or permit Tenant's employees, agents, contractors, invitees and other occupants of the Premises to engage in such activities upon or about the Building. However, the foregoing provisions shall not prohibit the transportation to and from, and use, storage, maintenance and handling within, the Premises of substances other than Hazardous Materials that are customarily used in the business or activity expressly permitted to be undertaken in the Premises, provided: (a) such substances shall be used and maintained only in such quantities as are reasonably permitted use of the Premises and the ordinary course of Tenant's business therein, strictly in accordance with applicable Law, highest prevailing standards, and the manufacturers' instructions therefor, (b) such substances shall not be disposed of, released or discharged in the Building, and shall be transported to and from the Premises in compliance with all applicable Laws, and as Landlord shall reasonably require, (c) if any applicable Law or Landlord's trash removal contractor requires that any such substances be disposed of separately from ordinary trash, Tenant shall make arrangements at Tenant's expense for such disposal directly with a qualified and licensed disposal company at a lawful disposal site (subject to scheduling and approval by Landlord), (d) any remaining such substances shall be completely and properly removed and disposed of any such substances, Tenant shall be named as the owner and generator, obtain a waste generator identification number, and execute all permit applications, manifests, waste characterization documents and any other required forms.

B. Tenant shall promptly notify Landlord to the extent that Tenant has actual knowledge of: (i) any enforcement, cleanup or other regulatory action taken or threatened any governmental or regulatory authority with respect to the presence of any Hazardous Material on the Premises or the migration thereof from or to other property, (ii) any demands or claims made or threatened by any party relating to any loss or injury resulting from any Hazardous Material on the

Premises, (iii) any release, discharge or nonroutine, improper or unlawful disposal or transportation of any Hazardous Material on or from the Premises or in violation of this Article, and (iv) any matters where Tenant is required by Law to give a notice to any governmental or regulatory authority respecting any Hazardous Material on the Premises. Landlord shall have the right (but not the obligation) to join and participate, as a party, in any legal proceedings or actions affecting the Premises initiated in connection with any environmental, health or safety Law. At such times as Landlord may reasonably request, Tenant shall provide Landlord with a written list, certified to be true and complete, identifying any Hazardous Material then used, stored, or maintained upon the Premises, the use and approximate quantity of each such material, a copy of any material safety data sheet ("MSDS") issued by the manufacturer therefor, and such other information as Landlord may reasonably require or as may be required by Law. The term "Hazardous Material" for purposes hereof shall mean any chemical, substance, material or waste or component thereof which is now or hereafter listed, defined or regulated as a hazardous or toxic chemical, substance, material or waste or component thereof by any federal, state or local governing or regulatory body having jurisdiction, or which would trigger any employee or community "right-to-know" requirements adopted by any such body, or for which any such body has adopted any requirements for the preparation or distribution of an MSDS.

C. If any Hazardous Material is released, discharged or disposed of by Tenant or any other occupant of the Premises, or their employees, agents or contractors, on or about the Building in violation of the foregoing provisions, Tenant shall immediately, properly and in compliance with applicable Laws clean up and remove the Hazardous Material from the Building and any other affected property and clean or replace any affected personal property (whether or not owned by Landlord), at Tenant's expense (without limiting Landlord's other remedies therefor). Such clean up and removal work shall be subject to Landlord's prior written approval (except in emergencies), and shall include, without limitation, any testing, investigation, and the preparation and implementation of any remedial action plan required by any court or governmental body having jurisdiction or reasonably required by Landlord. If Landlord or any Lender or governmental body arranges for any tests or studies showing that this Article has been violated, Tenant shall pay for the costs of such test. If any Hazardous Material is released, discharged or disposed of on or about the Premises and such release, discharge or disposal is not caused by Tenant or other occupants of the Premises, or their employees, agents or contractors, such release, discharge or disposal shall be deemed casualty damage under this Lease to the extent that the Premises is affected thereby; in such case Landlord and Tenant shall have the obligations and rights respecting such casualty damage provided under such Lease.

20. SECURITY. Landlord does not assume responsibility to provide any security measures or any liability for failure to provide same.

21. LANDLORD'S LIABILITY. No personal liability is assumed by, nor shall at any time be asserted or enforceable against Landlord, its beneficiaries, any successor owner or their respective successors or assigns or the trustees, beneficiaries, officers, directors, shareholders or partners thereof, or the agents or employees of any of them on account of this Lease or any covenant, undertaking or agreement of Landlord in this Lease contained. It is expressly understood that the liability of the Landlord or any successor owner is intended to refer only to that portion of the Building and to no other property or asset of Landlord, any successor owner or the trustees, beneficiaries, officers, directors, shareholders or partners thereof, or the agents or employees of any of them.

22. FORCE MAJEURE. In the event the performance of any work to be performed hereunder by either party is delayed for reasons beyond the control of the party responsible for such performance, including but not limited to acts of God, war, acts of civil disobedience or strike, the time for performance shall be entered for a period of time equivalent to the period of such delay or delays; provided, however, that the time for performance shall in no event be extended due to financial or economic problems of either party, their architects, contractors, agents or employees, or delays caused the inability of architects, contractors, suppliers or other employees and agents to meet deadline, delivery or

contract dates (unless such inability is caused by acts of God, war, acts of civil disobedience or strike). It shall be a condition of Tenant's and Landlord's right to claim an extension of time as a result hereof that the affected party notify the other party in writing within ten (10) days after the occurrence of such cause, specifying the nature thereof and the period of time contemplated or necessary for performance.

23. BROKERAGE FEE. Tenant warrants and represents to Landlord that it has not dealt with any realtor, broker or agent in connection with the negotiation and execution of this Lease other than Murray Commercial, and Tenant agrees to pay and to hold Landlord harmless from any cost, expense or liability (including cost of suit and reasonable attorneys' fees) for any compensation, commissions or charges claimed by any realtor, broker or agent other than Murray Commercial with respect to this Lease and the negotiation thereof.

24. CHANGES TO THE BUILDING. Landlord reserves the right to: (i) install, maintain, alter and remove signs on or about the exterior and interior of the Building, (ii) add land, easements or other interests to or eliminate the same from the Building and grant easements and other interest and rights in the Building to other parties, (iii) add, alter, expand, reduce, eliminate, relocate or change the shape, size, location, character, design, appearance, use, number or height of any structures, improvements, planters, (iv) add structural support columns that may be required within the Premises or Building, (v) relocate any HVAC equipment serving the Premises installed on the roof or other area outside the Premises (vi) in connection with the foregoing matters, or with any other inspections, repairs, maintenance, improvements or alterations in or about the Building, or as a result of any casualty, incident, strike, condemnation, act of God, Law or governmental requirement or request, or any other cause, erect scaffolding, barricades, and other structures reasonably required in, or otherwise close, including but not limited to, public entry ways and areas. However, in connection with exercising such rights, Landlord shall: (a) take reasonable steps to minimize or avoid any denial of access or visibility to the Premises except when necessary on a temporary basis which shall in no event be longer than ten (10) days, (b) take reasonable steps to avoid changing the configuration or reducing the square footage of the Premises (in no event shall the reduction in square footage of Tenant's Premises shall be more than 5% of the Premises), unless required by Laws or other causes beyond the Landlord's reasonable control (and in the event of any permanent material reduction, the Base Rent shall be proportionately reduced).

25. STORAGE SPACE. Landlord shall provide reasonable storage space for Tenant's use in the basement of the Building, at Landlord's reasonable discretion.

26. AUTHORITY. Tenant represents that is has full and complete authority to enter into this Lease under all the terms, covenants provisions set forth herein and Tenant shall provide documentation to Landlord demonstrating such authority and that Tenant is in good standing with its state of incorporation. Tenant also represents that the individual or individuals signing on behalf of Tenant have full and complete authority to execute this Lease on behalf of Tenant.

27. SECURITY DEPOSIT. Tenant shall deposit with Landlord the amount of $12,000 ("Security Deposit") upon Tenant's execution and submission of the Lease. The Security Deposit shall serve as security for the prompt, full and faithful performance by Tenant of the terms and provisions of this Lease. In the event that Tenant is in default hereunder and fails to cure within any applicable time period permitted under this Lease, or in the event that Tenant owes any amounts to Landlord upon the expiration of this Lease, Landlord may use or apply the whole or any part of the Security Deposit for the payment of Tenant's obligations hereunder. The use or application of the Security Deposit or any portion thereof shall not prevent Landlord from exercising any other right or remedy provided hereunder or under any law and shall not be construed as liquidated damages. In the event the Security Deposit is reduced by such use or application, Tenant shall deposit with Landlord within ten (10) days after written notice, an amount sufficient to restore the full amount of the Security Deposit. Landlord shall not be required to keep the Security Deposit separate from Landlord general funds or pay interest on the Security Deposit. Any remaining portion of the Securiry Deposit shall be returned to the Tenant within sixty (60) days after

Tenant has vacated the Premises. It is specifically understood by Tenant that Tenant may not have the Security Deposit apply to Tenant's last month(s) rental obligation and must pay such rent by the first day of such month(s).

28. NON-SMOKING. The Landlord has designated the entire building as "non-smoking". Tenant agrees to inform and use reasonable efforts to prevent employees and visitors from smoking anywhere within the building, including private offices or restrooms.

IN WITNESS WHEREOF, the parties have executed this Lease as of theatre portion of the building the date first above written.

LANDLORD:

Arcada BLDG LLC,
an Illinois limited liability company

By: _____

Scott R. Price
Manager

TENANT:

Gordy's Quick Mart of St. Charles LLC,
a to be formed Illinois liability company

By: _____

Name: Gordon Simic
Title: PRES/MEMBER

EXHIBIT A

Legal Description of Building

Certain tracts of land situated in the County of Kane, State of Illinois and more particularly described as follows:

PARCEL ONE:

THE WESTERLY 9 FEET OF THE SOUTHERLY 12 FEET OF THE PROPERTY DESCRIBED AS FOLLOWS: THAT PART OF LOTS 3 AND 4 IN BLOCK 2 OF THE ORIGINAL TOWN OF ST. CHARLES, ON THE EAST SIDE OF THE FOX RIVER, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID. LOT 4; THENCE NORTHERLY ALONG THE EASTERLY LINE OF SAID. LOT, 29.05 FEET; THENCE EASTERLY, PARALLEL WITH THE SOUTHERLY LINE OF SAID LOT 3, A DISTANCE OF 0.32 FOOT TO THE CENTER LINE OF A 1 FOOT WIDE PARTY WALL; THENCE NORTHERLY ALONG SAID CENTER LINE 37.25 FEET TO A POINT ON THE WESTERLY LINE OF SAID LOT 3 WHICH IS 34 FEET SOUTHERLY OF, AS MEASURED ALONG SAID WESTERLY LINE, THE NORTHWEST CORNER OF SAID LOT; THENCE NORTHERLY ALONG THE CENTER LINE OF SAID 1 FOOT WIDE PARTY WALL TO A POINT ON THE NORTHERLY LINE OF SAID LOT 4 WHICH IS 0.28 FOOT WESTERLY OF THE NORTHEAST CORNER THEREOF; THENCE EASTERLY ALONG SAID NORTHERLY LINE 50.57 FEET TO THE NORTHEAST CORNER OF SAID LOT 3; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID LOT 3, A DISTANCE OF 100.30 FEET TO THE SOUTHEAST CORNER OF SAID LOT; THENCE WESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT, 50.295 FEET TO THE POINT OF BEGINNING; IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS

PARCEL TWO:

EASEMENT FOR BENEFIT OF PARCEL ONE FOR MAINTENANCE AND REPAIR AND INGRESS AND EGRESS CREATED BY DEED RECORDED APRIL 17 2001 AS DOCUMENT 2901K034378 ON AND OVER THE FOLLOWING:
THE SOUHERLY 12 FEET OF THE FOLLOWING PROPERTY THAT PART OF LOTS 3 AND 4 IN BLOCK 2 OF THE ORIGINAL TOWN OF ST. CHARLES, ON THE EAST SIDE OF THE FOX RIVER, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 4; THENCE NORTHERLY ALONG THE EASTERLY LINE OF SAID LOT, 29.05 FEET; THENCE EASTERLY, PARALLEL WITH THE SOUTHERLY LINE OF SAID LOT 3, A DISTANCE OF 0.32 FOOT TO THE CENTER LINE OF A 1 FOOT WIDE PARTY WALL; THENCE NORTHERLY ALONG SAID CENTER LINE 37.25 FEET TO A POINT ON THE WESTERLY LINE OF SAID LOT 3 WHICH IS 34 FEET SOUTHERLY OF, AS MEASURED ALONG SAID WESTERLY LINE, THE NORTHWEST CORNER OF SAID LOT; THENCE NORTHERLY ALONG THE CENTER LINE OF SAID 1 FOOT WIDE PARTY WALL TO A POINT ON THE NORTHERLY LINE OF SAID LOT 4 WHICH IS 0.28 FOOT WESTERLY OF THE NORTHEAST CORNER THEREOF; THENCE EASTERLY ALONG SAID NORTHERLY LINE 50.57 FEET TO THE NORTHEAST CORNER OF SAID LOT 3; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID LOT 3, A DISTANCE OF 100.30 FEET TO THE SOUTHEAST CORNER OF SAID LOT; THENCE WESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT, 50.295 FEET TO THE POINT OF BEGINNING; (EXCEPT PART LYING IN PARCEL ONE DESCRIBED AOVE) IN THE CITY ST. CHARLES, KANE COUNTY, ILLINOIS.

PARCEL THREE:

ALL OFLOTS 5 AND 6 IN BLOCK 2 OF THE ORIGINAL TOWN OF ST. CHARLES, ON THE EAST SIDE OF THE FOX RIVER, AND THAT PART OF LOTS 3 AND 4 IN SAID BLOCK 2, DESCRIBED AS FOLLOWS:: BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 4; THENCE NORTHERLY ALONG THE EASTERLY LINE OF SAID LOT, 29.05 FEET; THENCE EASTERLY, PARALLEL WITH THE SOUTHERLY LINE OF SAID LOT 3, A DISTANCE OF 0.32 FEET TO THE CENTER LINE OF A ONE FOOT WIDE PARTY WALL; THENCE NORTHERLY ALONG SAID CENTER LINE 37.25 FEET TO A POINT ON THE WESTERLY LINE OF SAID LOT 3 WHICH IS 34 FEET SOUTHERLY OF, AS MEASURED ALONG SAID WESTERLY LINE, THE NORTHWEST CORNER OF SAID LOT; THENCE NORTHERLY ALONG THE CENTER LINE OF SAID ONE FOOT WIDE PARTY WALL TO A POINT ON THE NORTHERLY LINE OF SAID LOT 4 WHICH IS 0.28 FEET WESTERLY OF THE NORTHEAST CORNER THEREOF; THENCE WESTERLY ALONG SAID NORTHERLY LINE 50.05 FEET TO THE NORTHWEST CORNER OF SAID LOT 4; THENCE SOUTHERLY ALONG THE WESTERLY LINE OF SAID LOT 4, A DISTANCE OF 100.30 FEET TO THE SOUTHWEST CORNER OF SAID LOT; THENCE EASTERLY ALONG THE SOUTHERLY LINE OF SAID LOT, 50.295 FEET TO THE POINT OF BEGINNING; IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS

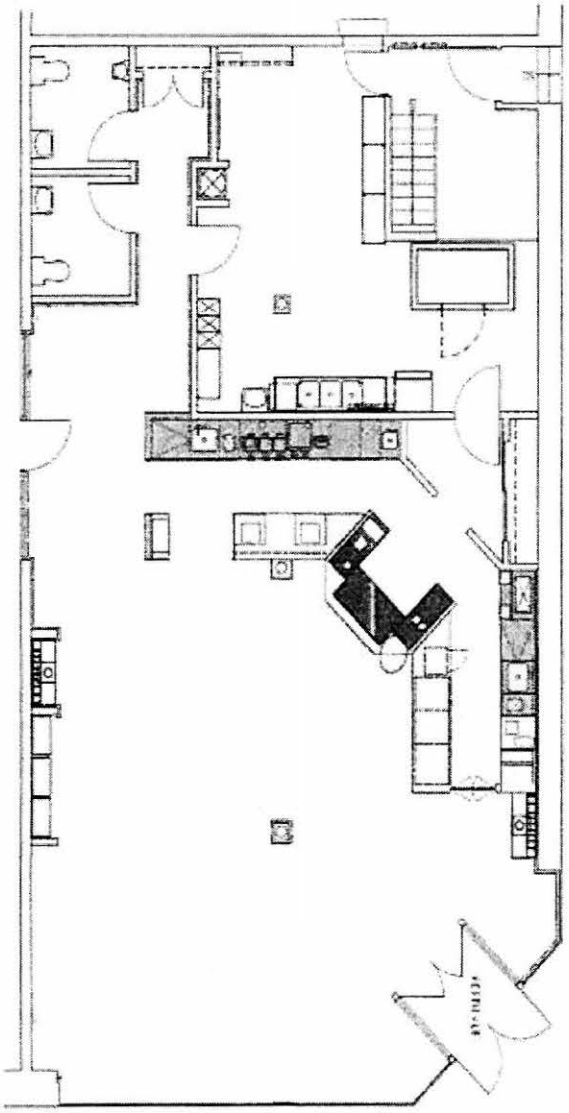
PARCEL FOUR:

EASEMENT FOR INGRESS AND EGRESS FOR BENEFIT OF PARCEL THREE CREATED BY AGREEMENT RECORDED MAY 2, 1924 AS DOCUMENT 236236 AND BY AGREEMENT RECORDED JUNE 20 1925 DOCUMENT 25611:15 MADE BY JOE MELSON TO LESTER J. NORRIS FOR THE BENEFIT OF PARCEL ONE OVER THE WEST 10 FEET OF THE SOUTH 94.5 FEET OF LOT 7 IN BLOCK 2 OF THE ORIGINAL TOWN OF ST. CHARLES., ON THE EAST SIDE OF THE FOX RIVER, IN THE CITY OF ST. CHARLES, KANE COUNTY, ILLINOIS.

EXHIBIT B

CORNER RETAIL - ARCADA THEATER BUILDING

101 E Main Street, Saint Charles, IL 60174



AMENDMENT NO. 1 TO COMMERCIAL LEASE

THIS AGREEMENT made and entered as of January 19, 2018, by and between Gordy's Quick Mart of St. Charles LLC ("Tenant"), and Arcada BLDG LLC., an Illinois Limited Liability Company ("Landlord").

A. Tenant and Landlord have heretofore entered into that certain Commercial Lease dated July 21, 2017 (the lease as amended herein shall be referred to as the "Lease"), for the premises at the address commonly known as 101 E. Main St., St. Charles, IL ("Premises"), as more fully described in the Lease.

B. The parties mutually desire to amend the Lease, all on the terms and conditions hereinafter set forth.

NOW THEREFORE, in consideration of the mutual terms and conditions herein contained, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

1. **Amendments.** All terms and conditions contained in the Lease shall continue to apply with full force and effect, except as amended as follows:

   a. **Term.** The Term of the Lease is hereby amended to the period commencing on January 1, 2018 ("Commencement Date") and ending on February 28, 2023 (the Expiration Date"), unless sooner terminated as provided in the Lease.

   b. **Base Rent.** Base Rent pursuant to section 3. of the Lease is hereby amended to the following (Tenant previously paid $4,000 which is now applied toward January 2018 Base Rent with next Base Rent payment commencing February 1, 2018):

Period	Monthly
Jan 1, 2018 - Oct 31, 2018	$4,000
Nov 1, 2018- Oct 31, 2019	4,400
Nov 1, 2019- Oct 31, 2020	4,600
Nov 1, 2020- Oct 31, 2021	4,800
Nov 1, 2021- Feb 28, 2023	5,200

   c. **Use.** Section **5.1 Use** of the Lease, is hereby amended to include, "the sale of alcoholic beverages".

   d. **Liquor Liability Coverage. Section 7. 1 Liability Insurance** of the Lease, is hereby amended by adding the following as an additional paragraph to section 7.1, as follows:

   Liquor Liability Coverage. Tenant's obligation to provide liability insurance herein shall be deemed to include the obligation to provide liquor liability coverage. In the event any-lesser limits of liability under the Illinois Liquor Control Act are set by Statutes, and validity of such lesser limits has been established by decision of the Supreme Court of Illinois, then the limits of liability of the dram shop insurance required to be maintained by Tenant may be reduced for each person and occurrence to the limits set by such statute and decision of the Supreme Court, provided that if such limits of liability shall be increased the insurance required hereunder shall be increased accordingly. The failure of the Tenant to obtain any to maintain at all times said insurance and indemnification in the above amount or amounts, issued in form and by a carrier or carriers satisfactory to Landlord, and default of Tenant in the full punctual payment of the premium costs thereof, or the possession, use, sale, distribution or giving away of any alcoholic liquor in, on or from the premises at any time or times said policy or policies are not in full force and affect, shall constitute a breach of this lease entitling Landlord, at its election, forthwith and without notice to terminate the term hereof by entry and to recover from Tenant damages, including all sums of money for which Landlord, Landlord's agents and servants, and the demised premises and improvements, or any of them, may become liable to pay any person or persons as the result of any violation, in, on or from the demised premise, of said Illinois Liquor Control Act, or of any other rule of law, act, statute, ordinance or governmental regulation or order, together with costs and expenses of Landlord and Landlord's agents and servants.

2. **Whole Agreement.** This Agreement sets forth the entire agreement between the parties and there have been no additional oral or written representations or agreements with respect to the matters set forth herein. As amended herein, the Lease between the parties shall remain in full force and effect. In case of any inconsistency between the provisions of the Lease and this Agreement, the latter provisions shall govern and control.

5. **Binding Effect.** This Amendment shall bind and benefit Tenant and Landlord, and their respective estates, predecessors, successors, and assigns.

6. **Representations.** Each party represents to the other that it has full power and authority to execute this Agreement.

7. **No Offer.** This Agreement shall not be binding until executed and delivered by all parties.

IN WITNESS WHEREOF, Landlord and Tenant have duly executed this Agreement as of the day and year first above written.

LANDLORD:

42 West Jefferson L.L.C.
an Illinois Limited Liability Company

By: _____
Scott R. Price
Its: Member

TENANT:

Gordy's Quick Mart of St. Charles LLC,
an Illinois Limited Liability Company

By: _____
Gordon Simic
Its: Member

GUARANTOR:

_____
Gordon Simic

Form **LLC-5.5**	Illinois **Limited Liability Company Act** **Articles of Organization**	**FILE # 06435807**
Secretary of State Jesse White Department of Business Services Limited Liability Division www.cyberdriveillinois.com	**Filing Fee:** $500 **Expedited Fee:** $100 **Approved By:** TLB	**FILED** **AUG 16 2017** **Jesse White** **Secretary of State**

1. Limited Liability Company Name: GORDY'S QUICK MART OF ST. CHARLES, LLC

2. Address of Principal Place of Business where records of the company will be kept:
902 S. RANDALL ROAD, UNIT 306

ST. CHARLES, IL 60174

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

DANIEL NELSON
129 W WILLOW AVE
WHEATON, IL 60187-5236

5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

SIMIC, TERRI
902 S. RANDALL ROAD, UNIT 306
ST. CHARLES, IL 60174

8. **Name and Address of Organizer**
I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: AUGUST 16, 2017

TERRI SIMIC
902 S. RANDALL RD, UNIT 306
ST. CHARLES, ILLINOIS 60174

Form **LLC-5.25**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Articles of Amendment

SUBMIT IN DUPLICATE
Type or print clearly.

Filing Fee: $150
Approved:

FILE # 06435807
This space for use by Secretary of State.

RECEIVED
FEB 16 2018
JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name: Gordy's Quick Mart of St. Charles, LLC

2. Articles of Amendment effective on:
   - ☑ the file date
   - ☐ a later date (not to exceed 30 days after the file date) _____ Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):
   - ☑ a) Admission of a new manager (give name and address below)*
   - ☐ b) Withdrawal of a manager (give name below)
   - ☐ c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable)
   - ☐ d) Change of registered agent and/or registered agent's office (give new name and/or address below, *address change to P.O. Box alone or C/O is unacceptable)*
   - ☐ e) Change in the Limited Liability Company's name (give new name below)**
   - ☐ f) Change in date of dissolution (state perpetual or date of dissolution below)
   - ☐ g) Establish authority to issue series (fee $400, see NOTE)
   - ☐ h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:
New Managers:

Gordon Simic, 902 S. Randall Road, Unit 306, St. Charles, IL 60174

Nicholas Simic, 902 S. Randall Road, Unit 306, St. Charles, IL 60174

**New name of LLC (as changed): _____
The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: 12/17, 2017
Month/Day Year

Signature

Terri Simic, Manager
Name and Title (type or print)

Gordy's Quickmart of St Charles, LLC
If applicant is signing for a company or other entity, state name of company or entity.

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

Gordy's Quick Mart of St. Charles, LLC
Business Plan

Description

Gordy's Quickmart will be an upscale quick mart servicing the citizens, residents, and visitors of St. Charles, Illinois. It will provide food for on site consumption as well as a range of grocery items that customers may take with them. There will be sales of alcohol and cigarettes for patrons of legal age.

Hours of Operation

Monday through Thursday:	5AM-11PM
Friday through Saturday:	7AM-1AM
Sunday:	7AM-8PM

Menu of Products Available

Milk
Soda
Water
Sports Drinks
Cold Coffee
Beer
Wine
Spirits
Fountain Drinks
Brewed Coffee
Candy
Gum
Chips
Paper Towels
Toilet Paper
Feminine Products
Diapers
Baby Wipes
Detergent
Windex
Mr. Clean

Dish Soap
Advil
Motrin
Tylenol
Cold Medicines
Cough Drops
Nasal Decongestant
Cellular Phone Plugs
Cell Phone Covers
Batteries
Ice
Lottery Tickets
Cigarettes
Fresh Baked Cookies
Fresh Donuts
Lunch Boxes
Sandwiches
Wraps
Fruit Cups
Yogurt
Hot Pretzels

Nachos
Hot Dogs
Smoothies
Shampoo
Conditioner
Hairspray
Snow Salt
Ice Scrapers
Bug Spray
Tan Lotion
Chapstick
Deodorant
Eggs
Nail Files
Toothpaste
Toothbrushes
Mouthwash
Bread
Cereal

Live Music

There will be no live music on site at Gordy's

Outdoor Smoking and Seating

There will be no outdoor designated smoking area at Gordy's. Weather Permitting, there will be a small outdoor seating area as outlined in the attached Site Plan.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/05/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Afina Insurance Advisors Inc.
1S660 Midwest Road
Suite 300
Oakbrook Terrace IL 60181

CONTACT NAME: Peggy Patis
PHONE (A/C, No, Ext): (630)524-3090 FAX (A/C, No): (630)524-3046
E-MAIL ADDRESS: ppatis@afinainsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Underwriters at Lloyds London	15642
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Gordy's Quick Mart of St. Charles LLC
902 S. Randall Rd.
St. Charles IL 60174

COVERAGES **CERTIFICATE NUMBER:** CL182513192 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
A	X LIQUOR LIABILITY			LIQ226972	02/05/2018	02/05/2019	PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage applies at 101 E. Main St., St. Charles, Ill. 60174

CERTIFICATE HOLDER

State of Illinois Liquor Control Commission
100 W. RaNdolph
Chicago, IL 60601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Margaret Patis

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ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 6a
	Title:	Recommendation of Approval of the Funding Allocation Requests of the 708 Mental Health Board for FY 2018-2019
	Presenter:	Chris Minick, Finance Director Carolyn Waibel, 708 Mental Health Board Chair

Meeting: Government Operations Committee	Date: June 18, 2018	
Proposed Cost: $557,900	Budgeted Amount: $557,900	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

The City of St. Charles levies a $0.04/$100 EAV property tax to support agencies that provide mental health services to residents of the City of St. Charles. This tax levy was approved by voters by referendum in the spring of 1986, and has been in place ever since. The City's 708 Mental Health Board administers the funding application and presentation process and makes annual recommendations of funding allocations to the various agencies providing these services. The total amount of funding available for approval for FY 18/19 is $557,900. The recommended funding allocations for the 2018-2019 funding cycle are attached.

Carolyn Waibel, Chair of the 708 Mental Health Board, will present an overall summary on behalf of all the groups requesting funding for FY 2018-19. Additionally, representatives from the five individual groups receiving greater than $25,000 in funding will be available should any detailed questions be posed. They are as follows:

- Association for Individual Development (AID)
- Ecker Center
- Lazarus House
- Renz Addiction Center
- TriCity Family Services

Attachments (*please list*)**:**
Summary sheet of recommended funding allocations of the St. Charles 708 Mental Health Board for FY 18/19, and agency applications

Recommendation/Suggested Action (*briefly explain*)**:**
Seeking a recommendation of approval of the funding allocation requests of the 708 Mental Health Board for fiscal year 2018-2019.

708 Board Allocation Worksheet - FY 2018/2019

Thursday, February 27, 2018

AGENCY	2017 FUNDING APPROVED	2018 FUNDING REQUESTED	2018 FUNDING APPROVED
Association Individual Development	$58,000.00	$64,000.00	**$60,000.00**
CASA Kane County	$6,500.00	$10,000.00	$6,700.00
Community Crisis Center	$16,500.00	$16,500.00	$16,500.00
DayOne Pact	$4,500.00	$10,000.00	$5,000.00
Easter Seals	$3,500.00	$7,500.00	$3,600.00
Ecker Center	$64,000.00	$67,000.00	**$65,600.00**
Edward Foundation	$4,500.00	$0.00	$0.00
ElderDay Center	$16,000.00	$18,000.00	$16,400.00
Fox Valley Hands of Hope	$18,000.00	$22,000.00	$18,500.00
Fox Valley Special Recreation Associaton	$3,500.00	$5,000.00	$3,600.00
Lazarus House	$43,010.00	$50,520.00	**$48,000.00**
Living Well Cancer Center	$12,500.00	$20,000.00	$13,000.00
National Alliance on Mental Illness (NAMI)	$4,500.00	$6,500.00	$5,000.00
Renz Addiction Center	$65,000.00	$75,000.00	**$67,000.00**
Suicide Prevention Services	$17,000.00	$17,000.00	$17,000.00
TriCity Family Services	$196,000.00	$220,000.00	**$202,000.00**
TriCity Health Partnership	$10,000.00	$10,000.00	$10,000.00
YWCA		$31,889.00	$0.00
TOTAL:	**$543,010.00**	**$650,909.00**	**$557,900.00**
Total Funding Available: $558,000			

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: **Lazarus House**	Executive Director/Responsible Administrator: **Liz Eakins, Executive Director**
Designated Contact Name: **Liz Eakins, Executive Director**	Contact Phone and Email Address: **630-587-2144** **LizE@lazarushouse.net**
Organization Address: **214 Walnut Street** **St. Charles, IL 60174**	Organization Phone and Website: **630-587-2144** **https://lazarushouse.net**
Number of Individuals Served Annually by the Organization: **FY17 – 303 unduplicated persons**	Number of St. Charles Residents Served Annually by the Organization: **FY17 – 160 unduplicated persons**
Amount of Request: **$50,520**	Date of Application: **12/19/17**
Signature of Responsible Administrator: L Eakins, Executive Director	Signature of Application Author: Mick Russell, Grant Writer

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

☑ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Emergency Shelter and Transitional Living Services	☐ Full ☑ Partial
2. Outreach (Homeless Prevention) Services	☐ Full ☑ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority **#1** or Designated Program:
1. The general purpose of the priority or program The mission of Lazarus House is to offer guests connected to our communities who are homeless or in need hope for the future by providing hospitality, food, safe shelter, and education – tools for life. The purpose of the services within the Emergency Shelter and Center for Transitional Living Program are to assist our homeless guests return to independent living with the skills and habits needed for long-term success.
2. The need that is to be addressed; the type of individuals to be served Through its shelter programs, Lazarus House serves men, women and children of St Charles, many who have, or at risk of having, mental health disorders, developmental disabilities, and /or substance abuse issues. The vast majority of the adults served are underemployed, are low wage earners who do not make a living wage, or who have no income at all due to physical health, mental health, and/or a variety of other reasons. Over 94% of homeless guests last year had incomes below the national poverty level. Lazarus House also serves those from St. Charles in need of service referrals through a de facto help line. Last year fielding over 790 financial needs calls. In addition, Lazarus House assists the food insecure within our community through the provision of three hot meals per day.
3. Specific activities Lazarus House will collaborate with the City of St. Charles, the county, area social service agencies and landlords to provide the support services needed by homeless St. Charles residents (many with mental health, developmental or substance abuse issues) to help them gain and retain permanent housing. Services include: safe shelter, food, personal hygiene items, shower and laundry facilities, clothing through local resources, healthcare through a local free clinic and other local funding, case management, coaching, linkage to needed services in the community and to federal and state programs, including access to mental health and substance abuse services, transportation for work and school appointments, budgeting and credit repair, employment assistance/skills upgrade, GED tutoring, assistance with securing college scholarships and job training grants and in-house classes that support successful living. Through its programs Lazarus House: 1) Promotes mental health by providing a safe place and case management to help support the well-being of those with substance abuse, mental illness and /or other disabilities. Our education staff, trained volunteers, along with professionals from TriCity Family Services, St. Charles Bank & Trust, and Community Crisis Center of Elgin, offer a number of classes for adults and children on topics such as parenting, self-esteem, healthy relationships, domestic

violence, budgeting and employment skills to improve each person's well-being.

2) Provides specific assistance with disorders and treatment through our own needs assessment process, case management and education approach, action plans, and house rules. We collaborate closely with the Ecker Center for Mental Health, Renz Addiction Counseling Center, and other service providers to help those needing formal assessments and treatment to access needed services and receive needed care. Our staff works closely with homeless parents, collaborating with school districts and service providers to provide early intervention for kids at risk of developing mental health issues and other illnesses.
3) Helps detect and treat mental health and substance abuse disorders at the earliest stages through our screening process at intake. Those affected by these disorders are linked to programs at both Renz and Ecker Centers or other appropriate programs to begin the process of treatment and recovery. Case managers screen all guests for health insurance coverage. Those who need insurance work with their Lazarus House Case Managers who assist them in applying for Medicaid; a necessary component to receiving desperately needed mental health, substance abuse and other medical care. Additionally, we offer parenting classes, domestic violence support groups and life skills classes to help prevent mental illnesses from becoming worse.
4) Supports rehabilitation through our case management and follow-up process to help ensure treatment plans are followed.

4. The implementation timeline or schedule of activities

July 1, 2018 through June 30, 2019

5. The goal(s) with a description of the anticipated major outcomes

Within our programs, Lazarus House is committed to increasing the skill levels and self-sufficiency of each guest served. Each year, within the Emergency Shelter and Center for Transitional Living, percentage targets for the current guest outcomes are evaluated and revisions for the coming year are discussed. Success of the targeted outcomes are measured based on the accomplishment of a specific percentage of those who are able to accomplish the following goals: clients receiving case management services, mental health services, substance abuse services, medical treatment, those that achieve continuing education and/or job training, those that obtain or improve employment, obtain independent transportation and those able to move into transitional/independent housing. Data collection is done during weekly case management meetings throughout the year and is based on the number of individuals needing a service compared to the number actually achieving the goals. Of those homeless persons with the following specific needs this past fiscal year, Lazarus House has gratefully been able to assist:

- 100% to receive case management
- 98% to obtain independent transportation
- 86% to move into transitional or independent housing
- 86% to achieve continuing education or job training goals
- 85% to access legal services
- 82% to receive medical care
- 80% to receive dental care
- 77% to receive substance abuse services
- 63% to receive mental health services
- 68% to obtain or improve employment

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

We anticipate serving 250 individuals in our shelter programs in FY19 which is 80% of the total population anticipated to be served by the entire organization.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

Based on historical trends and current projections, in FY19, Lazarus House anticipates serving approximately 130 St Charles residents and providing 8,700 nights of service in its Emergency Shelter and Transitional Living Programs. St. Charles residents account for 52% of the overall total guests to be served in this priority.

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

We anticipate providing 5,700 nights of service in FY18 to St. Charles residents and their children with mental health, developmental disability and/or substance abuse issues. This estimate is based on an average of the nights of service provided in the last three fiscal years.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

The Emergency Shelter and Center for Transitional Living are currently staffed by 33 full-time or part-time staff. This includes an Executive and Associate Director, Transitional Housing and Emergency Shelter Case Managers, Operations Manager, Administrative Manager and Coordinator, Grant Writer, Volunteer and Special Events Coordinator, Fundraising Coordinator, Operations and Education staff. The program is administered under the management of:

Liz Eakins, Executive Director - She has 20+ yrs. experience working with low income populations and 30+ years of experience in business accounting. She holds a B.A. in Human Services and is a certified Family and Community Development Specialist through Illinois Community Action Agencies. Liz is active in the Kane County CoC, the St Charles and Batavia Chambers of Commerce and the Supportive Housing Providers Association. She is also a board member for the National Alliance on Mental Illness.

Carol Kreger, Associate Director – She is a Certified Addiction's Counselor and Certified Domestic Violence Advocate. She has over 17 years of experience working with low income populations, including case management, facilitating groups around issues impacting those in need, and managing low income properties.

Ashley Highe, Operations Manager – She oversees operational staff members; supervising the overall operations of the Emergency Shelter, ensuring a safe and clean environment, processing incoming donations and occasionally screening new guests.

Sandy Falk, Administrative Manager - She has earned Master's degrees in School Psychology and Clinical Psychology. She has experience in counseling, human resources, finance and business management. She has served in several social service capacities including a downtown homeless shelter in Denver, Colorado, and also volunteers for various service organizations. She works closely with the Board and staff to implement sound financial, human resources and administrative processes. She also supports volunteer and fundraising activities, as appropriate.

Lazarus House maintains an ongoing, all staff training program to address topics that are frequently encountered in the operation of its programs. Recent topics have included communication and ethics, mental health first aid, trauma informed care, stress management and food safety. Case managers and various other staff members regularly attend training provided by area organizations that pertain to their positions within the shelter. Lazarus House will continue to provide ongoing staff training with skilled professionals covering topics that affect the homeless population in the area.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

Priority **#2** or Designated Program:

1. The general purpose of the priority or program

   The purpose of the Outreach Program is to offer services and referrals to those in need in our community in order to prevent homelessness and support the well-being of individuals and their families.

2. The need that is to be addressed; the type of individuals to be served

   Lazarus House's Outreach Program has continued to grow over time to address the needs of those in the areas it serves. This is due, in part, to the serious shortage of affordable housing and the unmet needs of those struggling to attain or maintain affordable housing, Through its state and federally funded rental subsidy programs, Lazarus House works with qualifying St. Charles at risk families with the provision of rental and utility assistance along with support services. The goal is to enable households to retain permanent housing and to improve financial, budgeting, and other skills to create stronger, more secure lives in this community going forward. These programs also allow for re-housing of those previously homeless, many who are effected by mental health, developmental disabilities and substance abuse issues, who, as a result of Lazarus House services, are ready again for independent living.

3. Specific activities

   Lazarus House will collaborate with the City of St. Charles, the county, area social service agencies and landlords to provide one-time and ongoing government funded rental and utility assistance as well as support services to qualifying low income households in St. Charles. Those at risk of homelessness often have the same types of issues and needs, including mental health, developmental and substance abuse issues, as those who are in the homeless shelter. These

programs are vital to many formerly homeless, who have been re-housed through these programs. They often are desperate and have nowhere else to turn for help. To assist individuals in avoiding homelessness, staff speak with these individuals, meet with them, offer them food and other services, refer them to other social service agencies for assistance, and, where possible, provide homeless prevention funds. Outreach staff provides:

- Information on rent, utility and mortgage assistance grants available in the service area
- Guidance on completing the paperwork to apply for grant funds
- Referrals to other support services/benefits that the household may qualify to receive
- Case management services to persons participating in select grant programs
- General information and referrals to callers seeking information

4. The implementation timeline or schedule of activities

July 1, 2018 through June 30, 2019

5. The goal(s) with a description of the anticipated major outcomes

A major goal of Lazarus House is to offer services and referrals to those in need in the community in order to prevent homelessness and support the well-being of individuals and their families, as well as to assist the formerly homeless re-establish themselves in the community. Lazarus House supports this goal by offering homeless prevention funds as well as case management and referral services. Success of two targeted outcomes are measured based on the accomplishment of a specific percentage of those who are able to accomplish the following goals: learning to follow a budget and accessing new benefits.

Outreach goal results from the most recent fiscal year include:

- 100% of households in the ongoing rental programs that require households to use direct services learned to follow a monthly budget.
- 48% of households new to the ongoing programs that require households to use direct services accessed new benefits (better job, government benefits, Food Stamps, day care funds, etc.) to improve their finances and/or health. The remaining households were already accessing those benefits for which they were eligible.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

We anticipate serving 75 individuals in our Outreach Program in FY19 which is 20% of the total population anticipated to be served by the entire organization.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

Based on historical trends and current projections, in FY19, Lazarus House anticipates serving approximately 28 St. Charles households (40 persons) and providing 7,110 days of service within its Outreach Program. St. Charles residents account for 65% of the overall total households to be served in this priority.

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

We anticipate providing ongoing support services to a minimum of 18 St. Charles households with individuals having mental health, substance abuse, and other disability issues. This estimate is based on the average of the number of households served for the past three fiscal years.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

Outreach Program (Homeless Prevention) is a key program with separate staffing and a separate building for ease of access by the public. Lazarus House has a full time Outreach Manager and a part-time Outreach Coordinator to manage prevention programs. Program eligibility is determined using intake forms, discussions with the applicant and follow-up with other agencies/persons as needed. Applicant eligibility is reviewed by the Outreach Manager, if prepared by someone else, or by a Director or an Administrative staff who is familiar with the program, if prepared by the Outreach Manager. The Executive Director formerly served as Outreach Manager and has extensive experience with the homeless prevention programs.

Dawn McQuillan, Outreach Manager - She holds a BS with a minor in psychology and has over 15 years of experience in social services. She manages all Outreach programs for those at risk of homelessness and is the local administering agent and coordinator for rental housing subsidy program. She also attends monthly Community Landlord/Police Department meetings. In addition, she facilitates a monthly community social service networking group.

Gerry Horn, Outreach Coordinator – She hold an Associate's Degree in Human Services and has extensive experience in working with domestic violence and sexual assault victims as a certified volunteer with the Community Crisis Center in Elgin. She works with emergency and rental assistance applicants, including Lazarus House guests ready to transition to independent housing with budgeting, setting achievable goals and helping them to continue independent living.

Training is similar to that for the Shelter programs.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #1 or Designated Program:
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. Our request includes $43,080 of funding to cover 12% of the estimated $359,000 cost of providing a projected 5,700 nights of service in FY19 to St. Charles residents and their children with mental health, developmental disability and/or substance abuse issues at a projected cost of approximately $63 per day. The estimated cost of service and related costs for those adults with these issues is $298,000 (4,730 nights of service). The estimated cost of serving the children of those with these issues is $61,000 (968 nights of service.)
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Our request for $43,080 is 3% of the organization's overall FY18 budget of $1,402,057.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? Our request for $43,080 requested is 3.9% of the $1,103,552 projected FY18 cost for the Emergency Shelter and Center for Transitional Living Programs.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. Based on historical experience, Lazarus House has projected funding from United Way/Community Chest agencies in Batavia, Geneva and St. Charles, 708 Mental Health Boards in Geneva and St. Charles, Kane County Community Development Block Grant Program, IL Department of Human Services (DHS) Emergency and Transitional Housing Services, DHS Homeless Youth Program, U.S. Departments of Housing & Urban Development (HUD), Emergency Food and Shelter Program (EFSP), and contributions from individuals, businesses, churches, clubs, foundations, and fundraising activities/events. These include: our Business Friends Program, Golf Outing, Run/Walk and our Gala event.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Due to reductions in the amount of money raised through fund raising efforts, Fox Valley United Way has had to reduce the amount of funding it awarded this past year (we will not be receiving the 4th quarter payment) and anticipate a cut in funding the coming grant cycle as well.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

Priority **#2** or Designated Program:

☐ Full funding
☑ Partial funding

1. Describe how the 708 Board funds will be used.

Funding is requested in the amount of $7,440 to cover 12% of the cost of supporting Outreach Program guests from St. Charles who have mental health, developmental disability and/or substance abuse issues. Last year, ongoing rental assistance subsidies were provided to 18 low income St. Charles households (22 persons) to enable them to remain in housing and avoid homelessness or to rehouse the formerly homeless. The average daily cost incurred by Lazarus House per household after lease payments was $12 per day.

For 14 of these households, under the terms of the rental assistance grants that help to support the programs in which they participate, we are able to provide case management to help address the issues that have caused them to be homeless or at risk of homelessness. Those participating are also invited to participate in Lazarus House's training classes that cover topics such as parenting, self-esteem, healthy relationships, domestic violence, budgeting and employment. In FY17, St Charles households with mental health, substance abuse, or developmental disabilities were provided 5,160 days of ongoing rental subsidies and other support services, at a total cost of $61,920.

In FY19, we anticipate again providing ongoing support services to a minimum of 18 St. Charles households with mental health, substance abuse, and other disability issues. Our funding request is based on 12% ($7,440) of the estimated FY18 $62,000 cost of providing these households service at an estimated cost of $12 per day.

2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget?

Our request for $7,440 is 0.5% of the organization's overall FY18 budget of $1,402,057.

3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?

Our request for $7,130 requested is 2% of the $364,118 projected FY18 cost for the Outreach Program.

4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.

Based on historical experience, Lazarus House has projected funding for the Outreach Program from IDHS Emergency Solutions Grant, U.S. Department Housing & Urban Development (HUD), the Illinois Housing Development Authority and contributions from individuals, businesses, churches, clubs, foundations, and fund raising activities/events. These include: our Business Friends Program, Golf Outing, Run/Walk and our Gala event.

5. Describe any other funding issues that you would like the Board to consider regarding this request. See Priority #1

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

March 7, 2017

LAZARUS HOUSE
214 WALNUT ST.
ST CHARLES, IL 60174

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of LAZARUS HOUSE under the Illinois Charitable Laws
CO# 01032599

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of LAZARUS HOUSE under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01032599. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2016. Please let us know if you require further information.

Sincerely,

Ceretha Jackson, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 04 2002

LAZARUS HOUSE
214 WALNUT ST
ST CHARLES, IL 60174-0000

Employer Identification Number:
36-4187609
DLN:
17053005740002
Contact Person:
DAVID B KOUCKY ID# 31368
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
March 1998
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

LAZARUS HOUSE

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Steven T. Miller

Steven T. Miller
Director, Exempt Organizations

LAZARUS HOUSE BOARD OF DIRECTORS Fiscal Year 2018

OFFICERS: **President:** Deb Akins **Vice President:** Carolyn Hanna

Secretary: Bob McDowell **Treasurer:** Steve Sager

Names	Employer	Skills
Deb Akins	V.P. BMO Harris Bank N.A. 1200 E. Warrenville Road Naperville, IL 60563	Management
Lynette Anderson	Director of Children/Family Min. Hosanna Lutheran Chruch 36W925 Red Gate Rd St. Charles, IL 60175	Strategic planning, Community connections, Faith Community connections
Sandi Cook	Project Manager Awana Clubs International 1 E. Bode Road Streamwood, IL 60107	Administrative, organizational & hospitality
Diane DeWitte	Amin. Services Coordinator DuPage Airport Authority 2700 International Dr., Ste 200 West Chicago, IL 60185	Human Resources & Community connections
Peter Fazio	Owner, Chapple Design-Build 32W273 Army Trail Road, Ste 200 Wayne, IL 60184	Property management & construction, Public relations, Revenue generation
Steve Figi	Project Manager Electric Conduit Construction Co 816 Hicks Drive Elburn, IL 60119	Property management & construction
John Glenn	MBA, Real Estate Broker Coldwell Banker Residential 2690 E. Main Street St. Charles, IL 60174	Property mgmt & constr., Finance, Public relations, Strategic planning, Technology & Revenue creation, Organization Development
Carolyn Hanna	Commerical Insurance Broker Corkill Insurance Agency, Inc. 25 NW Point Blvd, 625 Elk Grove Village, IL 60606	Human Resources, PR/Marketing, Risk Mgmt, Strategic planning, Revenue generation, Legal contacts, Org. development
Thomas Hansen	President St. Charles Bank & Trust 411 W. Main Street St. Charles, IL 60174	Finance, Organization Development, Public Relations, Strategic Planning, Community Contacts, Revenue Creation
Julie Harter	Executive Director Ernst & Young 155 North Wacker Drive Chicago, IL 60606	Human Resources, Organizational Development, Technology, Revenue Generation, Customer Experience Design
Patrick Leach	President Control Plus Inc. 783 N. York Street Elmhurst, IL 60126	Human Resources, Organizational Development, Public Relations, Strategic Planning, Prior Board experience & Community contacts

LAZARUS HOUSE BOARD OF DIRECTORS Fiscal Year 2018

Robert McDowell	Owner/President McDowell, Inc. of St. Charles 521 W. Main Street St. Charles, IL 60174	Property management & construction, Strategic Planning, Community Contacts & Prior Board Experience
John Michalak	V.P., Chicago Investment Advisory Council, Inc. 1601 E. Main Street St. Charles, IL 60174	Finance
Beth Mooncotch	Social Worker, MSW	Psychology/Social work, Community contacts, Revenue creation, Organizational Development
Betsy Penny	Retired, St. Charles City Council Alderman & Special Eduction Teacher	Community Contacts, Organizational Development
Steve Sager	Retired, CPA, MBA Jones, Sager & Company LLC 1001 E. Main St., Suite B St. Charles, IL 60174	Finance, Organization Development

Board elections take place annually at the June meeting. Individual Board members may be voted in during subsequent months if a vacancy exits and a qualified candidate is interested. There are a maximum of 17 voting members allowe don the Board at any one time. Terms are for 1, 2 or 3 year periods, with approximately 1/3 of the terms expiring each year. Officer positions are all one year terms. No limits exist on how many terms a Board member or officer may have.

NON-Voting Members

Mike Roberts	Retired and former Board President	assisting with the property development

Lazarus House FY17 Actuals and FY18 Budget

	FY17 Actuals	FY18 Budget	*FY18 Program Allocation*		
			ES	CTL	Outreach
Income					
4000 · Donations	534,359	415,317	*311,488*	*41,532*	*62,298*
4950 · Occupancy Fees- CTL	14,762	18,000	*0*	*18,000*	*0*
4960 · Application Fees - CTL	450	500	*0*	*500*	*0*
4160 · LH Fundraising Events	229,481	230,985	*77,010*	*76,987*	*76,987*
4170 · Business Friend of LH	20,000	20,000	*6,668*	*6,666*	*6,666*
4200 · General Grants/Foundations	229,268	176,245	*130,821*	*35,424*	*10,000*
4300 · Government Grants	542,891	460,310	*152,193*	*83,670*	*224,447*
4500 · 708 Boards ***	68,335	51,345	*36,968*	*14,377*	*0*
4400 · United Way/ Community Chest	41,946	41,168	*36,168*	*5,000*	*0*
4600 - In Kind Contribution	26,093	27,000	*19,440*	*7,560*	*0*
4700 · Interest Income	828	800	*576*	*224*	*0*
4800 · Other Income	24,387	26,000	*5,200*	*2,080*	*18,720*
Total Income	**1,732,799**	**1,467,670**	***776,533***	***292,019***	***399,118***
Expense					
5400 · Payroll Expense	843,001	852,536	*639,402*	*110,830*	*102,304*
5500 · Employee Benefits	76,133	86,262	*64,696*	*11,214*	*10,351*
5000 · Advertising/ Community Outreach	2,249	2,700	*900*	*900*	*900*
5010 · Bank Service Charges	3,974	4,700	*1,567*	*1,567*	*1,567*
5015 · Cash Over/Short	0	0	*0*	*0*	*0*
5030 · Dues and Subscriptions	1,815	1,900	*437*	*418*	*1,045*
5050 · Furniture, Fixtures & Equipment	4,934	8,000	*4,981*	*3,019*	*0*
5060 · Guest Expenses	29,377	34,000	*24,762*	*9,238*	*0*
5071 · Outreach Materials & Supplies	0	0	*0*	*0*	*0*
5090 · Insurance	13,351	15,490	*9,604*	*3,098*	*2,788*
5095 · Insurance, Workers' Comp	20,953	19,596	*13,521*	*3,135*	*2,939*
5100 · Meals & Entertainment	0	0	*0*	*0*	*0*
5110 · Miscellaneous	116	2,000	*1,000*	*500*	*500*
5200 · Office Supplies	9,014	9,000	*3,240*	*2,610*	*3,150*
5600 · Postage & Delivery	4,496	4,500	*1,665*	*1,035*	*1,800*
5700 · Printing	3,165	2,500	*834*	*834*	*833*
5800 · Professional Fees	30,611	49,359	*19,250*	*15,055*	*15,055*
5900 · Recognition	891	900	*300*	*300*	*300*
6300 · Rental Assistance	206,557	200,000	*0*	*0*	*200,000*
6500 · Communications	9,626	10,000	*6,800*	*1,600*	*1,600*
6600 · Training Expense	1,456	1,800	*1,080*	*252*	*468*
6700 · Travel	3,631	3,500	*2,030*	*840*	*630*
5040 · Fundraising	45,144	36,628	*12,212*	*12,208*	*12,208*
Total Program Expense	**1,310,495**	**1,345,370**	***808,280***	***178,651***	***358,439***
6900 · Interest Expense	0	0	*0*	*0*	*0*
5014 · Mortgage Interest	0	47,349	*27,462*	*17,519*	*2,367*
6200 · Occupancy Expense	79,386	60,951	*35,351*	*22,552*	*3,048*
6400 · Repairs & Maintenance	12,176	14,000	*10,640*	*3,095*	*265*
Total Occupancy Expense	**91,561**	**122,300**	***73,454***	***43,166***	***5,680***
	1,402,057	**1,467,670**	***881,734***	***221,818***	***364,118***
Total Expense	***1,402,057***	**1,467,670**	***881,734***	***221,818***	***364,118***

***** Includes $43,010 from STC 708**

2017 ANNUAL REPORT

Our mission is to offer guests connected to our communities, who are homeless or in need, hope for the future by providing .hospitality, food, safe shelter and education – tools for life.
May all who enter feel the love of Jesus.

Lazarus House Facilities

Main Building (location for donation drop offs)
This facility houses the Emergency Shelter & Center for Transitional Living
214 Walnut St. (at corner of Walnut St. & 3rd St, entrance on 3rd St.)

Women & Children's Day Center
15 S. 3rd St

Community Resource Center
308 Walnut St.

We believe that everyone here is a gift from God, and we are here to help those that need assistance. We work together with many social service agencies, a large and wonderful network of volunteers, federal, state and community resources, and our donors to help provide the specific services needed by each person and family.

Our desire is to give all those coming to our doors the opportunity for hope and a future.

Lazarus House
214 Walnut Street
St. Charles, IL 60174

Main Number: 630-587-2144
Outreach Number: 630-587-5872
Visit us at https://lazarushouse.net/

Lazarus House Provides Safe Refuge to People in Need

Lazarus House has evolved from a grass roots response for a few homeless individuals needing summer shelter to a comprehensive array of programs and services focused on offering hope and a future to many homeless persons and those at greatest risk in our community. Lives are changed, impacted and sometimes saved by the professional services we provide along with our caring and supportive community.

Lazarus House offers three comprehensive programs: Emergency Shelter, Transitional Housing and Outreach (homeless prevention) services to the homeless or those in crisis within Batavia, Geneva, St. Charles and western rural Kane County, Illinois. The ability to provide this variety of services in a single permanent location is vital to the men, women and children striving to find shelter, nutritious food and support to reverse the issues of low-wage paying jobs, lack of affordable housing and reduced social service spending. The majority of those served within the three programs are from households without income or low wage paying jobs, many with physical and mental health issues, substance abuse, domestic violence and/or a variety of other issues. Lazarus House also serves as a 24 hour help line to link people in need of support services and a life-line for the food insecure within the community who can receive 4 meals daily/365 days a year.

Case management, education & employment coaching are essential pieces of the services Lazarus House provides. Within these, self-esteem and empowerment are integrated concepts. These vital services often become the stepping stones used to improve guest's ongoing learning, self-sufficiency and successful employment. Lazarus House does not duplicate the efforts of other providers and is the only emergency shelter and transitional living facility serving men, women, and children in the central Kane County area.

We have dedicated staff who keep our facilities running year-round. Currently there are 13 full-time, 21 part-time, and 6 "substitute" employees. Our "sub" staff do not have regular work schedules, but instead work on special projects, emergencies or during illness of other employees. All personnel are vital to the work at Lazarus House. Our entire staff consider it an honor and a privilege to serve our community. We look forward to working together to provide hope and a future to those in need.

Have you ever visited Lazarus House? Consider a tour! Every year, we offer open house tours. Tours can be scheduled at other times, as appropriate. We invite you to visit our new website -- https://lazarushouse.net/ -- for more information.

Shelter Services

In fiscal year 2017, Lazarus House's Emergency Shelter and Center for Transitional Living programs provided:

- Care for 239 individuals (36 children, 73 women and 130 men). We served an average of 45 people per night and provided a total of 16,570 nights of shelter.
- Approximately 49,710 nourishing meals, some to our guests and some to others in need from the community.

Outcomes
Many guests have special needs when they come to Lazarus House. Of those homeless persons with the following specific needs, we have gratefully been able to assist:

- 100% to receive case management
- 100% to receive daily living skills training
- 100% to receive child care
- 99% to receive clothing
- 98% to obtain independent transportation
- 86% to achieve continuing education or job training goals
- 86% to move into transitional or independent housing
- 85% to access legal services
- 82% to receive medical care
- 82% to obtain Medicaid
- 80% to receive dental care
- 77% to receive substance abuse services
- 68% to obtain or improve employment
- 63% to receive mental health services

These results reflect the hard work of the guests along with help from our staff and volunteers within the local communities. An employment specialist assists our guests in learning the needed skills to create successful job seeking resumes, techniques to obtain and successfully complete interviews and ultimately secure a fitting job placement. A community volunteer team, “Preferred Professionals,” bring their work place expertise and experience to our guests in the form of employment workshops twice a month. Guests are learning life skills and personal boundaries which are required to maintain a cohesive work environment. Money Smart is a group that provides financial literacy through St. Charles Bank & Trust. However, most commendable is the determination many of our guests exhibit to not only find employment, but to also to continue moving forward. They often move toward better jobs offering higher wages, benefits and, as a result, a more secure future. Also offered is a parenting group and a group specifically for women provided by Tri City Family Services and a monthly domestic violence education group offered on-site through the Community Crisis Center in Elgin. It takes time for people to get to a place where they are able to do the work required to change both their self-image and their life. The dedicated staff, volunteers and partnering agencies work together to give a hand up, providing our guests hope for the future.

New this year to Lazarus House is a donated piano and a volunteer piano teacher, who will be providing lessons to any of the guests at Lazarus House interested in learning to play the piano. Music will fill the air!

Emergency Shelter (ES)

- Open 24 hours per day, 7 days per week, year round providing hospitality, food, safe shelter, case management and other supportive services with the goal to help people return to successful, independent living.
- All Emergency Shelter guests sleep in our main facility. It is also available for those male guests who do not work during day hours to spend their daytime in the

main facility. Women and children spend their non-sleeping and non-working hours in the Women and Children's Day Center.

ES Guest Story

"Roger" came to us after three plus months of unemployment which resulted in a mental health crisis. His arrival at Lazarus House has not been without its difficulties. He has no driver's license but works as a professional handyman with his adult child. He has a history of substance abuse issues. He was tentative at first with case management but saw the benefits of being held accountable for his actions and goals, and responded accordingly. "Roger" started looking for jobs and got a few, which gave him more confidence. "Roger" has responded to substance abuse treatment in a very positive way and started the process to regain his driving privileges. He continued to get more and more work and eventually was able to establish enough employment stability by becoming an authorized installer for local home improvement stores. This enabled him to start working on a budget. After firmly establishing his budget, "Roger" included in his goals applying to the Center for Transitional Living where he was accepted and continues to thrive.

Women and Children's Day Center (WCC)

- Offers home-like space for women and children during their waking hours. While the entire house is a blessing, we are especially thankful for the children's playroom, the fenced backyard with play equipment, and the space afforded for classes and education.

WCC Guest Story

"Antoinette" and her young children arrived at Lazarus House after choosing to leave an unhealthy relationship with her husband. While she felt proud of this choice, she was also scared and lonely as she left behind everything that was familiar to her. Right away, the sweet voices and laughter of these children captivated the staff at Lazarus House. Every morning before school, "Antoinette" lined the kids up and washed their faces and did all of their hair and brushed their teeth, all the while displaying great patience. She also displayed great courage, strength and determination as she navigated an unfamiliar path of single parenthood, obtaining a job, and registering for classes at the community college. Just recently, she was accepted in our transitional living program and the family was very excited for this next step in their journey of independence.

Center for Transitional Living (CTL)

- Our Center for Transitional Living facility features 12 dormitory-style rooms and a structured program that is the next step after the Emergency Shelter in helping people regain and maintain successful, independent living.

Fiscal Year 2017 statistics for our CTL:

- 20 adults and 9 children were housed in the CTL
- 100% of adults attended life skills and/or classes
- 75% moved to permanent housing
- 100% of adults in need of employment coaching received coaching to help maintain and improve their employment
- 60% of adults increased their income during the fiscal year

CTL Resident Guest Story

We have an update from our story of “Sandra” from last year’s annual report. You may remember that “Sandra” and her 3 children arrived at Lazarus House in the fall of 2015, finding herself once again homeless and not being supported by her husband. “Sandra” lacked confidence in her abilities and struggled with expenses due to a low-wage, part-time job. She moved through our Emergency Shelter program to our Center for Transitional Living (CTL) and began the really hard work to build her confidence and improve her employment, both of which she accomplished. She was determined to provide a hopeful future for herself and her 3 children. “Sandra” was able to continue to save money during her time in the CTL and became financially stable enough to begin thinking about moving once again to independent housing. After living a year and a half in the CTL, “Sandra” and her three children made the move to an apartment that was just the right size for them and in the same area as the school the children attend. The kids were thrilled when they found out they would have a home of their own once again. It is so exciting to see how the hard work and persistence of this incredible young woman paid off.

Outreach Programs

- The Outreach program is housed in our Community Resource Center. Its goal is to help people stay in their housing or support those previously homeless as they re-establish themselves in independent housing. Grant funds are administered for one-time emergency mortgage/rental/utility assistance programs for those who experienced a temporary difficulty and ongoing rental assistance programs for qualifying, low income households. The specific qualification requirements are set by the grantors.

The prevention of homelessness and re-establishing self sufficiency in housing are the focus of all outreach program activities. Through grants from the U.S. Department of Housing and Urban Development (HUD), the Illinois Housing Development Authority (IHDA), and the Illinois Department of Human Services (IDHS), Lazarus House was able to provide housing support (rent/utility assistance) to households in our community who struggle daily to maintain or obtain housing.

The Outreach staff members are compassionate and skilled professionals who evaluate clients to determine what programs would best serve them, and what outside referrals would benefit them as well.

Lazarus House administers a HUD-funded grant, known as the Emergency Solutions Grant (ESG), awarded through IDHS. This grant assists qualifying Central Kane County households with expenses such as security deposits, rent, utilities credit repair, legal assistance, and moving and storage costs. Outreach staff provides case management, financial and budgeting assistance to help the client gain financial self-sufficiency.

Also funded by HUD are Permanent Supportive Housing grants which target those who are chronically homeless with a disability. Twenty-four individuals, formerly from our Emergency Shelter, were supported through these grants. Each person meets weekly with Outreach staff member for case management. This meeting involves budgeting, goal setting, and other supportive services.

Lazarus House also administers the IDHS Homelessness Prevention Grant for Central Kane County. This program helps households who have experienced a one-time emergency that puts them at risk of losing their housing due to rent, mortgage or utilities in arrears. This program offers one-time financial assistance to get them caught up in order for them to remain housed.

Lazarus House serves as the lead agency for a county-wide collaborative grant – the IHDA Rental Housing Support Program (RHSP). Lazarus House and three other Kane County agencies are administering Rounds 1, 2, and 3 of this grant which provides ongoing rental assistance to 40 very low income households in the county. There is a wait list for the Central Kane County service area for this grant.

Fiscal Year 2017 statistics from our Outreach programs:

- 24 former chronically homeless individuals were provided permanent supportive housing, with funding primarily through the U.S. Department of Housing and Urban Development (HUD).
- 20 households received ongoing rent subsidy with funding primarily through the Illinois Housing Development Authority (IHDA).
- 4 households total were assisted through the Emergency Solutions Grant. All 4 households received ongoing subsidy assistance.
- 792+ households called and received referral and other outreach services.
- In total 382 months of housing support (11,460 days) and other services were provided to help 73 persons obtain or stay in housing.

Results from the most recent follow-up period include:

- 100% of households in the ongoing rental programs that require households to use direct services learned to follow a monthly budget.
- 48% of households new to the ongoing programs that require households to use direct services accessed new benefits (i.e. better job, government benefits, Food Stamps, day care funds, etc.) to improve their finances and/or health. The remaining households were already accessing those benefits for which they were eligible.

Outreach Guest Story

In August of 2015, “Stacey” became homeless yet again and in need of shelter so she came to Lazarus House. She was pregnant at the time and felt very lost and was not sure what her future would look like. After about one month of residing in shelter, an opening became available in the Permanent Supportive Housing program. Being chronically homeless and having a disabling condition, “Stacey” met the requirements to be enrolled into the program. She moved into her own apartment in September of that year. One month later, “Stacey” had her child. For two years, she struggled to find and keep gainful employment. She jumped from multiple temporary job placements with gaps of unemployment in between. Through this time, she and her case manager continued to meet on a weekly basis doing budgeting and connecting her to local resources. “Stacey” now works a full time permanent job that offers benefits. Her daughter is in day care and she has reliable transportation. “Stacey’s” self-esteem and self-worth is higher than it has ever been.

Here are a few words that “Stacey” wanted to share:
“After years of homelessness and with a child on the way, Lazarus House was the final light at the end of the tunnel. Assistance given not as handout, but a hand up! Today,

I'm still thankful to have a safe place for me and my now 3 year old daughter. The advice I would give to someone in or facing homelessness is to be humble, not to feel that emergency shelters are restrictive. It's all in the mindset. My life has been changed for the better because of Lazarus House. Thank you."

General Lazarus House Statistics

Volunteers

Volunteers are the heart of Lazarus House. From the very beginning, volunteers have made an incredible difference. During the past year, approximately 1,900 volunteers gave freely of their time to provide 19,114 hours of service. They prepare meals offsite, bring them in hot and ready to serve at dinner time and they also prepare extra meals/dishes for freezing to supplement times of extra need. We have volunteers who provide overnight backup assistance to our staff and assist our staff throughout the day meeting the needs of our guests. They tutor children with homework, teach life skill classes to the adults such as job search skills and sound money management practices, tutor adults preparing for the GED test, provide child care while parents attend on-site classes, pick up donations of goods for the shelter, prepare newsletters for mailing, provide professional dental care, provide haircuts, provide special birthday celebrations for our guests, plan and orchestrate family game nights for the women and children, provide dog therapy visits, and assist with fundraising activities and special events along with much more.

Special group projects this past year included extensive landscape clean up, trimming and planting improvements around our building areas as well as:

- Emergency Shelter: complete repainting of main shelter area, thoroughly cleaning all sleeping areas, cleaned and reorganized major storage areas and freezers, and washed windows
- Center for Transitional Living: maintained organization in storage cabinets and washed windows, painted rooms and major face lift of one of the common area
- Women and Children's Center: thoroughly cleaned the mulch play area, cleaned windows, planting of edible gardens with guests
- Community Resource Center: fresh coat of paint on building front porch, basement organization and window cleaning

Without our committed volunteers, Lazarus House would need to either hire additional staff or cut back on guest services. We have many volunteer opportunities and would be pleased discuss them with you. Approximately every 6 weeks, we have volunteer orientations on Saturdays. During the orientation, you will be taken on a tour of Lazarus House. If you are interested in volunteering, please call 630-587-2144 and ask for our volunteer coordinator.

We'd be glad to include you on our newsletter list. If you're not receiving our monthly electronic newsletter or quarterly newsletter and you'd like to, please give us a call at 630-587-2144 or visit "Sign Up!" on our website, https://lazarushouse.net/.

Facility Improvements

In addition to all the case management, education and other life-building activities that go on under our roof, there is a great collaboration between volunteers, board members and staff to maintain the facilities. We also apply for and utilize foundation grants to complete major renovations.

Landscaping Update

We are very fortunate and grateful to have many groups assist in keeping our outdoor areas maintained. We were again blessed to have Plandscape from Elburn volunteer to maintain the landscaping surrounding our buildings. BMO Harris Bank employees volunteered again this year doing yard cleanup, planting annuals and all around sprucing us up! New to this year was Cornerstone Partners who provided free mowing of our lawns throughout the growing season!

Repainting of the Emergency Shelter Interior & CTL Women's Lounge

Evan, a local Eagle Scout candidate, chose Lazarus House for his project. He and a team of great individuals spent a Saturday repainting the interior of our Emergency Shelter. This involved moving everything away from the walls, wiping away all the dust and then giving it a fresh coat of paint. That is quite an undertaking if you have ever been inside the shelter! Evan later returned with volunteers to put back all the items that were moved. It was a job well done!

In addition, a women's group from Christ Community Church of St. Charles, spent an entire day cleaning, painting and redecorating the women's lounge in the CTL. This is a great blessing for the women and children and is most appreciated!!

New Cabinet Built for Community Resource Center

Matthew, another local Eagle Scout, proposed building a new display cabinet for our Community Resource Center as his project. He went through many design and material discussions with Lazarus House before deciding on his final plan. Along with his awesome volunteers, Matthew built this beautiful cabinet in which we can display our certificates and awards. What a talented young man and what a great experience this was for him. We love it!!

20th Year!

June 6, 2017 marked the 20th anniversary of Lazarus House! We celebrate the vision that began this work and are grateful for the thousands of volunteers and staff during those years who have helped to make Lazarus House what it is today and where it is going, serving those within our community who are often forgotten. As part of the anniversary, our founder, Darlene Marcusson, wrote "Raising Lazarus" which shares the story of Lazarus House's vision and history.

Our Vision for the Future: the Next Chapter

For many years, the ministries of Lazarus House have resided in 3 separate buildings. In October 2017, Lazarus House purchased the entire 214 Walnut Street building. The purchase of this building allows Lazarus House to move our services into the space previously occupied by the St. Charles Free Methodist Church, and offer all programs under one roof. Many of the benefits of being in one location and owning the building include:

- Safety for women and children to no longer cross busy street between buildings many times per day
- All classes and groups for guests housed in one building
- Additional safety measures for all guest, volunteers and staff
- Staff and Volunteer cohesiveness and operational effectiveness and efficiencies
- Ability to offer large gathering space to community groups

The purchase of the 214 Walnut Street building and making necessary renovations will provide space to relocate our WCC, Outreach Programs, Management Offices, Volunteer Services, as well as necessary security and technology upgrades. Our plan is to then sell the aging Community Resource Center and current Women and Children's Day Center buildings.

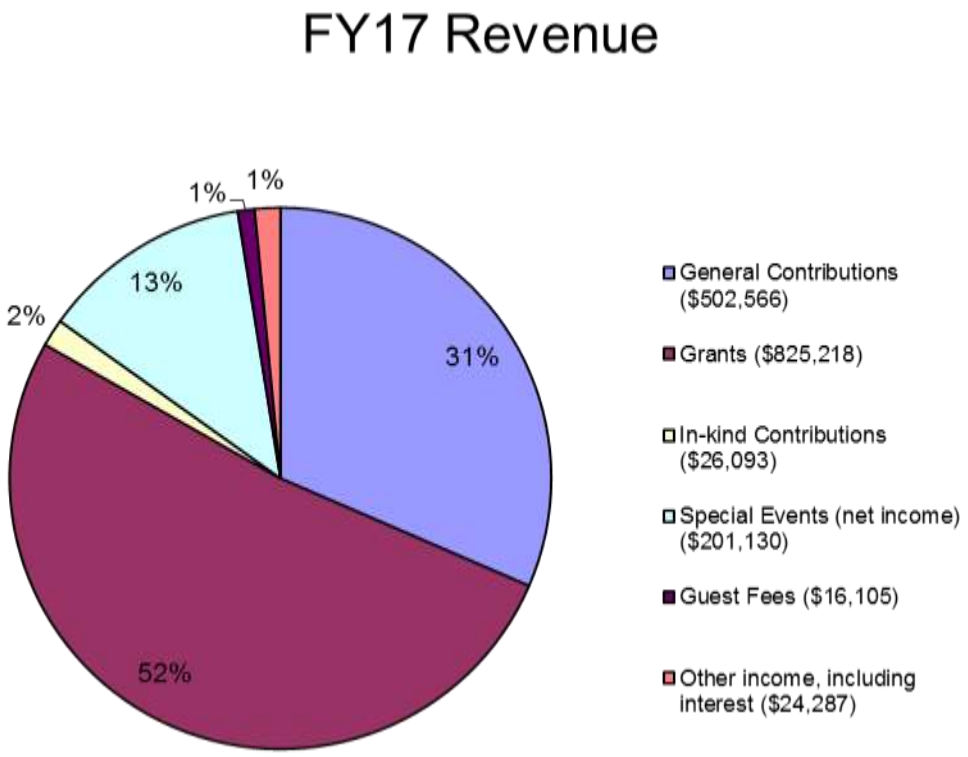
EXPENSES:	
Purchase of 214 Walnut Street building	$1,200,000
Estimated cost of remodeling (Architect, Construction, Security & Technology)	$ 800,000
Acquisition Specialty Fees (Appraisal, Environmental, Survey, Flood Certification, Title & Recording, Loan, Permits and Campaign)	_____
Total Anticipated Expenses	**$2,000,000**
INCOME:	
Sale of Community Resource Center Building	$ 200,000
Sale of Women and Children's Center Building	$ 250,000
Community Funding Campaign	$1,550,000
Total Income Needed	**$2,000,000**

The purchase and renovations of the 214 Walnut Street building will ensure that our legacy of supporting our neighbors in crisis will last long in to the future.

Financial Results of FY17

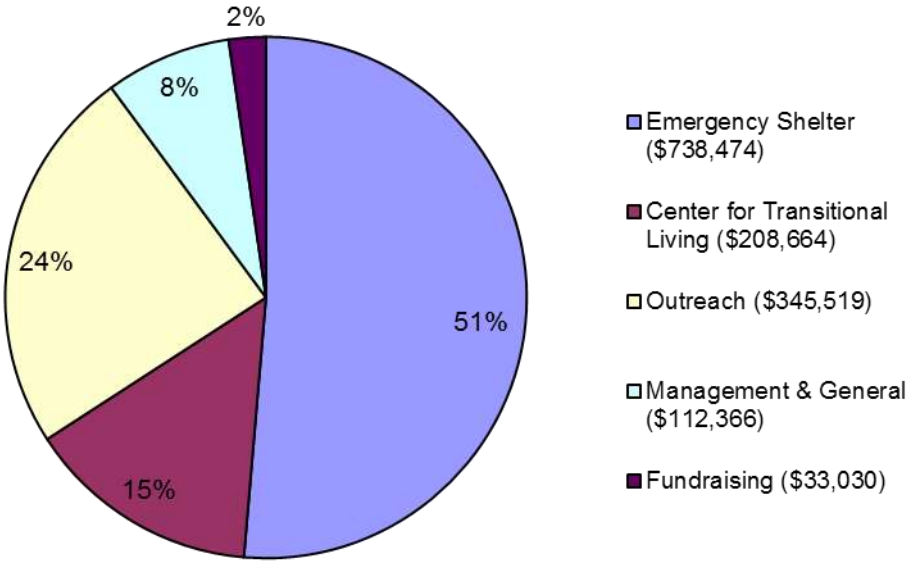
Lazarus House was again blessed during fiscal year 2017 by faithful supporters and also by many new donors and through new venues.

In January 2017, during our Gala fundraiser, “Unmasking the Face of Homelessness” *The Huge Hand Up* was launched. This initiative, through the online service GoFundMe, has the dual purpose of raising awareness of homelessness but also financial support for our mission. This successful venue has been added to our annual fundraisers.



FY17 revenue total of $1,595,399 is expressed on an accrual basis.
The revenue included $30,177 in restricted grant funds.

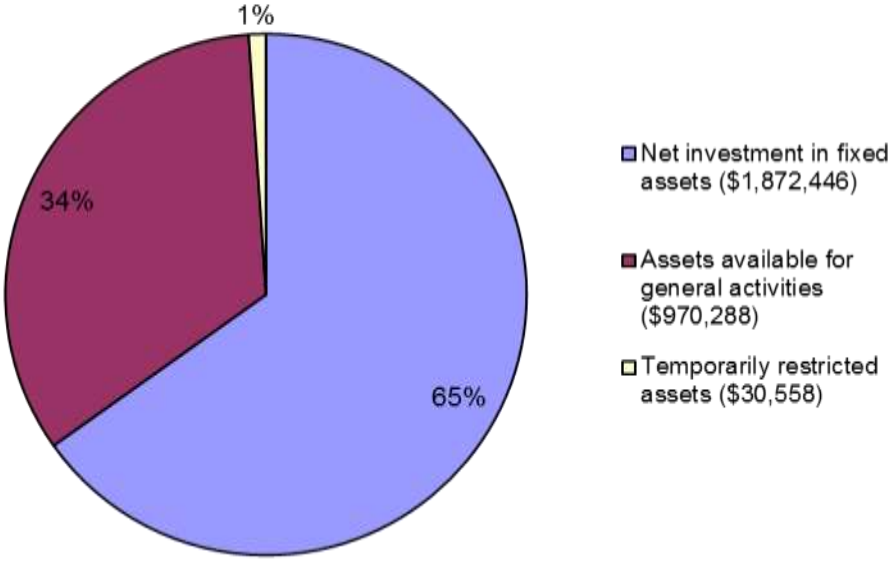
FY17 Expenses, by Program Area



FY17 expenses totaled $1,438,053. This included $206,557 in rent/utility assistance to clients.

Expenses in this fiscal year included only 8% spent on administrative costs (management and general costs). This covered director oversight time, administrative time of staff to handle correspondence, human resources, technology, the complexities of federal and state grant requirements and more.

Net Assets, as of 6/30/17



Of the $2,962,649 in current & fixed assets, $970,288 (34%) is available for general activities.
FY17 reflects a $157,345 increase in net assets.

Lazarus House Board of Directors, as of 6/30/17

Executive Officers

Deb Akins, Board President
V.P., BMO Harris N.A.

Carolyn Hanna, Board Vice President
Commercial Insurance Broker, Corkill Insurance Agency, Inc.

Bob McDowell, Board Secretary
Owner/President, McDowell Inc. of St. Charles

Steve Sager, Board Treasurer
Retired CPA, MBA, Jones, Sager & Company LLC

Board Members

Lynette Anderson, Director of Children and Family Ministries, Hosanna!

Sandi Cook, Project Manager, Awana Club International

Diane DeWitte, Procurement Specialist, DuPage Airport Authority

Peter Fazio, Owner, FAP Sales, LLC, Full Access Products

John Glenn, Real Estate Broker Coldwell Banker Residential

Thomas Hansen, President, St. Charles Bank & Trust

Julie Harter, Executive Director, Ernst & Young

Patrick Leach, President, Control Plus, Inc.

John Michalak, VP, Chicago Investment Advisory Council, Inc.

Beth Mooncotch, Social Worker, MSW

Betsy Penny, Retired St. Charles Alderwoman & Special Education Teacher

Jim Skaar, Attorney, Law Office of James D. Skaar

Advisory Directors

Mike Roberts, former Board President assisting in property acquisition and renovation

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: **Association for Individual Development**	Executive Director/Responsible Administrator: **Lynn O'Shea**
Designated Contact Name: **Christie Plotzke**	Contact Phone and Email Address: **847.931.2292 cplotzke@aidcares.org**
Organization Address: **309 New Indian Trail Court** **Aurora, IL 60506**	Organization Phone and Website: **630.966.4000** **www.aidcares.org**
Number of Individuals Served Annually by the Organization: **6,547**	Number of St. Charles Residents Served Annually by the Organization: **700**
Amount of Request: **$64,000**	Date of Application: **12 January 2018**
Signature of Responsible Administrator:	Signature of Application Author:

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support.** Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

☑ **Organizational level funding support.** Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Behavioral Health Counseling and Recovery Program for Individuals with Mental Health challenges	☐ Full ☑ Partial
2. Community Day Services for Individuals with Developmental and Mental Health challenges	☐ Full ☑ Partial
3. Independent Living Support for Individuals with Developmental and Mental Health Challenges	☐ Full ☑ Partial
4. Community Employment Services for Individuals with Developmental and Mental Health challenges	☐ Full ☑ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 1 or Designated Program: Behavioral Health Counseling and Recovery Program for Individuals with Mental Health Challenges
1. The general purpose of the priority or program To provide customized, comprehensive behavioral and mental health recovery services to children and adults with mental health challenges living in the Fox Valley Area.
2. The need that is to be addressed; the type of individuals to be served Children and adults with behavioral and mental health challenges need special intervention and support in order to find a balance in their lives and achieve the highest level of recovery possible. Programs focus on helping individuals maintain independence, remain living with their families or in the community, remain in school or retain a job, and avoid homelessness, hospitalization, institutionalization and incarceration.
3. Specific activities Behavioral Health assessment, individual and group therapies, individual and group counseling, expressive therapy, medication training and management, coping skills, nutrition, fitness, community integration training, vocational development.
4. The implementation timeline or schedule of activities This is an ongoing program where services are available 24 hours per day if needed. When an individual begins therapy, the timeline includes first a referral from the AID Crisis Intervention Services Team, local fire, police and first responder personnel, local hospitals and/or local physicians. Next, an individual receives an assessment to determine the best treatment plan and then services are customized to maximize recovery and reintegration into school, family life, vocation and community.
5. The goal(s) with a description of the anticipated major outcomes The FY 2018 goals for AID Behavioral Health Counseling and Recovery Program: 1. Maximize % of clients who report improvement in mental health symptoms as a result of AID treatment services. The goal is 75%. 2. Maximize % of clients who report improved interactions with others as a result of AID treatment services. The goal is 75%. 3. Maximize % of clients who report increased use of healthy coping skills as a result of AID treatment services. The goal is 75%. 4. Maximize the % of clients who will successfully stay out of Psychiatric hospitalization. The goal is 95%. 5. Maximize % of clients who see the Psychiatrist who receive additional supportive care from the nurse. The goal is 100%. 6. Maximize availability of Transcriber services to psychiatrists. The goal is 100% availability.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of children and adults to be served is 2200; 30% of the overall population served organization-wide.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program The projected number of St. Charles residents to be served in this program is 42; 2% of those served across the entire program.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) The anticipated total number of service hours for the entire priority/program is 60,000. The anticipated total number of service hours for St. Charles residents is 2,000.
9. Include information about the number of staff assigned and training or credentials relative to the program or priority The AID Behavioral Health programs have 7 licensed clinicians as well as 2 program managers who have Masters Degrees. The program contract with a consulting psychiatrist, and employs a part time appointment scheduler, psychiatric transcriptionist, and several part time nurses.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 1 or Designated Program: Behavioral Counseling and Recovery Program for Individuals with Mental Health Challenges
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. The $16,000 in 708 MHB funds requested for this priority will support services not funded by any other source, namely nursing services and psychiatric transcription. Funds will also support services for the 3 St. Charles residents participating in Behavioral Health recovery programs who have no other source of funding. They rely solely on local funding to support the vital services they need to remain independent and achieve recovery.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request constitutes approximately .0001% of the overall organization budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request constitutes approximately .01% of the overall program budget.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. AID programs (including this priority) are funded in part by Illinois Department of Human Services and Mental Health service contracts, client program fees, Medicaid, Medicare, local United Ways, local 708/Community Mental Health Boards, municipalities, private foundations, corporations, special fundraising events and individual donors.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Kane County currently has more than 1700 individuals on the waiting list for services; 187 in St. Charles. The volatility of the State economy continually jeopardizes services. Local funding and private sector support are essential to the preservation, enhancement and expansion of AID programs and services.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 2 or Designated Program: Community Day Services for Individuals with Developmental and Mental Health Challenges
1. The general purpose of the priority or program To empower individuals to lead lives of dignity and purpose; to provide customized programs and services to maximize independence, self-sufficiency and community participation.
2. The need that is to be addressed; the type of individuals to be served Individuals with developmental and mental health challenges often struggle with social, behavioral, emotional, coping, communication, daily living, self-care and vocational skills. This program specifically helps adults with developmental and mental health challenges.
3. Specific activities Individuals involved in the Community Day Services programs attend 5 days a week for 4.5 hours per day. Activities include: social; behavioral; communication; daily living; nutrition; health and wellness and vocational skill building. Activities also include weekly educational classes, technology training, augmentative communication device usage, community outings and volunteer opportunities.
4. The implementation timeline or schedule of activities This program is ongoing. An individual is first referred to the program through school or gateway service coordination agency. An individual completes an assessment to best determine strengths, needs and aspirations. Program activities occur daily and weekly depending on the activity. A strong focus is community integration, volunteering and gained independence so these activities happen most frequently.
5. The goal(s) with a description of the anticipated major outcomes The FY 2018 goals for AID Community Day Services: 1. Maximize the % of individuals who meet at least 75% of their personal goals. The goal is 90% of people will meet 75% of their goals. 2. Maximize the % of individuals participating in weekly classes. The goal is 90%. 3. Maximize the % of individuals who go on at least 2 community outings per week. The goal is 90%. 4. Maximize the % of individuals participation in weekly volunteer opportunities. The goal is 90%.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of individuals to be served in this priority is 500; 8% of the overall population served in the organization.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program The projected number of St. Charles residents to be served in this priority is 30; 6% of the overall program.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) The anticipated number of service hours for the entire program is 600,000. The anticipated number of service hours for St. Charles residents is 36,000. The number of hours of participation in this program per year per individual is approximately 1200.
9. Include information about the number of staff assigned and training or credentials relative to the program or priority AID employs 126 individuals in this program. All employees in the Community Day Services program must have at least a high school diploma. Program managers and directors must have a minimum of a Bachelor's Degree. All employees must successfully complete a 120 hour training course before beginning employment and must be trained in First Aid, CPR, CPI, Universal Precautions, Hazardous Materials and OIG (Office of the Inspector General) Rule 50.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 2 or Designated Program: Community Day Services for Individuals with Developmental and Mental Health Challenges
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. The $16,000 in St. Charles Community Mental Health funds requested will be used to support services for the 4 individuals who do not have another source of funding; they must rely on local funding in order to receive services. Funds will also help support services not supported by other funding: community outings, nutrition and fitness education, additional transportation for volunteering opportunities.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request is approximately .0001% of the overall organization budget
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request is approximately .01% of the overall program budget.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. AID programs (including this priority) are funded in part by Illinois Department of Human Services and Mental Health service contracts, client program fees, Medicaid, Medicare, local United Ways, local 708/Community Mental Health Boards, municipalities, private foundations, corporations, special fundraising events and individual donors.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Kane County currently has more than 1700 individuals on the waiting list for services; 187 in St. Charles. The volatility of the State economy continually jeopardizes services. Local funding and private sector support are essential to the preservation, enhancement and expansion of AID programs and services.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 3 or Designated Program: Independent Living Support for Individuals with Developmental and Mental Health Challenges
1. The general purpose of the priority or program This program helps provide permanent, safe, affordable housing. The purpose of the program is to support individuals with developmental challenges who are living in a group home, duplex, shared apartment or on their own in the community as they strive to maximize their independence.
2. The need that is to be addressed; the type of individuals to be served Individuals with developmental and mental health challenges face obstacles when deciding to move from their family home. Many need 24 hour a day supervision but some can live more independently with intermittent support.
3. Specific activities Individuals living on their own or in a group home learn daily living skills which include cleaning, laundry and general care of the home/apartment. They work on self-care, budgeting, medication management, time management skills, community job responsibilities, nutrition, healthy meal planning, basic cooking, fitness, and using public transportation.
4. The implementation timeline or schedule of activities This program is ongoing. Individuals either receive 24 hour per day funding or receive intermittent support based on need. Individuals are usually referred to residential services by the County gateway service coordination agency. Once accepted into the program, an appropriate placement is found based on need and aspirations, not only on the part of the individual but also his/her family and care coordination team.
5. The goal(s) with a description of the anticipated major outcomes FY 2018 goals for the AID Community Living Support program: 1. Maximize the % of individuals who maintain community housing. The goal is 95%. 2. Maximize the % of individuals who participate in the life of the community at least 10 times per month. The goal is 90%. 3. Maximize the % of individuals who successfully achieve 90% of their personal goals. The goal is 90%.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of individuals to be served in this priority is 525; 8% of the overall percentage served in the organization.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program The projected number of St. Charles residents to be served in this priority is 25; 5 % of the overall program.

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) The anticipated number of service days is 165,500; service hours are 3,972,000. The anticipated number of service days for St. Charles residents is 9,125; service hours are 219,000.
9. Include information about the number of staff assigned and training or credentials relative to the program or priority This program employs 160 Direct Service/Case workers. These employees must have at least a high school diploma. All employees must successfully complete a 120 hour training course before beginning employment and must be trained in First Aid, CPR, CPI, Universal Precautions, Hazardous Materials and OIG (Office of the Inspector General) Rule 50. This program also includes 16 Managers who have at least a Bachelor's Degree, 3 Program Directors who have Master's Degrees, 1 Licensed Clinical Professional Counselor, 1 Licensed Clinical Social Worker, 1 Board Certified Behavior Analyst and 2 part time nurses.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_3_ or Designated Program: Independent Living Support for Individuals with Developmental and Mental Health Challenges
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. The $16,000 in requested St. Charles Community Mental Health Board funds for this program will support services and activities not funded by any other source. For this program, these services are nursing, medication management, nutrition, and health and wellness activities.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request is approximately .0001% of the overall organization budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request is approximately .001% of the overall program budget.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. AID programs (including this priority) are funded in part by Illinois Department of Human Services and Mental Health service contracts, client program fees, Medicaid, Medicare, local United Ways, local 708/Community Mental Health Boards, municipalities, private foundations, corporations, special fundraising events and individual donors.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Kane County currently has more than 1700 individuals on the waiting list for services; 187 in St. Charles. The volatility of the State economy continually jeopardizes services. Local funding and private sector support are essential to the preservation, enhancement and expansion of AID programs and services.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 4 or Designated Program: Community Employment Services for Individuals with Developmental and Mental Health Challenges
1. The general purpose of the priority or program The purpose of this priority is to provide skill-building services and on-the-job support for individuals who seek competitive employment. Individuals work with Employment Specialists to obtain and maintain meaningful, community employment.
2. The need that is to be addressed; the type of individuals to be served Individuals with Developmental and Mental Health challenges who seek community employment need special, often long-term support to maintain a job. Employment bolsters independence, socialization, fiscal responsibility, community participation and self-reliance.
3. Specific activities Individuals work with Employment Specialists to determine the type of job they might like to have and the hours they wish to work. Individuals work to create resumes, practice interviewing skills, learn about appropriate on-the-job behavior, learn to navigate public transportation, volunteer to get hands-on experience, receive basic technology training to then search the internet for job opportunities and learn to complete applications.
4. The implementation timeline or schedule of activities This is an ongoing program. Individuals are referred to this program after expressing an interest in seeking community employment. Individuals complete an initial assessment to determine strengths, needs and aspirations for community employment. Individuals then participate in job-readiness classes and research local job opportunities. Individuals receive support throughout every step of the job seeking process. Once they secure employment, they then receive on-the-job support for as long as needed.
5. The goal(s) with a description of the anticipated major outcomes FY 2018 goals for the AID Employment program: 1. Maximize the % of individuals employed in the community. The goal is that 70% of individuals will obtain and maintain employment for at least 6 months. 2. Maximize the hourly wage earned. The goal is $9.50/hour for any individual. 3. Maximize the number of hours worked per individual per week. The goal is that each individual will work at least 20 hours per week. 4. Maximize the % of individuals who volunteer frequently as part of their job-readiness training program. The goal is 90%.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of individuals to be served in this priority is 200; 3% of the overall population served in the organization.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program The projected number of St. Charles residents to be served in this priority is 20; 10% of the entire program.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) The anticipated number of service hours dedicated to this priority: 24,000 (each client will receive approximately 120 hours each year). The anticipated number of service hours for St. Charles residents: 2,400.
9. Include information about the number of staff assigned and training or credentials relative to the program or priority This program includes 6 Employment Specialists, 2 Program Managers and 1 Program Director. All employees in the Employment Services program must have at least a high school diploma. Program managers and directors must have a minimum of a Bachelor's Degree. All employees must successfully complete a 120 hour training course before beginning employment and must be trained in First Aid, CPR, CPI, Universal Precautions, Hazardous Materials and OIG (Office of the Inspector General) Rule 50.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 4 or Designated Program: Community Employment Services for Individuals with Developmental and Mental Health Challenges
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. The requested $16,000 in St. Charles Mental Health board funding for this program will provide long-term follow up services for individuals who have successfully maintained employment for at least 3 months. These follow up services past the 3 month mark are not funded by any other source and nearly 100% of employed individuals about a year of on-the-job follow up services. Local funding is essential to helping individuals successfully work in their communities.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request is approximately .0001% of the overall organization budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request is approximately 2% of the overall program budget.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. AID programs (including this priority) are funded in part by Illinois Department of Human Services and Mental Health service contracts, client program fees, Medicaid, Medicare, local United Ways, local 708/Community Mental Health Boards, municipalities, private foundations, corporations, special fundraising events and individual donors.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Kane County currently has more than 1700 individuals on the waiting list for services; 187 in St. Charles. The volatility of the State economy continually jeopardizes services. Local funding and private sector support are essential to the preservation, enhancement and expansion of AID programs and services.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752139621
Apr. 14, 2017 LTR 4168C 0
36-2472748 000000 00
00018604
BODC: TE

ASSOCIATION FOR INDIVIDUAL
DEVELOPMENT
C/O CHRISTIE PLOTZKE
309 NEW INDIAN TRAIL CT
AURORA IL 60506

019845

Employer ID Number: 36-2472748
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Apr. 05, 2017, regarding your tax-exempt status.

We issued you a determination letter in May 1963, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752139621
Apr. 14, 2017 LTR 4168C 0
36-2472748 000000 00
00018605

ASSOCIATION FOR INDIVIDUAL
DEVELOPMENT
C/O CHRISTIE PLOTZKE
309 NEW INDIAN TRAIL CT
AURORA IL 60506

Sincerely yours,

Teri M. Johnson
Operations Manager, AM Ops. 3

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

December 22, 2017

ASSOCIATION FOR INDIVIDUAL
DEVELOPMENT
309 WEST NEW INDIAN TRAIL COURT
AURORA, IL 60506

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of ASSOCIATION FOR INDIVIDUAL DEVELOPMENT under the Illinois Charitable Laws
CO# 01007130

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of ASSOCIATION FOR INDIVIDUAL DEVELOPMENT under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01007130. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2016 and has received an extension of time to file its financial report for fiscal period ended June 30, 2017 until February 28, 2017. Please let us know if you require further information.

Sincerely,

Ceretha Jackson, Compliance Officer II
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

AGENCY NAME: Association for Individual Development (AID) **ADDRESS:** 309 New Indian Trail Court, Aurora, IL 60506

EXECUTIVE DIRECTOR: Lynn O'Shea **PHONE:** 630-966-4001 **DATE OF NEXT BOARD ELECTION:** 6/2018

NAME	HOME ADDRESS	OCCUPATION & EMPLOYER	EXPIRES
Patrick M. Flaherty (Chairman)	920 Hardin Rd Aurora, IL 60506 630.892.0033 pflaherty@kfkllaw.com	Attorney/Partner Kinnally Flaherty Krentz Loran Hodge & Masur PC	6/2018
Dr. Melinda Tejada (Vice Chairman)	89 Plymouth Court Aurora, IL 60504 630.229.3306 mtejada@waubonsee.edu	Vice President of Student Development Waubonsee Community College	6/2020
Chuck Miles (Immediate Past Chairman)	1015 Westfield Course Geneva, IL 60134 630.232.6926 Cmiles6926@gmail.com	Director Materials Management, Logistics and Inventory	6/2018
Dan Lundberg (Treasurer)	1532 Charleston St Batavia, IL 60510 630.377.4195 dan.lundberg@bmo.com	Relationship Manager/Analyst, BMO Harris Bank U.S. SAMU	6/2020
Dr. Timothy Brown (Secretary)	32W432 Forest Drive Aurora, IL 60504 630.898.3780 Drtb49@aol.com	Clinical Psychologist	6/2020
Tanya Meyers	4N262 IL Rt 31 St. Charles, IL 60174 847.366.1455 tanyaevents@gmail.com	Fox Valley Country Club and Pipers Banquets	6/2019
Matt Bretz	418 Barnaby Drive Oswego, IL 60543 630.779.7083 mbretz@ncscu.org	Branch Manager NorthStar Credit Union	6/2019
Clifford Klotz	3014 Fox Glen Ct St. Charles, IL 60174 630.584.3055 crkinc@sbcglobal.net	Vice President of American National Can Company (Retired)	6/2020
Mary Duncan	9N768 Whispering Springs Lane Elgin, IL 60124 404.805.2875 maryduncan@u-46.org	Speech and Language Pathologist School District U46	6/2019
David De La Fuente	1600 Martha Drive Elgin, IL 60123 847.627.0919 David_dlf@sbcglobal.net	Bi-Lingual Mental Health Counselor	6/2019
Inez Toledo	414 S. 4th Street Geneva, IL 60134 847.361.4958 Ineztoledo2@yahoo.com	Attorney State of Illinois Guardianship and Advocacy Commission (IGAC)	6/2020
Diana Law	1215 Ford Street Geneva, IL 60134 630.886.6802 diana@lawelderlaw.com	Attorney/Partner Law Elderlaw, LLP	6/2019
James Gould	309 Sedgewick Carpentersville, IL 60110 630-336-0480 jgould@mchenry.edu	Instructor of Philosophy McHenry County College	6/2020
Toni Vaughan	1885 Alschuler Drive Aurora, IL 60506 630.892.7560 apvaughan@comcast.net	Board Member, Aurora School District 129 (Retired)	6/2018

Board Meeting Dates: First Wednesday in August; October; December; February; April; May (annual meeting); June.

	AID-FY '18 Budget	
		FY '18 Budget Agency Total
REVENUE		
Developmental Disabilities		
4025	DD Developmental Training 31A	358,614
4027	DD DevelopmentalTraining 31U	3,557,284
4030	DD CILA 60D	7,464,760
4050	DD Supported Employment 36/39-G/U	318,033
4056	DD One on One Services 53B/D/H/R/S/H	643,187
4060	DD Home Based Services 55A	319,280
4070	DD Behavior Services 56,57,58 (U&G)	140,806
4099	DD Rejection Billing	-
4192	Project Search	-
4220	DRS Base Plus/Milestones	200,000
4230	.DRS Reg Supp Employ	10,000
4245	DRS Vocational Training-Forklift	-
4250	Ticket to Work	-
4310	Long Term Care - Residential for TAC	687,078
4320	Long Term Care - day program for TAC	208,031
4330	Long Term Care - external for Zachary	192,899
4371	School Transition	-
	DD-FFS	14,099,971
4010	DD Special Projects-Respite Grant	142,944
4375	DHS- DFI Title XX	80,576
	DD-Grants	223,520
Mental Health		
4122	Aetna Crisis Line	344,700
4124	Colbert Crisis Line	13,994
4125	WCC Crisis Line	4,000
4190	Department of Aging	-
4191	IL-AWARE	-
4260	State of Illinois - PAS	100,000
4365	HFS - Physician Services (Adult)	58,000
4367	HFS - Transportation	-
4370	Medicare - Psychiatric Services	180,000
4372	Psychologists-contractual and self pay	-
	MH FFS	700,694
4160	MH Medicaid MRO	7,633,828
4162	Aetna Medicaid	-
4164	Cenpatico Medicaid	-
4165	Blue Cross Blue Shield MMAI	-
4166	Cigna-Healthsprings-MMAI	-
4167	Meridian-MMAI	-
4168	Humana-Beacon	-
4169	Harmony	-

4171	Family Health Network	-
	MCO FFS	7,633,828
4120	Crisis Services	90,923
4127	MFP Grants	-
4130	Supported Residential	92,000
4135	DMH Transition Coordination	-
4140	Supervised Residential	278,137
4270	Mental Health Court(KaneCo)	22,040
	KaneCo ReEntry	17,000
4356	Victims' Services	217,000
	MH Grants	717,100
4405	United Way - Aurora	40,000
4410	United Way - Elgin	10,000
4420	United Way/CC other	1,000
4425	United Way - Batavia	4,000
4430	Community Chest - Geneva	500
4435	.United Way - Central Kane Co	-
4440	United Way McHenry	35,040
4475	McHenry 708	437,609
4450	So. Kane County (Aurora) - 708	384,113
4455	Geneva - 708	32,000
4460	Hanover Township - 708	45,000
4465	St. Charles - 708	58,000
	Dekalb-708	68,800
4470	Kendall County - 708	26,000
	Local funding	1,138,062
4505	Auction	185,000
4510	Membership	65,000
4515	AID Golf Outing	11,000
4520	Color Run	85,000
4525	Small Events	20,000
	Special events	366,000
4550	Contributions - Grants	15,000
4555	Contributions - Restricted	165,000
4557	Contributions - Unrestricted	100,000
4560	Contributions - Staff	1,000
4565	Contributions-Capital Campaign- Restricted	-
4570	Contributions - In-Kind Rent	446,604
4575	In Kind Donations	125,000
4580	Bequests and Memorials	20,000
	Contributions	872,604
4605	Client Program fees	1,744,002
4610	Intermittent CILA Payouts	(33,788)
4630	Client Fees - Transportation	3,360
4640	Program Activity Fees	-
4645	Audiology	-
4650	Insurance Payments	11,000

4652	Family & 3rd Party Co-Pays	12,000
4655	Hesed House	-
4665	Provena Mercy Aurora	60,000
4666	Provena Mercy Yorkville	2,000
	Program fees	1,798,574
4810	Elgin Sub-Contract Sales	140,000
4820	Aurora Sub-Contract Sales	230,000
4840	Janitorial Sub-Contract - External	119,574
4850	Janitorial Sub-Contract - Internal	124,060
	Sub-contract sales	613,634
4910	Gain/Loss on sale of Fixed Assets	2,000
4920	Interest Income	-
4930	Food Income	30,500
4940	Vending Income	17,000
4950	Rental Income - Tenants	35,312
4962	Training income/reimbursement	100,000
4965	Management fees-HUD Corps	75,000
4970	LINK Income	208,696
4972	RTA - Ride in Kane - JARC & NF	1,100,000
4973	RTA - Ride in Kane - Mobility Mgt	30,000
4980	Miscellaneous Income	13,000
	Other income	1,611,508
	TOTAL REVENUE	29,775,496
EXPENSES		
	FTE	510.63
5000	Salaries - Admin & Support	1,116,868
5010	Salaries - Program Management	661,063
5015	Salaries - Professional	8,148,771
5020	Salaries - Direct Service	6,439,850
5025	Salaries - Program Support	1,275,755
	EMPLOYEE SALARIES	17,642,307
5016	Less: Salaries - Professional - HUD reimb	(127,667)
5026	Less: Salaries - Maintenance-HUD reimb	(28,276)
5100	Group Medical Insurance	2,000,000
5110	Group Dental Insurance	80,000
5120	Life & Disability Insurance	160,000
5130	Workers Comp Insurance	460,000
5140	Employee Retirement	430,000
5150	Staff FICA Tax	1,349,637
5155	Employee Benefits - HUD reimb	(43,664)
5160	Unemployment Expense	30,000
5170	Tuition Reimbursement	20,000
5175	Employee Recognition, Wellness, Other	35,000

5180	Employee Assistance Program	15,000
5194	Employee Health Screen	-
5195	Other Prof/HR Benefits/Pre Emp Tests	50,000
5196	Recognition/Diversity/Incentives	-
	Employee benefits	4,585,973
5210	Client Salaries	362,736
5220	Client FICA	28,131
5230	Client Workers Compensation Insurance	30,000
	Client salaries/benefits	420,867
5300	Audiology	-
5310	Psychiatrists	472,720
5320	Consult & Professional Fees	3,500
5325	Consultants - IT	5,000
5327	Intern stipends	34,000
5332	Temporary Services	2,571
5340	Outside Services - Respite	105,000
6450	IT Licenses/Maintenance/Supplies	151,584
6460	Audit Fees	49,900
6465	Legal Services	25,000
6480	Temporary Service Fees	-
	Consultant and professional fees	849,275
6005	Household/Sanitary/Safety Supplies	120,640
6028	Special Events Golf Outing Expenses	1,950
6029	Special Events Auction Expenses	25,000
6030	Special Events Color Run Expenses	13,000
6031	Special Events Expenses - clients	5,000
6032	Special Events Expenses - small events	100
6033	In-Kind Expenses	125,000
6040	Residences/Client Materials & Activities	130,852
6041	Program Activities/FVSR	155,960
6045	Sub-contract/Jan-AID Supplies	17,321
6050	Sub-Contract Shipping	-
6055	Food Service Costs	16,570
6060	Food Costs	350,659
6065	Coffee/Water/Vending Supplies	34,708
	Supplies	996,759
6105	Rent for clients	-
6110	Utilities for clients	-
6115	Medications for clients	11,762
6120	Medical/Dental for clients	1,053
	Specific assistance individuals	12,815
6210	Vehicle Operating Costs	84,923

6220	Vehicle Repairs & Maint	107,779
6230	Vehicle Insurance	37,686
6250	Staff Mileage reimbursement	316,078
6260	Resident Transportation Services	1,330
6262	Bethesda Transportation Service	21,336
6270	Client Transportation RIDE in KANE	140,227
	Transportation	709,359
6305	Facilities Rental	941,060
6310	Utilities-Gas	52,430
6315	Utilities-Electric	226,411
6320	Utilities-Water & Sewer	64,415
6330	Supplies - Janitorial	4,516
6335	Telephone - Cellular	95,496
6340	Telephone	355,000
6345	Snow Removal	45,079
6350	Refuse Disposal	34,430
6355	Security Services	35,507
6360	Moving & Relocation Expense	4,182
6365	Building & Grounds - Maint & Repairs	91,875
6370	Building & Grounds - JanAID	124,718
6375	Lawn Maintenance	53,187
6378	Small Equipment and Furniture	32,366
6380	Prop/Gen Liab/Prof/Umbrella Insurance	89,726
6385	Directors & Officers/Crime Insurance	16,703
6395	Interest Expense - Mortgage	37,000
6400	Real Estate Taxes	1,252
	Occupany	2,305,353
6405	Equipment-Repairs/Maintenance	6,794
6425	Equipment Rental	20,756
	Equipment	27,550
6435	Depreciation expense	539,640
6440	Amortization expense	8,755
	Depreciaton & amortization	548,395
Other Expenses		
6510	Advertising/Job Recruiting	70,000
6512	Bank Fees	12,183
6515	Conferences & Meetings	20,000
6520	Publications & Subscriptions	10,000
6525	License, Permits, Dues, CARF Accred	125,000
6530	Office Supplies	86,404
6540	Payroll Service Fees	165,000
6545	Postage	17,000
6550	Printing	15,000

6552	RTA - Ride in Kane - JARC & NF	1,100,000
6553	RTA - Ride in Kane - Mobility Mgt	5,600
6560	Staff Training	20,000
6600	Interest Expense - other	6,605
6610	Bad Debts	100,000
6620	Bequest & Memorials Pass Through	15,000
6630	Miscellaneous Expense	10,000
6639	HFS TAC Participation Fees	50,856
6650	Contributions	-
6675	Capital Campaign Expenses	-
	Miscellaneous	1,828,647
6990	Program Support Allocation	-
6995	Admin Allocation	-
	TOTAL EXPENSES	29,771,357
	NET OPERATIONIAL REV/EXP	4,139

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: TriCity Family Services	Executive Director/Responsible Administrator: Laura Poss
Designated Contact Name: Miranda Barfuss	Contact Phone and Email Address: 630-232-1070 mbarfuss@tricityfamilyservices.org
Organization Address: TriCity Family Services 1120 Randall Ct. Geneva, IL 60134	Organization Phone and Website: 630-232-1070 Tricityfamilyservices.org
Number of Individuals Served Annually by the Organization: 4,015	Number of St. Charles Residents Served Annually by the Organization: 1,291
Amount of Request: $220,000	Date of Application: 01/12/18
Signature of Responsible Administrator: Laura Poss	Signature of Application Author:

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

⊗**Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Counseling	☐ Full ⊗ Partial
2. Emotional Wellness	☐ Full ⊗Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1__ or Designated Program: Counseling

1. The general purpose of the priority or program

Counseling is at the core of our work at TriCity Family Services (TCFS). We specialize in family-centered counseling for children and adolescents. Experienced professionals who know the special needs of children and teens help them work through complex and multi-faceted challenges including conflict with other family members, problems interacting with peers, disruptive behavior, substance abuse, physical or sexual abuse, depression and anxiety. TriCity Family Services treats children and teens for mental health issues ranging from acting out in school and communication problems to severe mental illnesses, phobias, hallucinations, and thoughts of suicide. The children we serve in our family-centered outpatient center suffer from mental illnesses and disorders including:

- Trauma
- Anxiety Disorders
- Attention-Deficit/Hyperactivity Disorder
- Affective or Mood Disorders, such as depression and bipolar disorder
- Disruptive Behavior Disorders
- Autism spectrum disorders
- Schizophrenia
- Family Conflict
- Eating Disorders
- Isolation
- Grief
- School refusal

TriCity Family Services is particularly unique and skilled in providing family-based services with highly skilled staff that are adept at conducting systemic assessments and at collaborating with those considered key change agents within a client's family, school, work and social networks. Our distinct competency in this area and our ability to provide these wraparound counseling services on a sliding fee scale basis to clients with a variety of needs is what makes our agency very unique in general, and particularly unique in our service area. We are also the only agency in our area offering psychiatric services (psychiatric evaluations and medication management) to children and adolescents on a sliding fee scale basis.

Embedded within our Counseling Program, we have an evidence-based and extremely effective Family-Based Treatment for Eating Disorders program. We are the only center in Northern Illinois with this program, outside of the University of Chicago. TCFS is also skilled in providing short-term counseling for adults; addressing issues such as depression, marital discord, grief, divorce, domestic violence, parenting, stress, communication problems, sexual abuse, and anxiety/phobias. All of our clients have access to our on-site psychiatric services, if needed, and Spanish-speaking therapists.

TriCity Family Services is also unique in that it is so much more than counseling for the families we serve. For the majority of our clients, counseling sessions need to be supplemented with the active support and assistance of the therapist beyond the talk-therapy that occurs in the therapist's office. This is recognized as social work or case management services. We identify resources for clients, engage in client advocacy, assist clients in meeting expenses for basic necessities and provide a multitude of other wraparound client support services.

We drive clients to doctor's appointments, attend IEP planning sessions, and help with food at Thanksgiving and gifts at the holidays. Our agency clinicians will often accompany a parent to a meeting with their child's school principal or legal authorities. We will connect clients in financial crisis with credit counseling and we help clients apply for the public funds they are entitled to. This kind of complete care and case management in the mental health setting would not occur for a client in a traditional mental health organization. We believe that TCFS is much more than a mental health facility or counseling practice. We truly work to change the lives of children, families and adults in crisis and often, for families living in poverty, it requires more than a few sessions of therapy.

2. The need that is to be addressed; the type of individuals to be served

Our target population for our Counseling Program is individuals of all ages and income levels that are in need of mental health and psychotherapy services. Children and adolescents with a severe diagnosis, and whose behaviors place them at risk of psychiatric hospitalization, are considered a priority at TriCity Family Services.

3. Specific activities

We provide counseling services by qualified mental health care professionals. Counseling is typically 1 hour per week and includes: mental health assessments, treatment plan development, therapy/counseling, case management, and psychiatric services if applicable.

4. The implementation timeline or schedule of activities

The Counseling Program is ongoing.

5. The goal(s) with a description of the anticipated major outcomes

Two methods are used to evaluate outcomes in our counseling programs:

(1) Increased skills and changed behaviors/attitudes, as indicated through improvement in treatment goals developed with their therapist,
(2) Improvement in functioning, as measured by the Columbia Impairment Scale and Ohio Outcome Scales. For all client families served by this funding, we would expect to see increased skills, changed behaviors and attitudes and improvement in functioning.

Therapists report on treatment goals which are then analyzed by the agency Clinical Director. Summaries of the analyses are reviewed by the agency's Management Team. We expect to see positive change in the level of functioning, as measured by the scales. In addition, outcomes are measured and documented through the progress made in achieving treatment plan goals and client satisfaction surveys. We utilize evidence-based approaches in our counseling program including

cognitive behavioral therapy and dialectical behavioral therapy. Therapists and their clients identify treatment goals and use an Appreciative Inquiry Model to review goals with their clients every 90 days.

TriCity Family Services has over 50 years of experience in working with youth and families. In granting funding to TriCity Family Services, you can be confident that your dollars will be tied to effective outcome and reporting measures. We track, report, and ensure continuous quality improvement for all programs, at all times. Additionally, we are fully accredited by the Council on Accreditation, which is the highest standard for human service organizations. We meet or exceed all standards for service delivery, administrative processes, ethics, and management.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

   1945/48%
   We are projecting fewer individuals served than last year, but anticipate a 10% increase in the number of cases.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

   400/25%

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

   6,501 Hours (1,166 hours for St. Charles residents) – At mid-fiscal year we are 8% ahead of last years' service hours. Recent and anticipated additions of clinical staff members increase our projection to 10% over last fiscal year.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

   Of the agency's 12.84 FTEs, 9.43FTEs are allocated to the Counseling program. Credentials include: (3) MSW; (1) PHD; (8) LCPC; (1) LMFT; (4) AMFT; (3) LCSW; (2) ACSW; (1) M.S. Ed.; (1) Ed.D.

Priority #_2__ or Designated Program: Emotional Wellness

10. The general purpose of the priority or program

In addition to Counseling, we seek to fulfill our mission through the provision of Emotional Wellness programs. These are workshops and support groups designed to intervene early in the development of mental health issues, or to prevent them completely. We consider it essential to provide educational and supportive programming that reduces or eliminates those conditions that place

people at risk of developing mental disorders and/or substance abuse problems later in life.

Our current Emotional Wellness programs are:

Workshops

Chick Chat- for 4th, 5th, and 6th grade girls to build stronger relationship skills, learn to make healthy decisions and enhance images of themselves as capable and competent individuals.

CORE - for girls entering 6th grade to make the transition to middle school less stressful, while learning more about themselves and learning how to stay true to their unique selves.

Family Connections- for families with children in elementary school at partnering schools to enhance family communication skills, positive habits, and attitudes of respect transferable to the home, the school, and the community.

Heroes- for 4th and 5th grade boys to identify and embrace their unique qualities and identify the skills needed in becoming a good friend.

International Child Development Program- a series of parents' interactive learning groups and related children's activity groups that promote practical and effective strategies to enhance parent-child relationships and help children become strong learners and leaders.

Project Self-Compassion- for high school girls interested in cultivating inner strength, improving emotional resiliency, increasing self-awareness, and learning how to better manage relationships.

Smart Choices K-5- for children and their parents to learn the necessary skills to effectively communicate needs, manage anger, and resolve conflicts.

Smart Choices Middle School High School - for teens and their parents to learn conflict-resolution skills, anger-management tools, and alternatives to a potential cycle of violent behavior. This program can be used as an alternative to school suspension.

Wilderness Challenge Program- an annual, week-long therapeutic canoeing and camping experience for teens at risk of, or experiencing, a difficult transition to high school. The program takes place over eight days in the Boundary Waters Canoe Area of Northern Minnesota and Canada. With the guidance of trained staff, and through a multitude of natural challenges, the trip enables teens to develop peer relationships, team-building experience, and problem-solving skills.

Support Groups

Wilderness Challenge Follow Up Group -social gatherings and meetings for Wilderness Challenge Program alumni to develop peer-leadership skills and maintain the benefits gained from the trip throughout the school year.

Single Moms Group- providing education and support for single moms to help reduce their stress, manage multiple demands, develop better coping skills, and provide effective guidance for children.

Lazarus House Parenting Group-for parents sharing in the community living experience of Lazarus House that incorporates a variety of parenting topics such as routines and discipline, nurturing and

coping skills, helping children understand difficult situations, co-parenting, accessing additional community support, stress management, helping children succeed in school, staying connected when family members are not living together, and self-care.

Lazarus House Women's Group- for women sharing in the community living experience of Lazarus House. Women strengthen their skills in areas such as hope and gratitude, assertiveness, self-esteem, limit-setting, self-control, conflict resolution, self-care, self-reliance, and stress management.

Community Presentations

Presentations on Emotional Wellness and a variety of mental health topics are offered within the community.

11. The need that is to be addressed; the type of individuals to be served

Our Emotional Wellness programs seek to prevent and intervene early in the development of mental health problems. Each workshop, support group or presentation serves specific populations described above.

12. Specific activities

Emotional Wellness programs are offered by qualified mental health professionals who are skilled in group facilitation. Activities are age-appropriate and paired with supportive group discussion. We use many different activities in Emotional Wellness programs including small group break out sessions, team building challenges, weekly meetings, family meals, games, yoga, interactive experiences, expressive craft activities, and more.

13. The implementation timeline or schedule of activities

Our Emotional Wellness workshops are time-limited and occur at various times throughout the year. Our support groups and community presentations are ongoing.

14. The goal(s) with a description of the anticipated major outcomes

Each Emotional Wellness program has its own anticipated outcomes, however, these programs overall are designed to: (1) increase participants' awareness and acceptance of their thoughts and feelings; (2) demonstrate healthy responses to intense emotions and improve self-compassion and self-control; (3) communicate, problem-solve, and resolve conflicts effectively; (4) develop and maintain healthy relationships with family, peers and other community members; (5) enhance participants' abilities to cope with challenging life stages or transitions; (5) feel supported and accepted as unique individuals; or (6) parent children toward all of these emotional wellness goals.

Goals are measured through written survey responses to goal-related questions by participants and/or their parents during or after the completion of programs. Each program has a survey related to its specific goals. Responses on Lichert scales and free-form responses are gathered about changes participants have experienced as part of the programs. Verbal input from participating families, individuals, and facilitators' observations are also considered.

15. The projected number of individuals to be served in this priority or designated program;

compared to overall percentage of served population in the entire organization 2,000/50%
16. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 841/42%
17. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) 25,550 Hours (3,425 hours for St. Charles residents). We are on track to maintain approximately the same service hours as our past fiscal year.
18. Include information about the number of staff assigned and training or credentials relative to the program or priority. Of the agency's 12.84 FTEs, 2.58 FTEs are allocated to the Emotional Wellness programs. In addition, the agency utilizes approximately 35 contract employees for specific programs such as Chick Chat, CORE, HEROES and Family Connections. Credentials for FTEs include: (2) MSW; (2) LCPC; (1) AMFT; (4) LCSW; (2) ACSW; (1) M.S. Ed.; (1) Ed.D.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #__1_ or Designated Program: Counseling
☐ Full funding ⊗ Partial funding
1. Describe how the 708 Board funds will be used. These funds will allow us to maintain the quality, accessibility, and service delivery level of our family-centered counseling and psychiatric services. Equally important, continued funding will enable us to provide the case management, social work, case consultation and client advocacy required by many of our multi-problem cases. St. Charles 708 funding at the requested level will also enable TCFS to continue to increase our outreach to the Latino population and allow us to continue to provide the affordable sliding fee scale that we offer to City of St. Charles residents who are unfunded.

2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 1.07%

3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 92%

4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.

No, the St. Charles 708 funds are not our only source of funding for this program. Other funding sources include:

Fox Valley United Way	$	15,900.00
Geneva Community Chest	$	8,500.00
United Way Batavia	$	3,500.00
INC Board	$	64,000.00
708 Geneva	$	10,400.00

5. Describe any other funding issues that you would like the Board to consider regarding this request.

The Affordable Care Act led to an increase in the number of individuals requesting services who were insured. The majority of those clients who are now insured, however, have high deductible plans and increasingly need to rely on our sliding fee scale and alternative fees based on financial need.

Priority #__2_ or Designated Program: Emotional Wellness

☐ Full funding
⊗ Partial funding

6. Describe how the 708 Board funds will be used.

St. Charles 708 funds will be used to provide reduced fee Emotional Wellness Programs, as well as scholarships or free programs to the residents of the City of St. Charles. There are no program fees associated with some of our Emotional Wellness programs, including community presentations. For those that do charge a fee, we provide reduced fees and scholarships for those in financial need. As an agency, we never deny services based on an inability to pay. This commitment is only possible through the success of our fundraising efforts and the support of entities like the St. Charles 708 Board.

7. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? .93%

8. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 8%
9. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, the St. Charles 708 funds are not our only source of funding for this program. Other funding sources include: Fox Valley United Way $ 12,000.00 United Way Batavia $ 3,500.00 INC Board $ 45,390.00 708 Geneva $ 17,600.00
10. Describe any other funding issues that you would like the Board to consider regarding this request. Emotional Wellness programs are not billable to insurance or Medicaid. We do receive any type of health insurance reimbursement for any of these programs.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

ATTACHMENT A

RECEIVED NOV 1 4 1989

Internal Revenue Service

District
Director

Department of the Treasury

Person to Contact: EO:TPA

Telephone Number: 1-800-424-1040
312-435-1040

Refer Reply to: 90-0106

Date: November 9, 1989

TriCity Family Services
321 Hamilton Street
Deneva, IL 60134

RE: Confirmation
EIN: 23-7310008

This is in response to the letter dated September 19, 1989 regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in September, 1973, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in 509(a)(2).

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally $25,000.00 or more, you are required to file Form 990, Return of Organizations Exempt from Income Tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,

R. S. Wintrode Jr.
District Director

ATTACHMENT B

File Number 5021-497-4

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TRICITY FAMILY SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 05, 1973, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 27TH *day of* JULY *A.D.* 2017 .

Authentication #: 1720801860 verifiable until 07/27/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

BOARD OF DIRECTORS

OFFICERS:
Cheryl Johnson, President
Retired Public Health Administrator

Carrie Sebold, Vice President
Broker Associate, Keller Williams

Gail Krawczykowski, Secretary
Finance Manager, Nielsen

Bill Connell, Treasurer
CFO, Duchossois Capital Management

DIRECTORS:
Dave Atkinson
Vice President, Controller, Ferrara Candy Company

Diane Gibson
Owner, Vanishing Ink Laser Aesthetics Center

Kelly Haab-Tallitsch
Attorney, SmithAmundsen

Jeff Howell
VP Customer Experience, Pivotal Home Solutions

Greg Mills
Financial Advisor, Waddell & Reed

Dave Randa
Director of Commercial Banking, First National Bank of Omaha

Tom Russe
Senior Vice President, Sterling Bank

Veronique Saxe
Senior Consultant, nVision Consulting Group
VP and Co-Founder, Rebuilding Haiti Now

Jason Schneider
Attorney at Law, John J. Malm & Associates

Brian Warner
Director, The James Company

TriCity Family Services

FY2018 Budget

Expenses	**FY2017**	**FY2018**
Personnel	$ 1,578,333	$ 1,532,956
Consultants	$ 24,600	$ 33,720
Operating	$ 310,144	$ 309,023
Non Cash Expense (Depreciation)	$ 16,626	$ 18,125
TOTAL EXPENSES	**$ 1,929,703**	**$ 1,893,824**
Revenue	**FY2017**	**FY2018**
Public Funding	$ 378,076	$ 383,316
Private Support-Contributions	$ 379,000	$ 374,000
Private Support-Special Events	$ 218,900	$ 197,500
Service Income	$ 835,224	$ 856,021
EAP Income	$ 50,603	$ 45,194
Other Income	$ 67,900	$ 28,285
TOTAL REVENUE	**$ 1,929,703**	**$ 1,884,316**
REVENUE LESS EXPENSES	**$ -**	**$ (9,508)**

Tri-City Family Services

FY2018 Expense Budget

Personnel		FY2017		FY2018
Administrative Salaries	$	526,173	$	492,358
Clinical Salaries	$	503,324	$	493,031
Part Time Clinical Salaries	$	158,596	$	153,063
Associates Wages	$	41,311	$	43,561
Hourly Clerical Wages	$	65,175	$	73,561
In Kind Clinical Services	$	23,562	$	23,562
Total	**$**	**1,318,141**	**$**	**1,279,136**
Taxes & Benefits				
Medical/Life Insurance	$	95,269	$	93,461
Workers Compensation	$	8,459	$	8,180
FICA Employers	$	95,875	$	92,719
State Unemployment Insurance	$	6,716	$	5,479
TSA Payments	$	53,873	$	51,981
Staff Incentives	$	-	$	2,000
Total	**$**	**260,192**	**$**	**253,820**
Personnel Total	**$**	**1,578,333**	**$**	**1,532,956**
Consultants				
Clinical Consultants	$	2,000	$	2,000
WorkLife Benefit	$	3,600	$	3,600
Audit Costs	$	9,900	$	9,900
Accounting Services	$	-	$	11,120
Legal Consultants	$	3,000	$	3,000
Management Consultants	$	800	$	800
Payroll Service	$	3,300	$	3,300
Transcription Services	$	2,000	$	-
Consultants Total	**$**	**24,600**	**$**	**33,720**
Operating				
Facilities & Equipment				
General Insurance	$	6,977	$	7,129
Building Maintenance & Repair	$	14,562	$	14,562
Building/Ground Supplies	$	2,000	$	1,000
Food & Beverage Supplies	$	2,700	$	2,700
Grounds Maintenance	$	3,800	$	3,900
Snow Plowing	$	3,750	$	3,750
Gas	$	1,200	$	1,300
Electricity	$	3,800	$	3,800
Water	$	1,100	$	1,100
Refuse	$	1,650	$	1,732
Telephone	$	6,500	$	7,335
Equipment Maintenance	$	11,015	$	11,015
Alarm System Costs	$	800	$	1,020
Computer Maintenance & Repair	$	29,816	$	29,808
Website Development	$	500	$	500
Total Facilities & Equipment	**$**	**90,170**	**$**	**90,651**

Tri-City Family Services

FY2018 Expense Budget

Commodities		FY2017		FY2018
Office Supplies	$	7,500	$	7,500
Postage	$	6,500	$	6,500
Books & Journals	$	400	$	400
Subscriptions	$	2,000	$	2,000
Printing	$	-	$	-
Program Materials	$	2,000	$	2,000
Total Commodities	**$**	**18,400**	**$**	**18,400**
Staff Expenses				
Training/Conference Fees	$	12,750	$	8,500
Travel/Lodging/Meals	$	1,500	$	1,500
Local Mileage	$	2,000	$	1,000
Professional Liab. Insurance	$	8,660	$	8,887
Staff Recruitment	$	2,000	$	1,000
Dues & Memberships	$	2,500	$	2,000
Total Staff Expenses	**$**	**29,410**	**$**	**22,887**
Other				
Bad Debt	$	5,000	$	5,000
Miscellaneous	$	11,000	$	10,000
Bank Charges	$	9,000	$	10,000
Accreditation	$	400	$	6,445
Board Development	$	500	$	500
Wilderness Challenge	$	16,036	$	16,035
WCP Follow-up Group	$	500	$	1,010
Project Self Compassion	$	600	$	760
Family Connections	$	6,200	$	7,350
Grandparents Raising Grandchildren	$	-	$	150
Chick Chat	$	7,500	$	8,100
CORE	$	-	$	1,675
HEROES	$	-	$	2,515
ICDP USA	$	1,000	$	845
Latina Parenting Group	$	500	$	-
Equipment Purchases	$	2,000	$	2,000
Rent	$	28,700	$	27,000
CAM/RE Taxes	$	27,858	$	23,000
Loan Payments/Interest	$	4,300	$	5,600
Total Other	**$**	**121,094**	**$**	**127,985**
RD/Marketing				
Annual Report	$	1,000	$	1,000
Donor Cultivation	$	3,000	$	3,000
RD Events/Barth Award	$	3,500	$	3,500
Annual Giving Campaign	$	11,000	$	10,000
RD Expenses	$	3,000	$	3,000
Newsletter	$	7,100	$	7,100
Marketing/Advertising	$	12,000	$	15,000
Volunteer Recruitment	$	1,500	$	1,500
50th Anniversary	$	8,970	$	5,000
Total RD/Marketing	**$**	**51,070**	**$**	**49,100**
Operating Total	**$**	**310,144**	**$**	**309,023**
Depreciation	**$**	**16,626**	**$**	**18,125**
Total Expenses	**$**	**1,929,703**	**$**	**1,893,824**

Tri City Family Services

FY 2018 Revenue Budget

Public Funding	FY2017	FY2018
Community Chests/United Ways		
Unites Way Central Kane County	$ 36,000	$ -
Fox Valley United Way	$ -	$ 37,000
Geneva Community Chest	$ 8,576	$ 8,576
Batavia United Way	$ 8,000	$ 8,000
Total Community Chests/United Ways	**$ 52,576**	**$ 53,576**
Cities/708 Funds		
INC Board	$ 81,500	$ 82,870
INC Board Family Connections	$ 26,000	$ 18,870
708 Geneva	$ 28,000	$ 28,000
708 St. Charles	$ 190,000	$ 200,000
Total Cities/708 Funds	**$ 325,500**	**$ 329,740**
Total Public Funding	**$ 378,076**	**$ 383,316**
Private Support		
Contributions		
Individual Contributions	$ 170,000	$ 170,000
Corporate Contributions	$ 65,000	$ 65,000
Foundations	$ 120,000	$ 110,000
Church Contributions	$ 14,000	$ 14,000
Community Group Contributions	$ 10,000	$ 15,000
Other Grants & Contributions	$ -	$ -
Total Contributions	**$ 379,000**	**$ 374,000**
Special Events		
Gala	$ 190,000	$ 125,000
Lobsters Sale	$ 7,500	$ 5,000
Snowflake Shuffle	$ 20,000	$ 30,000
Golf Outing	$ -	$ 35,000
Misc. Special Events	$ 1,400	$ 2,500
Total Special Events	**$ 218,900**	**$ 197,500**
Total Private Support	**$ 597,900**	**$ 571,500**
Service Income		
In Kind Clinical Services	$ 23,562	$ 23,562
Client Copayments	$ 90,000	$ 98,763
Medicaid Payments	$ 303,540	$ 387,069
Client Insurance Payments	$ 418,122	$ 346,627
Total Client Fees	**$ 835,224**	**$ 856,021**
	FY2017	**FY2018**
EAP Income	**$ 50,603**	$ 45,194
Total EAP Income	**$ 50,603**	**$ 45,194**
Total Service Income	**$ 885,827**	**$ 901,215**
Other Income		
Interest Earned	$ 100	$ 60
#REF!	$ -	
WCP Follow-up Group	$ -	$ -
Chick Chat	$ 22,800	$ 12,600
CORE	$ -	$ 3,375
HEROES	$ -	$ 6,000
ICDP USA	$ -	$ -
Project Self-Compassion	$ -	$ 250
Endowment Income	$ 39,000	$ -
Misc.	$ 6,000	$ 6,000
Total Other Income	**$ 67,900**	**$ 28,285**
Total Revenue	**$ 1,929,703**	**$ 1,884,316**

TRICITY FAMILY SERVICES, INC.

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

JUNE 30, 2017 AND 2016

TRICITY FAMILY SERVICES, INC.

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

JUNE 30, 2017 AND 2016

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PorteBrown™
ACCOUNTANTS &
ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
TriCity Family Services, Inc.
1120 Randall Court
Geneva, IL 60134

We have audited the accompanying financial statements of TriCity Family Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2017, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of TriCity Family Services, Inc. as of June 30, 2017, and the change in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements and Report on Summarized Comparative Information

The financial statements of June 30, 2016 were audited by Borhart Spellmeyer and Company, who merged with Porte Brown LLC as of December 1, 2016, and whose report dated November 18, 2016 expressed an unmodified opinion on these audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2016 is consistent, in all material respects, with the audited financial statements from which it has been derived.

PORTE BROWN LLC
Certified Public Accountants

Porte Brown LLC

Elk Grove Village, Illinois
November 16, 2017

TRICITY FAMILY SERVICES, INC.

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2017 AND 2016

	2017	2016
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 38,067	$ 85,362
Receivables		
Grants and contracts	14,301	29,277
Client fees	175,545	169,458
Prepaid expenses	31,583	35,688
	259,496	319,785
FIXED ASSETS		
Property and equipment	1,405,838	1,405,838
Less: Accumulated depreciation	(809,205)	(791,082)
	596,633	614,756
TOTAL ASSETS	$ 856,129	$ 934,541
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Line of credit	$ 50,000	$ -
Current portion of mortgage payable	7,871	7,515
Accounts payable	30,566	36,037
Accrued expenses	41,836	51,783
Deferred revenue	22,035	36,363
	152,308	131,698
LONG-TERM LIABILITIES		
Mortgage payable, net of current portion	76,021	83,890
NET ASSETS		
Unrestricted	627,800	718,953
TOTAL LIABILITIES AND NET ASSETS	$ 856,129	$ 934,541

The accompanying notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.

STATEMENTS OF ACTIVITIES - UNRESTRICTED

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

	2017	2016
REVENUE		
Client fees and third party payments	$ 692,821	$ 721,422
Occupational services	50,412	54,886
Caregiver connections	-	2,645
Other programs	12,937	9,617
Miscellaneous income	3,863	5,829
	760,033	794,399
PUBLIC SUPPORT		
Contributions	296,498	359,122
St. Charles Community Mental Health Board - 708 taxes	189,000	189,000
Geneva Community Mental Health Board - 708 taxes	43,000	26,900
INC Board - 708 taxes	107,500	105,918
United Way of St. Charles	37,000	33,677
Geneva Community Chest	8,576	7,700
United Way of Batavia	8,000	6,600
Proceeds from Community Foundation Funds	101,068	-
In-kind clinical services	39,735	26,387
Special events, net of direct expenses of $90,093 and $121,443	121,325	265,037
	951,702	1,020,341
	1,711,735	1,814,740
EXPENSES		
Program services		
Counseling	1,354,432	1,235,288
Emotional wellness	111,154	172,847
Occupational services	59,161	57,909
	1,524,747	1,466,044
Supporting services		
Management and general	153,940	180,185
Fundraising	124,201	114,142
	278,141	294,327
	1,802,888	1,760,371
CHANGE IN NET ASSETS	(91,153)	54,369
NET ASSETS, BEGINNING OF YEAR	718,953	664,584
NET ASSETS, END OF YEAR	$ 627,800	$ 718,953

The accompanying notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

	2017	2016
OPERATING ACTIVITIES		
Change in net assets	$ (91,153)	$ 54,369
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation expense	18,123	26,293
Changes in:		
Receivables	8,889	(71,608)
Prepaid expenses	4,105	(11,268)
Accounts payable	(5,471)	25,168
Accrued expenses	(9,947)	11,774
Deferred revenue	(14,328)	(6,246)
Net cash provided (used) by operating activities	(89,782)	28,482
INVESTING ACTIVITIES		
Purchases of fixed assets	-	(9,504)
FINANCING ACTIVITIES		
Proceeds from line of credit, net	50,000	-
Payments of mortgage payable	(7,513)	(6,889)
Net cash provided (used) by financing activities	42,487	(6,889)
NET CHANGE IN CASH AND CASH EQUIVALENTS	(47,295)	12,089
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	85,362	73,273
CASH AND CASH EQUIVALENTS AT END OF YEAR	$ 38,067	$ 85,362
Supplemental cash flow information:		
Cash paid for interest	$ 6,336	$ 5,474

The accompany notes are an integral part of these financial statements.

TRICITY FAMILY SERVICES, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2017
(with summarized information for the year ended June 30, 2016)

	Program Services							
	Counseling	Emotional Wellness	Occupational Services	Total Programs	Management and General	Fundraising Services	2017 Total	2016 Total
Expenses								
Personnel expenses								
Salaries and wages	$ 1,008,072	$ 82,729	$ 44,032	$ 1,134,833	$ 53,216	$ 51,115	$ 1,239,164	$ 1,188,050
Taxes and benefits	176,809	14,510	7,723	199,042	24,390	23,427	246,859	218,717
	1,184,881	97,239	51,755	1,333,875	77,606	74,542	1,486,023	1,406,767
Consultants	9,391	771	410	10,572	1,295	1,244	13,111	12,360
Facility costs	74,693	6,130	3,262	84,085	10,303	9,897	104,285	123,602
Commodities cost	12,285	1,008	537	13,830	1,695	1,628	17,153	20,763
Staff expenses	12,934	1,061	565	14,560	709	681	15,950	18,169
Other costs	47,267	3,880	2,065	53,212	60,542	3,944	117,698	135,379
Resource development	-	-	-	-	-	30,545	30,545	17,038
Depreciation expense	12,981	1,065	567	14,613	1,790	1,720	18,123	26,293
	$ 1,354,432	$ 111,154	$ 59,161	$ 1,524,747	$ 153,940	$ 124,201	$ 1,802,888	$ 1,760,371

The accompany notes are an integral part of these financial statements.

NOTE A - NATURE OF ORGANIZATION

TriCity Family Services, Inc. (the Agency) is an Illinois not-for-profit service agency serving the community members and organizations of central Kane County. The Agency is dedicated to strengthening people and building community through the provision of quality, affordable counseling, youth crisis intervention, prevention, and early intervention services that promote sound mental health and effective family functioning. As a community-based agency, the Agency promotes service excellence, honesty, hopefulness, personal responsibility, and respect for others. The Agency is funded primarily by counseling services, donor contributions, United Ways and Community Chests, and local government grants. The Agency conducts the following programs:

Counseling – Counseling is at the core of our work at the Agency. We specialize in family-centered, confidential counseling to all ages and all income levels. Experienced professionals who know the special needs of children and teens use a family-centered approach to help them work through challenges including: conflict with other family members, problems interacting with peers, disruptive behavior, substance abuse, physical or sexual abuse, and depression. In addition, we excel in the provision of personalized individual or couples counseling for adults, addressing issues such as depression, marital discord, grief, divorce, domestic violence, parenting, stress, communication problems, sexual abuse, and anxiety/phobias. We also have an outpatient, family-based program for the treatment of eating disorders. The Agency served 1,856 and 1,953 individuals in the counseling programs for the years ended June 30, 2017 and 2016, respectively.

Occupational Services – The Agency contracts with employers to provide an Employee Assistance Program (EAP) as part of their employee benefits package. For employees, it is a free and confidential service that offers assessment and referrals to employees and their family members who are experiencing any type of mental health or personal problem. EAP is a positive approach that helps employees resolve problems before they begin to affect their jobs. Community-based and able to provide immediate and personalized responsiveness, the Agency EAP has many advantages over a typical "800-number" EAP. The Agency provided help to 145 and 92 individuals through the occupational services program for the years ended June 30, 2017 and 2016, respectively.

Emotional Wellness – We consider it essential to provide educational and supportive programming that reduces or eliminated those conditions that place people at risk of developing emotional and/or substance abuse problems later in life. Our emotional wellness programs help resolve problems before they become serious and effectively reduce human pain and suffering. Our emotional wellness programs include: Bridges, for children of divorce; Smart Choices, anger management for children of all ages; I-CAN, anger management for adults; Single Mom's Support Group; Grandparents Raising Grandchildren Support Group; Wilderness Challenge Program, for at-risk teens; Family Connections, family communication workshop; Mindful Emotions, skills training for teen girls; Parenting Group, for the guests of the Lazarus House homeless shelter; Chick Chat, for 4th-6th grade girls; and ICDP, for parents. In all, our emotional wellness programs served 2,012 and 1,884 individuals for the years ended June 30, 2017 and 2016, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Agency's management, which is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

USE OF ESTIMATES

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

FINANCIAL STATEMENT PRESENTATION

In accordance with FASB ASC 958-205, "Not-for-Profit Entities Presentation of Financial Statements," the Agency reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

All net assets of the Agency are currently unrestricted.

The financial statements include certain prior-year summarized comparative information in total but not by asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2016, from which the summarized information was derived.

CASH AND CASH EQUIVALENTS

The Agency considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

The Agency's cash and cash equivalents have not exceeded the federally insured limits of $250,000 at one bank institution. There are no uninsured balances at June 30, 2017 and 2016.

RECEIVABLES

The Agency extends trade credit to its clients. Client fees receivable represents amounts due from clients and their insurance providers for services rendered. The receivables are valued at the Agency's estimate of the amount that will ultimately be collected. The allowance for doubtful accounts is based on specific identification of doubtful accounts and the Agency's historical collection experience.

Management provides for probable uncollectible amounts through a provision for bad debt expense based on its assessment of the current status of individual receivables. Balances that are still outstanding after management has used reasonable collection efforts are written off to bad debt expense. At June 30, 2017 and 2016, there was no allowance for doubtful accounts.

FIXED ASSETS

Fixed assets are recorded at cost if purchased or at their estimated fair market value at the time received if donated. The Agency follows the practice of capitalizing, at cost, all expenditures for property and equipment in excess of $5,000. Depreciation is computed used the straight-line method over the estimated useful life of the asset.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

FIXED ASSETS (Continued)

Major classifications of property and equipment and their respective lives are summarized below.

	Lives in Years	2017	2016
Land improvements	15	$ 234,248	$ 234,248
Building and improvements	10 - 50	684,048	684,048
Furniture and fixtures	10	128,818	128,818
Equipment	3 - 5	358,724	358,724
		$ 1,405,838	$ 1,405,838

Routine maintenance and repairs are charged to operations in the year incurred. Gains and losses on dispositions of equipment are included as a change in net assets in the year of disposition

DEFERRED REVENUE

Deferred revenue consists of fees received in advance for services not yet rendered.

INCOME TAXES

The Agency is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is included in the accompanying financial statements.

The Agency has adopted the provisions of ASC Topic 740, Income Taxes, relating to the accounting for uncertainty in income taxes. The Agency files annual exemption organization information returns in the U.S. federal jurisdiction and the State of Illinois. Management is not aware of any uncertain tax positions.

CONTRIBUTIONS

The Agency records contributions and grants received as unrestricted, temporarily restricted, or permanently restricted support and revenue, depending on the existence and/or nature of any donor-restrictions.

All contributions are considered to be available for unrestricted use unless specifically restricted by donors. Unrestricted contributions are recognized when received or when promised. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor restricted support, if any, is reported as an increase in temporarily or permanently restricted net assets. When a donor restriction expires, such as when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets released from restrictions and reported in the statements of activities as net assets released from restrictions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

DONATED SERVICES

Donations received in property and services other than cash are recorded at their fair market value on the date of the gift. Donations in property and services whose fair market values are not objectively determinable are omitted from the financial statements in accordance with generally accepted accounting standards.

The Agency receives a significant amount of donated services from unpaid volunteers who assist in fund-raising and special projects. No amounts have been recognized in the statements of activities because the criteria for recognition has not been satisfied.

The Agency receives donated services from student interns to help provide counseling services. An estimated value for the professional services of the student interns has been recognized in the statements of activities, having met the criteria for recognition.

Donated services are recognized as contributions in accordance with FASB ASC 958-225 if the services (a) create or enhance non-financial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Agency. These contributions have been presented in the financial statements as support with a like amount shown as expense. During the fiscal years ended June 30, 2017 and 2016, donated services amounted to approximately $39,735 and $26,387, respectively.

FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the Agency various programs and other activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs, fundraising activities, and supporting services benefited. Expenses are allocated based on line of service and are summarized on the statements of functional expenses. The allocation is based on hours of service performed in each area.

SUBSEQUENT EVENTS

The Agency has evaluated subsequent events through November 16, 2017, the date which the financial statements were available to be issued.

NOTE C – LINE OF CREDIT

The Agency has a revolving line of credit agreement with a bank for up to $150,000, expiring April 21, 2018. Borrowings on the line of credit bear interest at prime rate plus 0.25% (4.25% and 3.75% at June 30, 2017 and 2016, respectively). The line of credit is secured by the Agency's real property. The agreement also contains certain covenants including financial reporting requirements. The Agency is in compliance with all covenants at June 30, 2017 and 2016. The outstanding balance at June 30, 2017 and 2016 was of $50,000 and $0, respectively.

NOTE D - MORTGAGE PAYABLE

The Agency has a mortgage payable to a local bank. The mortgage is collateralized by the Agency's real property. The mortgage bears interest of 4.57% and is payable in monthly principal and interest payments of $966 with a final payment due in April 2026. The mortgage also contains certain covenants including financial reporting requirements. The Agency is in compliance with all covenants at June 30, 2017 and 2016. The balance due at June 30, 2017 and 2016 was $83,892 and $91,405, respectively.

Principal payments on the mortgage payable are as follows:

Year-ending June 30,	
2018	$ 7,871
2019	8,243
2020	8,626
2021	9,042
2022	9,470
Thereafter	40,640
	$ 83,892

NOTE E - RESTRICTIONS ON NET ASSETS

There were no temporarily restricted or permanently restricted net assets at June 30, 2017 and 2016.

NOTE F - LEASE COMMITMENTS

The Agency has an operating lease agreement for an office facility in St. Charles, Illinois which expires October 31, 2018. The Agency has the option to extend the lease for two additional two-year terms.

The scheduled initial basic rental payments including electric, property taxes, and common area maintenance increase from $4,449 to $4,644 per month over the term of the lease. The total amount of rental payments due over the lease term is being charged to rent expense on the straight-line method over the term of the lease. The difference between rent expense recorded and the amount paid is credited or charged to accrued expenses on the statement of financial position in the amount of $5,475 and $9,581 at June 30, 2017 and 2016, respectively. The Agency is responsible for utilities, insurance, routine maintenance, and property taxes. The lease is secured by a cash security deposit of $4,149 at June 30, 2017 and 2016. Rent expense and related lease expenses were $45,792 and $52,722 for the years ended June 30, 2017 and 2016, respectively.

The Agency also leases certain office equipment under operating lease agreements. The leases require monthly rent of $400 and expire on March 31, 2021.

NOTE F - LEASE COMMITMENTS (Continued)

Future minimum lease payments on the above operating leases are as follows:

Year-ending June 30,	
2018	$ 60,123
2019	23,375
2020	4,800
2021	3,600
	$ 91,898

NOTE G - RETIREMENT PLAN

The Agency maintains a tax sheltered annuity program (403(b) plan) for employees who become eligible after two years of Eligibility Service, which consists of completing at least 1,000 hours of service for each of two consecutive years. The Agency contributes 7% of the employee's gross income to the Plan. Employees may also make voluntary pretax contributions to the plan. The provisions for retirement costs for the year ended June 30, 2017 and 2016 was $50,495 and $43,386, respectively.

NOTE H - CONTINGENCIES

The Agency receives grants from several state and local government agencies. The disbursement of grant funds requires compliance with terms and conditions specified in the grant agreements and is subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability to the Agency. However, management believes that any such disallowed claims would not have a material effect on the financial statements or the overall position of the Agency.

NOTE I – RELATED PARTY TRANSACTIONS

The Agency receives several contributions from its officers, board members, and volunteers. The Agency received contributions of $31,507 and $30,097 for the years ended June 30, 2017 and 2016, respectively, from board members.

NOTE J - FUNDS HELD BY THE COMMUNITY FOUNDATION OF FOX RIVER VALLEY

The Agency is the beneficiary of three funds held by the Community Foundation of the Fox River Valley (Community Foundation). The funds are not included in the statements of financial position as they are not the assets of the Agency. These three funds are as follows:

The TriCity Family Services Fund (the Fund) is used to provide support for the Agency in carrying out its mission and activities. Although the Fund is the property of the Community Foundation, the Agency has the right to apply to the Community Foundation and request a distribution of the principal or income of the Fund. The decisions on the request are at the sole discretion of the Community Foundation. The balance in the Fund at June 30, 2017 and 2016, as reported by the Community Foundation was $131,669 and $117,581, respectively. No distributions were received by the Agency in 2017 and 2016 from the Fund.

NOTE J - FUNDS HELD BY THE COMMUNITY FOUNDATION OF FOX RIVER VALLEY (Continued)

The TriCity Family Services Endowment Fund (the Endowment Fund) was established to provide current income and long term protection for the operation of the Agency. Although the Endowment Fund is the property of the Community Foundation, the Agency may request distributions of net income from the Endowment Fund on at least an annual basis; however, the Agency may elect to accumulate income rather than receive distributions thereof. The balance in the Endowment Fund at June 30, 2017 and 2016, as reported by the Community Foundation was $509,220 and $538,228, respectively. Distributions of $100,000 and $0 were received in 2017 and 2016, respectively, from the Endowment Fund. At June 30, 2017 and 2016, there were accumulated net earnings available for distribution to the Agency of $27,436 and $106,210, respectively.

The TriCity Family Services Wilderness Challenge Program Fund (the Fund) is used to provide for the future of the Wilderness Challenge. Although the Fund is the property of the Community Foundation, the Agency has the right to apply to the Community Foundation and request a distribution of the principal or income of the Fund. The decisions on the request are at the sole discretion of the Community Foundation. The balance in the Fund at June 30, 2017 and 2016, as reported by the Community Foundation was $106,360 and $95,670, respectively. Annual income distributions of $1,068 and $0 were received by the Agency in 2017 and 2016, respectively, from the Fund.

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Suicide Prevention Services of America	Executive Director/Responsible Administrator: Stephanie Weber
Designated Contact Name: Stephanie Weber	Contact Phone and Email Address: 630-482-9699 ex 222, stephanie@spsamerica.org
Organization Address: 528 S. Batavia Ave., Batavia, IL 60510	Organization Phone and Website: 630-482-9699, www.spsamerica.org
Number of Individuals Served Annually by the Organization: 2,800	Number of St. Charles Residents Served Annually by the Organization: 270
Amount of Request: $17,000	Date of Application: January 5, 2018
Signature of Responsible Administrator: Stephanie Weber	Signature of Application Author: Kyle Evans

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

☒ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Training and Education	☐ Full X Partial
2. Counseling	☐ Full X Partial
3. Hotline	☐ Full X Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1_ or Designated Program: Training and Education
1. The general purpose of the priority or program The purpose of this program is to educate the community about suicide and depression.
2. The need that is to be addressed; the type of individuals to be served The need addressed is suicide prevention. Suicide is preventable if identified early enough and SPS works with any individual dealing with depression or suicidal ideation.
3. Specific activities The specific activities include the following: • Educational trainings and presentations – each training is modified to fit the audiences needs and focus on suicide prevention and depression. The presentations bring awareness to suicide prevention and provide the skills needed to help those who are at risk. • ASIST – an in depth training designed to provide specialized skills in identifying and helping at risk individuals
4. The implementation timeline or schedule of activities Presentations and trainings are scheduled throughout the year.
5. The goal(s) with a description of the anticipated major outcomes The goal of this program is to increase participant knowledge about depression and suicide and provide the skills needed to help identify and intervene with those who are at risk. The anticipated outcome for this goal is to increase the knowledge in 85% of participants.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of individuals to be served in this program – 1500 This is 53% of the served population in the entire organization.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program Projected number of St. Charles residents to be served in this priority - 175 This is 11% of the overall percentage of this priority.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) The units of service vary based on the training/presentation and needs of the group. On average, presentations are 2-3 hours and trainings are 4 hours. ASIST trainings are 16 hours. Anticipated number of units of service dedicated to this program – 30+ Hours of direct presentation time. This does not count preparation time and follow-up support for those identified as at risk.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority Presentations and trainings are usually provided by 1 to 2 staff. All staff are licensed clinicians and have completed 80+ hours of suicide prevention training. The ASIST trainers have also completed a specialized program and are certified to provide in depth trainings.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1_ or Designated Program: Training and Education
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. The 708 Board funds will be used to help cover the costs of providing the presentations and trainings throughout the St. Charles community. Funding will also be used to help provide follow up services when needed. SPS strives to provide our services regardless of an individual's ability to pay.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request is 4% of the organizations overall budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request is 10% of the program budget.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, this is not our only source of funding. SPS secures outside funding to help cover the cost of our programs. Other sources of funding include foundations (Shodeen Foundation, Hansen-Furnas Foundation, Norris Foundation, etc.) United Ways and 708 Boards, fundraisers, and private donations. A list of current funders can be found in the attachments.
5. Describe any other funding issues that you would like the Board to consider regarding this request. SPS offers a sliding scale for counseling, presentations, and trainings. Crisis intervention, hotline assistance, Care Calls, support groups, and website interactions are provided for free to the consumer.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 2 or Designated Program: Counseling
1. The general purpose of the priority or program The purpose of this program is to provide individual and family counseling for those who need mental health assistance.
2. The need that is to be addressed; the type of individuals to be served SPS provides counseling for individuals dealing with suicide and/or depression. SPS also provides crisis intervention counseling and support for those who have lost a friend or loved one to suicide.
3. Specific activities Activities include: • Individual and family counseling for those who are depressed or suicidal • Counseling for individuals who have attempted suicide • Counseling for individuals who have lost a friend or loved one to suicide
4. The implementation timeline or schedule of activities Counseling is provided throughout the year.
5. The goal(s) with a description of the anticipated major outcomes The goal of this program is to assist those dealing with suicide or depression and reduce the symptoms they are experiencing. The anticipated outcome for this goal is to decrease the depression screening score in 85% of participants who are experiencing suicidal ideation or depressive symptoms.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of individuals to be served in this program – 300 This is 11% of the served population in the entire organization.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program Projected number of St. Charles residents to be served in this program – 20 This is 7% of the overall percentage of this program
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) 100 anticipated number of service hours. 20 clients x 5 counseling sessions (average)
9. Include information about the number of staff assigned and training or credentials relative to the program or priority All staff are licensed clinicians and have completed 80+ hours of suicide prevention training. SPS staff licenses include: 3 Licensed Clinical Professional Counselors (LCPC), 1 Licensed Clinical Social Worker (LCSW), and 1 Master of Social Work (MSW).

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_2_ or Designated Program: Counseling
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. The 708 Board funds will be used to help cover the cost of counseling for individuals located throughout the St. Charles community. Financial issues often play a part in an individual's ability to find mental health assistance. SPS strives to ensure that those dealing with depression or suicide receive assistance regardless of their ability to pay.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request is 4% of the organization overall budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request is 10% of the program budget.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, this is not our only source of funding. SPS secures outside funding to help cover the cost of our programs. Other sources of funding include foundations (Shodeen Foundation, Hansen-Furnas Foundation, Norris Foundation, etc.), United Ways and 708 Boards, fundraisers, and private donations. A list of current funders can be found in the attachments.
5. Describe any other funding issues that you would like the Board to consider regarding this request. SPS offers a sliding scale for counseling, presentations, and trainings. Crisis intervention, hotline assistance, Care Calls, support groups, and website interactions are provided for free to the consumer.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_3_ or Designated Program: Hotline
1. The general purpose of the priority or program The purpose of this program is to provide immediate support for individuals dealing with suicide and depression.
2. The need that is to be addressed; the type of individuals to be served The need addressed by this program is the prevention of suicide. The hotline provides immediate support for individuals who need help and is free to anyone with a phone. The paraprofessionals who answer the calls are trained to work with the caller, de-escalate the situation, and determine if immediate intervention is required.
3. Specific activities Activities: • Answer local and national telephone calls • Intervene if a caller is at imminent risk
4. The implementation timeline or schedule of activities The hotline is answered every day throughout the year, 8:00 am to Midnight.
5. The goal(s) with a description of the anticipated major outcomes The goal of the hotline is to assist individuals dealing with emotional and mental health issues. SPS paraprofessionals are trained to listen and assist callers when possible. Emergency services are sent in cases where safety is an immediate concern. The anticipated outcome for this program is that SPS will modify the behavior of callers by reducing the level of distress in 80% of the hotline calls.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The projected number of individuals to be served in this program – 1,000+ This is 36% of the served population in the entire organization.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program Projected number of St. Charles residents to be served in this program – 75 This is 8% of the overall percentage of this program.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) An estimated 19 hours will be dedicated to this program for St. Charles residents. The number of anticipated units of service is difficult to determine for this program since call length and volume fluctuate. The number above was determined with the following formula - 75 new callers x 15 minutes average call length.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority The SPS hotline currently has 30 paraprofessionals answering the phones with 2 staff members supervising the paraprofessionals. The paraprofessionals have completed 80+ hours of training and are certified in ASIST.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_3_ or Designated Program: Hotline
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. The 708 Board funds will be used to help cover the cost of providing the hotline for the community.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request is 4% of the organization's overall budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? This request is 20% of the program budget. While other programs at SPS bring in some funding support, the hotline does not bring in any additional funding. This requires SPS to secure alternative funding to ensure that there is always someone to talk to when it is needed.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, this is not our only source of funding. SPS secures outside funding to help cover the cost of our programs. Other sources of funding include foundations (Shodeen Foundation, Hansen-Furnas Foundation, Bersted Foundation, etc.), United Ways and 708 Boards, fundraisers, and private donations. A list of current funders can be found in the attachments.
5. Describe any other funding issues that you would like the Board to consider regarding this request. SPS offers a sliding scale for counseling, presentations, and trainings. Crisis intervention, hotline assistance, Care Calls, support groups, and website interactions are provided for free to the consumer.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

R98-053249 98 MAR 24 PM 2:15 Stephanie Weber 61

File Number 5979-162-1

RECORDER
DU PAGE COUNTY

State of Illinois
Office of
The Secretary of State

Whereas, ARTICLES OF INCORPORATION OF
SUICIDE PREVENTION SERVICES
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE GENERAL NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE JANUARY 1, A.D. 1987.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 4TH day of FEBRUARY A.D. 19 98 and of the Independence of the United States the two hundred and 22ND

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

George H Ryan

Secretary of State

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 29 1998

SUICIDE PREVENTION SERVICES
C/O SHERRY BRYANT
30 W 379 PINEHURST
NAPERVILLE, IL 60563

Employer Identification Number:
36-4211306
DLN:
318141311
Contact Person:
D. A. DOWNING
Contact Telephone Number:
(513) 241-5199
Accounting Period Ending:
June 30
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
February 4, 1998
Advance Ruling Period Ends:
June 30, 2002
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

SUICIDE PREVENTION SERVICES

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally $25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period that you exceed the $25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

SUICIDE PREVENTION SERVICES

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of $20 per day for each day there is a failure to comply (up to a maximum of $10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

SUICIDE PREVENTION SERVICES

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

Enclosure(s):
Form 872-C

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 28 2002

SUICIDE PREVENTION SERVICES
528 S BATAVIA AVE
BATAVIA, IL 60510-2921

Employer Identification Number:
36-4211306
DLN:
17053236741032
Contact Person:
BENJAMIN L DAVIS ID# 31465
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
May 1998
Addendum Applies:
no

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

SUICIDE PREVENTION SERVICES

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Lois G. Lerner

for

Lois G. Lerner
Director, Exempt Organizations

Verify that all of your Illinois Sales Tax Exemption Certificate information is correct

If not, contact us immediately.

Do not discard **-** your Illinois Sales Tax Exemption Certificate is an important tax document that authorizes you to purchase tangible personal property for use or consumption tax-free.

Illinois Sales Tax Exemption Certificate

SUICIDE PREVENTION SERVICES

528 S BATAVIA AVE
BATAVIA IL 60510-2921

Sales Tax Exemption Certificate

Issue date: 04/12/2017	**Sales Tax Exemption**	**E99442930**
Expiration date: 05/01/2022	**Organization type:**	**Charitable**

This entity is authorized under the Retailers' Occupation Tax Act to purchase tangible personal property for use or consumption tax-free.

Director
DEPARTMENT OF REVENUE

STAX-70 (R-05/16)

Suicide Prevention
Services of America

528 South Batavia Avenue
Batavia, Illinois 60510
630.482.9699
630.482.9669 fax

www.spsamerica.org

Suicide Prevention Services of America
Board of Directors

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Sgotter217@yahoo.com

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Director, Digital Marketing SEO
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Survivor of Suicide

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Yes Lifecycle Marketing
dan.nasharr@yeslifecyclemarketing.com
Survivor of Suicide

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Geneva, IL 60134
H 630-918-3904
ALPINE Demolition Services, LLC
kelli@knockitdown.com
Survivor of Suicide

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Kimberly Tarver
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ktarver97@gmail.com
Survivor of Suicide

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1290 Dodson Ave.
Elburn, IL 60119
C 847-791-7648
ASV Insurance
amanda.vancura@gmail.com
Survivor of Suicide

9/2017

9:36 AM
12/04/17
Accrual Basis

Suicide Prevention Services Inc.
Profit & Loss Budget JR
November 2017

	Nov 17	Budget	Jul - Nov 17	YTD Budget	Annual Budget
Ordinary Income/Expense					
Income					
410 · Contributions Income					
4120 · Unrestricted	2,438.10	5,770.00	22,988.37	28,850.00	69,275.00
4155 · Year End Appeal					
4155.1 · Year End Appeal - Expenses	-2,377.00	0.00	-2,377.00	0.00	-2,700.00
4155 · Year End Appeal - Other	5,120.00	0.00	5,120.00	0.00	20,150.00
Total 4155 · Year End Appeal	2,743.00	0.00	2,743.00	0.00	17,450.00
Total 410 · Contributions Income	5,181.10	5,770.00	25,731.37	28,850.00	86,725.00
415 · Events					
4150 · 50 Men Cooking	0.00	0.00	76.47	0.00	11,287.00
4150.1 · 50 Men Cooking Expenses	0.00	0.00	0.00	0.00	-6,997.00
4160 · Annual Brunch/Dinner	7,516.28	11,200.00	8,431.28	11,200.00	11,200.00
4160.1 · Annual Brunch/Dinner Expenses	-436.23	-4,000.00	-704.48	-4,000.00	-4,000.00
4170 · Here for Life Walk	297.50	0.00	31,113.43	45,000.00	45,000.00
4170.1 · Here for Life Walk Expenses	0.00	0.00	-2,443.95	-2,300.00	-2,300.00
Total 415 · Events	7,377.55	7,200.00	36,472.75	49,900.00	54,190.00
419 · Fund Raising					
4191 · Change Initative	0.00	0.00	228.50	0.00	0.00
4199 · Misc. Fundraisers	5,864.20	1,417.00	10,375.30	7,085.00	17,000.00
Total 419 · Fund Raising	5,864.20	1,417.00	10,603.80	7,085.00	17,000.00
420 · Grants					
4210 · 708 Board - St Charles	8,500.00	8,025.00	20,612.00	16,050.00	16,050.00
4211 · 708 Board - Geneva	0.00	0.00	0.00	0.00	11,000.00
4213 · INC 708 Board - MHMRS	3,612.00	3,583.00	14,448.00	17,915.00	43,000.00
4221 · North Aurora Mothers Club	1,000.00		1,000.00		
Total 420 · Grants	13,112.00	11,608.00	36,060.00	33,965.00	70,050.00
440 · United Ways/Comm Chest					
4410 · Aurora	0.00	58.00	0.00	290.00	700.00
4411 · Batavia	0.00	800.00	3,250.00	4,000.00	9,600.00
4413 · Geneva	2,800.00	0.00	2,800.00	0.00	5,300.00
4415 · Metro Chicago	57.60	33.00	1,507.60	499.00	733.00
4416 · St Charles/Central Kane County	0.00	0.00	124.26	3,000.00	3,000.00
Total 440 · United Ways/Comm Chest	2,857.60	891.00	7,681.86	7,789.00	19,333.00
450 · Other Foundations					
4513 · Elgin Financial	0.00	0.00	8,500.00	10,000.00	10,000.00
4516 · Kiwanis Club	350.00	17.00	350.00	85.00	200.00
4517 · McGowan Gin Rosica Family	0.00	0.00	0.00	5,000.00	5,000.00
4518 · Norris Foundation	5,000.00	0.00	5,000.00	0.00	5,000.00
4520 · N Aurora Mothers Club	0.00	83.00	0.00	415.00	1,000.00
4560 · Bethany Lutheran	0.00		1,000.00		1,000.00
4599 · Misc Foundations	2,322.92	6,250.00	42,680.22	31,250.00	75,000.00
Total 450 · Other Foundations	7,672.92	6,350.00	57,530.22	46,750.00	97,200.00
460 · Contractual					
4610 · 1-800 Talk Lifeline	0.00	0.00	2,500.00	1,500.00	3,000.00
4611 · St. Charles District 303	0.00	125.00	750.00	625.00	1,500.00
4612 · Batavia	2,212.50	1,300.00	5,812.50	5,200.00	14,300.00
4613 · West Aurora School District	0.00	1,200.00	4,650.00	4,800.00	13,200.00
4614 · Yorkville	0.00	400.00	0.00	1,600.00	4,000.00
Total 460 · Contractual	2,212.50	3,025.00	13,712.50	13,725.00	36,000.00
480 · Program Fees					
4810 · ASIST Training					
4810.1 · ASIST Training Expenses	-667.89	-762.00	-2,422.37	-3,810.00	-9,141.00
4810 · ASIST Training - Other	292.80	1,137.00	4,489.55	5,685.00	13,640.00
Total 4810 · ASIST Training	-375.09	375.00	2,067.18	1,875.00	4,499.00
4811 · Counseling	224.55	267.00	2,409.84	1,335.00	3,200.00
4814 · Workshops/Trainings	0.00	125.00	100.00	625.00	1,500.00
4820 · Survivors of Suicide	80.00	75.00	1,300.00	375.00	900.00
Total 480 · Program Fees	-70.54	842.00	5,877.02	4,210.00	10,099.00
490 · Stone Manor					
4900 · Rent Income	2,080.00	2,550.00	12,430.00	12,750.00	30,600.00

Suicide Prevention Services Inc.
Profit & Loss Budget JR
November 2017

	Nov 17	Budget	Jul - Nov 17	YTD Budget	Annual Budget
830 · Occupancy Expense					
8310 · Building Repairs	-306.97	-500.00	1,907.96	-2,500.00	-6,000.00
8320 · Cleaning and Maintenance	-42.98	-267.00	-1,886.98	-1,335.00	-3,200.00
8330 · Misc Supplies & Items	0.00	-10.00	-26.83	-50.00	-120.00
8340 · Real Estate Taxes	0.00	0.00	-3,418.57	-3,200.00	-6,400.00
8350 · Security System	-213.00	-63.00	-426.00	-315.00	-750.00
8360 · SPS Share of Expenses	500.00	500.00	2,500.00	2,500.00	6,000.00
8370 · Utilities	-826.74	-817.00	-3,842.19	-4,085.00	-9,800.00
8380 · Refuse Pick-Up	-121.18	-125.00	-600.48	-625.00	-1,500.00
Total 830 · Occupancy Expense	-1,010.87	-1,282.00	-5,793.09	-9,610.00	-21,770.00
Total 490 · Stone Manor	1,069.13	1,268.00	6,636.91	3,140.00	8,830.00
Total Income	45,276.46	38,371.00	200,306.43	195,414.00	399,427.00
Expense					
700 · ADMINISTRATIVE					
7010 · Accounting Support	650.00	650.00	3,250.00	3,250.00	7,800.00
7020 · Admin Salary and Wages	6,575.50	6,417.00	32,877.61	32,085.00	77,000.00
7030 · Audit Services	0.00		0.00		4,675.00
7040 · Awards and Gifts	0.00	29.00	0.00	145.00	350.00
7050 · Bank Charges	0.00	6.00	8.75	30.00	72.00
7080 · Depreciation Expense	1,750.00	1,750.00	8,750.00	8,750.00	21,000.00
7100 · Licenses and Permits	0.00	26.00	10.00	130.00	312.00
7120 · Membership Fees	0.00	83.00	630.00	415.00	1,000.00
7130 · Occupancy Allocation	500.00	500.00	2,500.00	2,500.00	6,000.00
7140 · Office Expense	994.95	750.00	5,441.70	3,750.00	9,003.00
7170 · Dues and Subscriptions	390.00	38.00	1,447.00	190.00	456.00
7200 · Other	110.95	60.00	110.95	300.00	720.00
Total 700 · ADMINISTRATIVE	10,971.40	10,309.00	55,026.01	51,545.00	128,388.00
800 · PROGRAM EXPENSES					
8010 · Program Staff - Wage	14,783.68	14,500.00	72,756.91	72,500.00	174,000.00
8020 · Survivors of Suicide Expenses	0.00	14.00	2,411.72	70.00	172.00
8030 · Employer Taxes	1,606.92	1,511.00	7,837.55	7,555.00	18,129.00
8035 · Group Health Insurance	2,703.79	2,833.00	15,884.63	14,165.00	34,000.00
8040 · Training and Education	0.00	333.00	199.99	1,665.00	4,000.00
8050 · Conferences{71}	0.00	250.00	0.00	1,250.00	3,000.00
8090 · Insurance-Bus & WorkersComp	658.83	1,000.00	1,916.27	5,000.00	12,000.00
8930 · Computer Repairs	0.00	42.00	0.00	210.00	500.00
8940 · Equipment Repairs	0.00	4.00	0.00	20.00	50.00
8950 · Telephone & Internet	1,850.74	750.00	7,930.15	3,750.00	9,000.00
Total 800 · PROGRAM EXPENSES	21,603.96	21,237.00	108,937.22	106,185.00	254,851.00
820 · Outreach					
8210 · Annual Report	0.00	0.00	0.00	700.00	700.00
8215 · Marketing Expenses	881.33	1,000.00	4,303.78	5,000.00	12,000.00
8220 · Newsletter	702.95	267.00	1,693.80	1,335.00	3,200.00
8240 · Website	0.00	2.00	0.00	10.00	25.00
Total 820 · Outreach	1,584.28	1,269.00	5,997.58	7,045.00	15,925.00
870 · Volunteer Expense					
8710 · Recognition	0.00	21.00	0.00	105.00	250.00
8720 · Training	0.00	1.00	0.00	5.00	13.00
Total 870 · Volunteer Expense	0.00	22.00	0.00	110.00	263.00
Total Expense	34,159.64	32,837.00	169,960.81	164,885.00	399,427.00
Net Ordinary Income	11,116.82	5,534.00	30,345.62	30,529.00	0.00
Net Income	**11,116.82**	**5,534.00**	**30,345.62**	**30,529.00**	**0.00**

Suicide Prevention
Services of America

528 South Batavia Avenue
Batavia, Illinois 60510
630.482.9699
630.482.9669 fax

www.spsamerica.org

Previous Funding Received from the St. Charles Community 708 Mental Health Board

Year 2016-2017	$16,500
Year 2015-2016	$16,000
Year 2014-2015	$17,000
Year 2013-2014	$18,500
Year 2012-2013	$17,000
Year 2011-2012	$17,000
Year 2010-2011	$20,000
Year 2009-2010	$16,000
Year 2008-2009	$15,000
Year 2007-2008	$14,000
Year 2006-2007	$10,000
Year 2005-2006	$9,000
Year 2004-2005	$8,000
Year 2003-3004	$4,000
Year 2002-2003	$3,000
Year 2001-2002	$3,000

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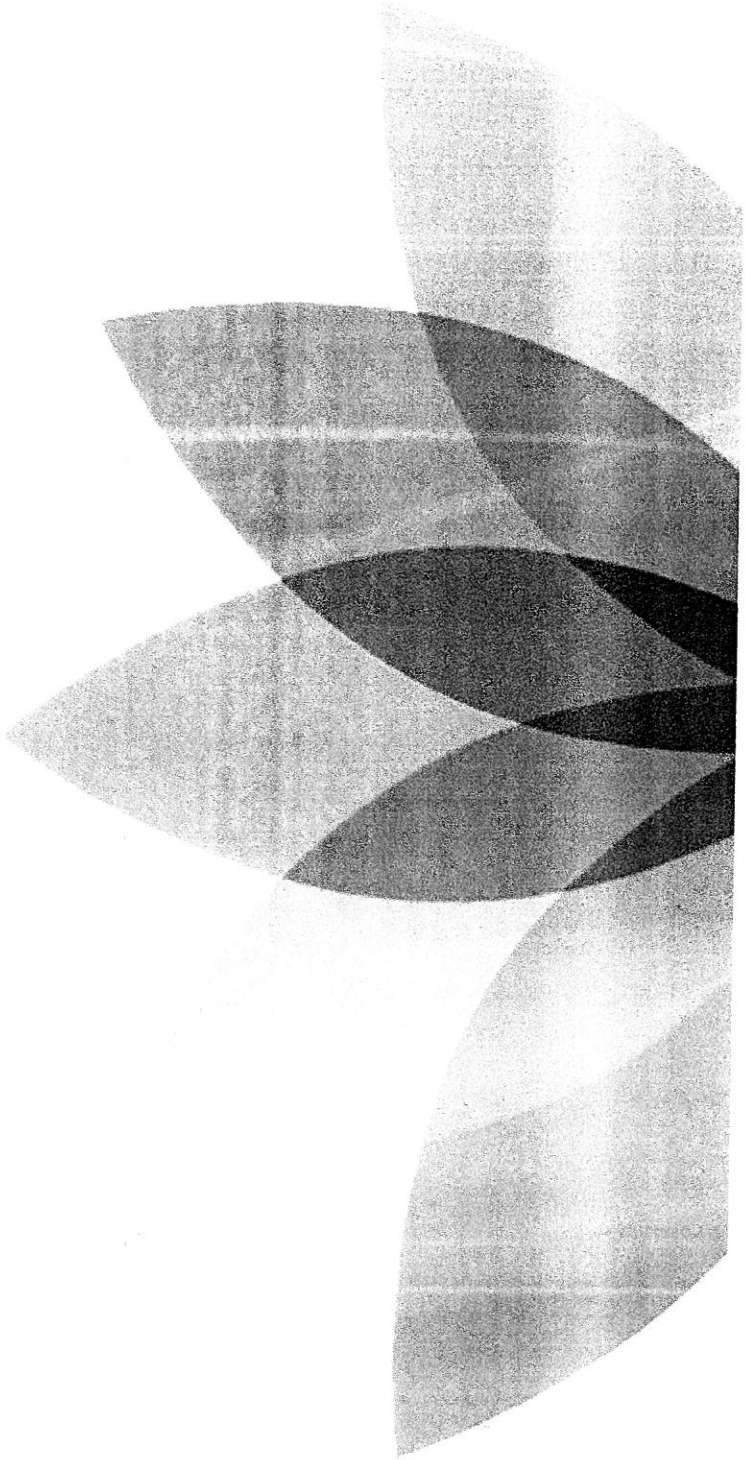
Suicide Prevention Services of America
Current Funding List 2017-2018

Government (federal, state, county, township, 708)	
Batavia Township	$5,000
Geneva Community Mental Health Commission	$5,600
INC Board	$43,350
Lifeline/SAMSHA	$3,000
St. Charles Community 708 Mental Health Board	$16,500
Foundations	
Allstate Foundation	$1,500
Anonymous	$3,000
Bersted Foundation	$20,000
Community Foundation	$5,400
Compassion Foundation	$1,000
DeKalb County Community Foundation	$5,000
Dunham Fund	$25,000
ECOLab Foundation	$5,000
EFS Foundation	$8,500
Eisenberg Foundation	$2,000
Hansen-Furnas Foundation	$15,000
Lawrence Foundation	$3,000
McGowan Gin Rosica Family Foundation	$5,000
McGraw Foundation	$5,000
Norris Foundation	$5,000
Russell C. Page Trust	$2,500
Shodeen Foundation	$10,000
Walmart Foundation	$1,000
Clubs, Churches, and Community Organizations	
Batavia Mothers Club	$1,200
Geneva Lions "We Serve" Foundation	$1,000
North Aurora Mothers Club	$1,000
Rotary Club of Aurora	$1,500
United Ways/Community Chests	
Batavia United Way	$6,500
Fox Valley United Way	$3,700
Geneva Community Chest	$5,300
United Way of Central Kane County	$3,700
United Way of Metropolitan Chicago	$2,500

ANNUAL REPORT



sps

528 South Batavia Avenue
Batavia, Illinois 60510

☎ 630.482.9699
www.spsamerica.org
info@spsamerica.org

The mission of Suicide Prevention Services is to open minds, save lives and restore hope through prevention, intervention and postvention.

Board of Directors
President: Kenneth Steinkrueger
Jacey Mosser
Michelle Mueller
Daniel Nasharr
Judy Hart Rhoads
Chip Roberts
Marilou Schliefer
Kimberly Tarver

Suicide Prevention Services Staff and Interns
Executive Director: Stephanie Weber
Director of Prevention Services: Kari Evans
Coordinator of Education and Training: Natasha Clark
Coordinator of Services: Megghun Redmon
Coordinator of Volunteers: Brian McCallum
Coordinator of Marketing: Jennifer Slepicka

Interns:
Katelyn Weisner
Kara Kovach
Heather Graham
Sharon Fu

Planting the Seed Harvesting the Hope

Stephanie Weber, SPS Executive Director

It's been quite a year for SPS. We continue to plant seeds. We continue to focus on helping people know that we are here, and that we are a small, dedicated, focused agency with a singular goal: to save lives. There are many ways in which we do this:
-education and training: workshops in the schools and community at large, ASIST training, specialized requested trainings
-counseling: walk-in clients and clients who make appointments. We work with individuals and families, all ages, all socio-economic backgrounds, all sexual orientations. We counsel in schools and in the work place as well as on site
-hotline: as part of the National Suicide Prevention Hotline, we are here to answer calls. Our Depression Hotline serves our own community directly. SPS is part of the National Veterans' Hotline
-crisis management: directly or indirectly
-Awareness/fundraising events: Getting our name in the community while giving people a stake in raising dollars and knowing that they have a direct influence on helping others and determining where their dollars go
-support groups : loss survivors and attempt survivors
-groups: for all ages, all varieties (self-injury, anxiety and depression, to name a few)

SPS harvests the hope in many ways. A simple story best illustrates this. Through our Care Calls, SPS Hotline Paraprofessionals reach out to those people who are homebound, and who have a mental health diagnosis. By calling these individuals once or twice a day, we are helping to maintain them in their homes. We are part of a system. This past year, one of those callers died. We were amazed to discover that he had a sizable trust and that he left 1/10 of that trust to us. He was with us for many years and his gratitude was always expressed verbally. You can imagine our surprise when we learned of his vast wealth and that he wanted to share some with us. Over the years, he spoke of the hope we gave him.

Another example of harvesting hope is when someone walks through our front door looking for help.
"I've driven by this building hundreds of times. I've seen your sign. I never thought I'd need such services but now I do."

Our services are varied and vast. Our volunteers help with time, materials, and dollars. Come join us in planting seeds and harvesting hope…

Stephanie

The Season is Now

Kenneth Steinkrueger, SPS Board President

I'm a relative newcomer to this world of suicide prevention but I have learned a lot in a short amount of time. The dedication and passion of the staff and volunteers at SPS is beyond words.

I was looking to become a volunteer in what I believed was a worthwhile community organization. I went to Volunteermatch.com. I was intrigued by Suicide Prevention Services so I began to research their website. After doing that, I sent an email saying I was interested in learning more about the organization. I was contacted by the Executive Director, Stephanie Weber. We met for about 2 hours and during that time I became even more interested. It was at this point that Stephanie suggested I meet with 2 members of the board . Clearly, it all worked out because here I am: the Board President.

This past year, we paid off our line of credit.

This past year we received a bequest of $33,000 from a former caller who had died. This unexpected windfall reminded me, again, of how SPS touches people. The Care Calls, outgoing calls to the homebound and/or to those with a mental illness diagnosis is one of our unheralded programs. Helping to maintain people within the community is the basis of our Mission Statement: To Save Lives, Restore Hope, and Open Minds through prevention, intervention, and postvention.

This past year, we increased the number of school contracts. Suicide is the 2nd leading killer of "kids" 12-24. The age of kids completing suicide is dropping down into the elementary schools. Identifying and working with these high risk students is paramount.

One of my goals as board president is to increase our annual budget while raising awareness.

Suicide Prevention Services is Here for Life.

Donations were made in memory/honor SPS received gifts and contributions in memory or honor of the following loved ones:

Antanyniene, Jenina
Bailey, Caitlyn
Bishop, David
Blair, Sean Patrick
Bonine, Tom Jr.
Brendel, Zachary
Brown, Erin
Bruno, Susan
Bryant, Todd
Busse, Richard
Canisus, Charles
Cresbo, Adrian
Cross, Christine
Cruz, Rene
DeAno, Daniel
Doyle, Kelly
DuCharme, Rosemary
Enoch, Michael
Fay, Michael T.
Ford, Meghan

***Donations Made in Memory continued:**

Frick, Sandy
Fruland, Bob
Gonzalez, Fabian
Hahn, Craig
Hake, Stanley
Hart, Jerry
Hunter, Robert
Husson, John
Hying, Zakk
Immer, Jodeen
Jeff
Jackson, Frank
Jackson, Jeremy
Johnson, Thaddeus
Kaden, Johnathon "Dilly Bar"
Kargle, Mark
Kengeri, Shelby
Leask, Brian
Lehnert, Joseph
Locke, David
Malecek, Jeffrey
Marino, David
Markowski, Kristine
McCloud, Tony
McCue, Rob
Memenga, Joshua
Meyers, Chad
Miller, Quincee
Nasharr, David
Patush, Joe
Pineda, Adam
Poulos, Danielle Marie
Reid, Steve
Richardson, William
Robart, Rick
Roberts, Ben
Samoraj, Kasia
Schlapp, Debbie
Seidleman, Trina
Senn, Amy
Sepaniak, Karen
Shepard, Dave
Shiel, Joe
Shields, Timothy
Siebrasse, Mike
Smith, Ray
Sparkman, Andrew
Staffeldt, Jeffrey
Starnes, Michael
Stead, Chad
Sweet, Joshua
Varmiglio, John
Vinyard, Jake
Wagner, Dylan
Weaver, Nicholas
Weber, Ellen
Weiss, Daniel
Welsh, Kevin
Wicklein, Mary
Wilkinson, Ben
Winship, James
Witt, Melissa
Zimmer, Christopher

Skills for a Lifetime

SPS interns develop skills that last a lifetime

Interns gain a wealth of experience when doing an internship at SPS. "The best thing about the internship experience is that it virtually gets you ready to be able to go to any setting and utilize the skills gained while interning at SPS," states 2011 intern Natasha Clark.

Placement experience includes working with all ages from grade school to the elderly. Students gain experience on the National TALK hot line. The hot line calls range from those who just need to talk, to those who are in a suicidal crisis.

Students also gain face-to-face experience seeing clients within the school setting, as well as individual adults and families within the organization. Other programs providing real world experience include working with those who are depressed, those who have attempted suicide, and those who are grieving the death of someone by suicide.

SPS has provided intern opportunities since it opened its doors in 1998 with one intern on board. Today, SPS has six intern staff members. Internships can range from community college to Masters level programs. Schools we have hosted include:

- Aurora University
- Benedictine University
- Elgin Community College
- Loyola University
- National Louis University
- Lewis University
- Northern Illinois University
- University of Chicago
- Waubonsee Community College
- Chicago School of Professional Psychology

Interested in finding out more about intern opportunities? Call us at (630) 482-9699.

Phoenix Award Winner 2015

"Just as the Phoenix rose from the ashes to greet the sun, So have you risen through grief to show a reborn spirit of Amaranthine care to so many of us."

Kimberly and Bill Tarver

The Phoenix Award was presented to Kim and Bill Tarver as Survivor of the Year at the Suicide prevention Services of America Brunch/Auction on November 23, 2014

I met Kim Tarver the day after her 17 year old daughter, Erin Brown died by suicide. My husband and I were called to the home Kim shared with her first husband, Russ, and their surviving 3 children. Russ had been a student of mine when I taught third grade. Erin had been a hotline volunteer as a 15-16 year old. She was everything good you could picture in a young woman: beautiful, bright, articulate, and sweet.

Kim and Russ asked me to speak at Erin's funeral.

"Tell the kids not to do this. Ask them, in Erin's name, to not kill themselves."

Kim has been doing that since December 3, 1999.

Kim teaches at Elgin Community College in the physical therapy department. She became the "go to" person when someone was depressed or feeling suicidal or had a loved one with those feelings. After a bit of time, Kim decided to pursue a Master's Degree and, as part of the degree requirement, came to Suicide Prevention Services as an intern. She learned more about suicide prevention and took that into her greater world.

Kim worked on the SPS hotline, attended SOS meetings, and reached out to other moms after the death of their children. She got involved with SPS fundraisers.

At some point, as happens in 80% of couples after a child dies, Kim and Russ made the decision to divorce. Erin's death was the final piece.

As Kim moved forward with her life, she reestablished a friendship with Bill Tarver that led to marriage that bore twin boys who are 10 years old today.

As often happens with friends and new relationships, Bill came to know Erin and the world of suicide prevention. He attended SPS events with Kim. When the boys were about 2 years old, Kim and Bill brought them to the agency on Christmas Eve Day to fill luminaria bags with sand and candles. They continue to do this today as part of their holiday tradition and in memory of Erin.

Bill Tarver headed the agency Fifty Men Who Cook for 5 years. His dedication, creativity, and patience stood out year after year.

Bill returned to school, first at Elgin Community College and now at Aurora University where he is majoring in social work.

It is clear why Kim and Bill Tarver are the 2015 recipients of The Phoenix Award.

VOLUNTEER OF THE YEAR!

SPS is fortunate to have Dan Frett among its hallowed members.

Dan connected with SPS in 2009. Dan is well-regarded for his commitment, diligence, reliability, and professionalism.

As a Licensed Clinical Professional Counselor (LCPC), Dan brings a breadth and depth of helping skills and a calming presence to hotline callers.

Dan works a regular Thursday shift on the hotlines.

In addition, Dan serves as a weekend On Call team member; in this role, Dan provides support, feedback, and input to fellow volunteers and interns.

Dan is also a sought-after trainer as well as mentor to new trainees, which include both volunteers and interns.

Finally, Dan has co-facilitated and presented at agency in-services and referred many a volunteer candidate to SPS.

There's an old saying around SPS that goes like this: "Never fret when Dan is here."

Here's What's Been Happening

Connect

Visit our website and Facebook page for frequent updates, news, event information, links to other suicide-related resources, and much more. Check us out today!

sps
SUICIDE PREVENTION SERVICES

Volunteers Wanted

Join us and help save lives as an SPS volunteer. Current opportunities include:

- Depression and Suicide Prevention Hotline Volunteers
- Event Volunteers
- Service Project Volunteers

Find out more by contacting Brian McCallum at (630) 482-9699, ext. 227.

CRISIS HOTLINE

SPS: By the Numbers

2015-16 SPS Statistics

Presentations, Workshops, Health and Suicide Prevention Awareness Events

25	Educational presentations provided.
2,895	Individuals that received information and training in Suicide Prevention.

SPS Hotline Statistics

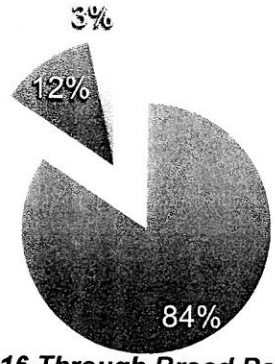
7,792	Depression Line calls (local) and Lifeline (National) calls
5,376	Volunteer hours

SPS Counseling Services Statistics

172	Individual Clients
44	Walk-ins
20	Crisis Clients

Survivors of Suicide Support Group

145	Attendance in 2015—2016

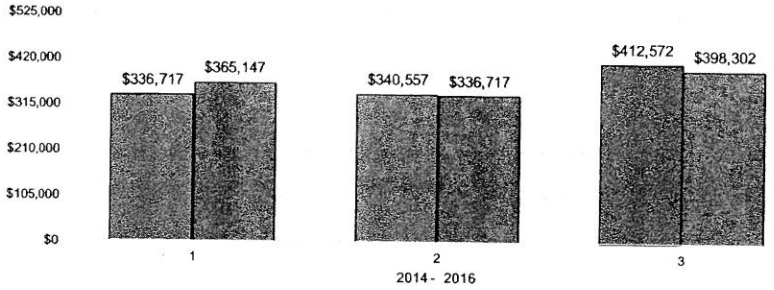


- Program Services (84.2%)
- Management and General (12.3%)
- Fundraising Services (3.5%)

SPS Meets Financial Challenges in 2016 Through Broad Based Support ...

Suicide Prevention Services improved its financial condition during 2016 through the generous support of foundations, special events, grants and other donors. SPS operates without the direct financial assistance from the State of Illinois and is greatly reliant on contributions from individuals. SPS maintains high levels of service year to year in spite ongoing financial challenges. We could not operate without the help of highly committed volunteers, and are thankful for their support.

	2014	2015	2016
Income	$336,717	$340,557	$412,572
Expenses	$365,147	$336,717	$398,302



Suicide Prevention Services Statement of Activities

(Fiscal Year Ended June 30, 2016)

Support and Revenue

Grants	$96,062
Foundations	$137,750
Special Events	$102,549
Contributions	$28,978
Contractual	$2,500
Program Fees	$12,510
Other Income	$32,223
Total Support and Revenue	**$412,572**

Expenses

Program Services (84.2%)	$335,534
Management & General (12.3%)	$48,991
Fundraising Services (3.5%)	$13,777
Total Expenses	**$398,302**

Did You Know? . . . Thanks in large part to the dedicated efforts and countless hours of time devoted by SPS volunteers, 84% of SPS expenditures in 2015-16 were allocated to Program Services. These services represent a significant and direct investment in the SPS mission to open minds, save lives and restore hope.

Saving Lives...

And Having Fun!

Thank you to everyone who helped to make these and other SPS events successful. We truly could not do it without you!

Harvest of Hope Brunch/Auction
Co-Chaired by: Megghun Redmon, Amanda Schulte -Vancura, Stephanie Ramza, Kelly McCarty, and Kim Murphy
Annual event which brings survivors together and heightens awareness in the community

50 Men Who Cook
Chaired by Kenneth Steinkrueger and Jen Slepicka
50 men from the community cooked delicious food to support SPS

Here for Life! Walk
Chaired by SPS Staff
Adults and youth gathered and walked together along the Fox River to pay tribute to lost friends and family.

Luminaria
Chaired by John and Marsha Habegger and the Tarver Family
Individuals decorated bags with the names of their loved ones. The bags were lit and lined the walk of Stone Manor on Christmas Eve

Stars of Hope Festival
Chaired by Jen Slepicka

Santa Shuffle
Chaired by Jen Slepicka
An event that was hosted in Yorkville that raised awareness for suicide prevention.

SPS Values Very much those individuals that Hold Fundraisers on SPS behalf and donate all or part of the proceeds to us:

Dilly Bar
AllState Steve Reid Golf Outing
Underground Polar Express Run
Semi-Colon Tattoo
Put on by: A Thin Line Tattoo

Thank you!

For supporting SPS in 2015—2016

Funders and Foundations
Allstate Foundation
Batavia United Way
Bersted Foundation
Compassion Foundation
DeKalb Community Foundation
Dunham Fund
EFS Foundation
Eisenberg Foundation for Charities
Fox Valley United Way
Geneva Community 708 Mental Health Commission
Geneva Community Chest
Hansen-Furnas Foundation
INC Board
Kane County Riverboat Foundation
McGraw Foundation
Montgomery Ward Foundation
National Suicide Prevention Lifeline
Norris Foundation
Pentair Foundation
Russell Page Charitable Trust
Shodeen Foundation
St. Charles Community 708 Mental Health Board
United Way of Central Kane County
United Way of Metropolitan Chicago
Walmart Foundation

Service Clubs & Organizations
Batavia Mother's Club
Geneva Lions "We Serve" Foundation
North Aurora Mothers Club
Rotary Club of Aurora

Religious Organizations
Advent Christian Church
Batavia Covenant Church
Batavia Methodist Church
Bethany Lutheran Church
Calvary Episcopal Church
Christ Community Church
Geneva Methodist Church
Leland United Methodist Church
Our Savior Evangelical Lutheran Church
Platville United Methodist Church
United Methodist Church of Geneva
Yorkville Congregational Church
St. Vincent De Paul Society

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Alliance Data
Allstate Giving Campaign
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Anderson Funeral Home
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A Thin Line Tattoo
AT&T
Batavia Brotherhood Banquet
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BP Fabric of America Fund
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Boyer, Lorri

Thank you!

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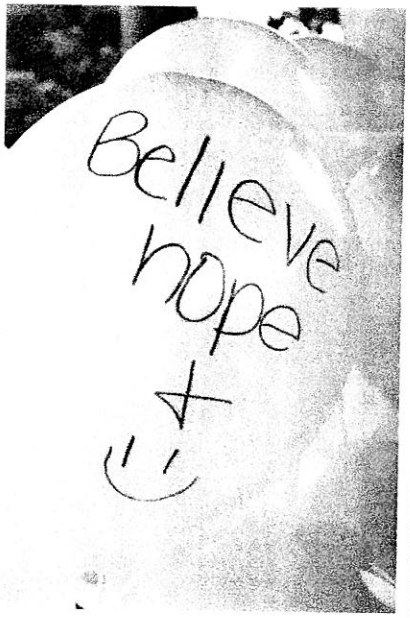

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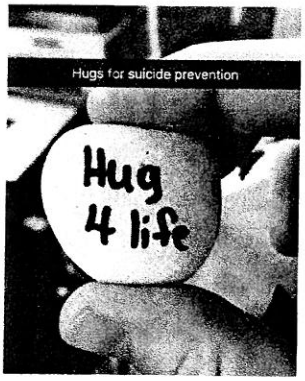
"Suicide Prevention Services of America is one of only seven organizations in the United States devoted to saving lives and restoring hope through prevention, intervention and postvention."



BRAND NEW SIGN!

Thank you!

For supporting SPS in 2015—2016

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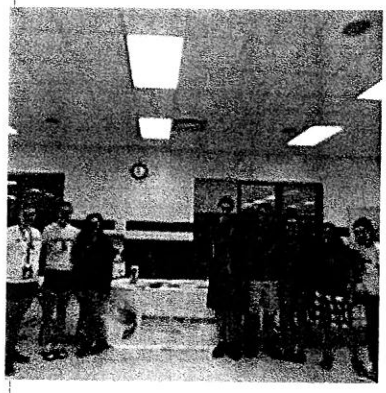
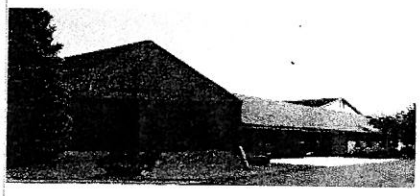
Randle, Jennifer
Randles, Beth
Ray, Jeff
Reckamp, Mary
Redmon, Lori and Gavin
Redmon, Megghun
Regan, Tim
Register, Sophia
Reichter, Melanie
Reinberg, Dan
Reiseck, Carol and Rick
Rex, Dana

"Suicide Prevention Services of America is one of only seven organizations in the United States devoted to saving lives and restoring hope through prevention, intervention and postvention."



Survivors of Suicide Attempts Support Group is Held at Stone Manor.



Survivors of Suicide (Loss) Group meet at Advent Christian Church

Thank you!

For supporting SPS in 2015—2016

Reyes, Felipe
Reyes, Victoria
Reynolds, Cynthia
Rhoades, Bonnie
Rhoads, Judy
Rhodes, Justin
Richardson, Vela and Mary
Rider, Bettie
Ring, Pat
Rintoul, Rachel
Ripberger, Marlene
Ritchie, Rhonda
Rivera, Christopher
Roberts, Benjamin
Roberts, Bill and Deb
Roberts, Chip
Roberts, Jeff and Jill
Roberts, Josh
Robinson, Carole and James
Rocha, Pilar
Rodgers, Marlene
Rodgers, Mike
Roe, Jean
Roiniotis, Tracey
Rolfe, Andrea
Romero, Patricia
Rosenberg, Patty
Ross, Drexel and Marti
Ross, Marion
Ross, Robert and Sonja
Rossiter, Sharon
Royer, Courtney
Royer, Kendra and Michael
Roys, Charles and Carole
Rozelle, D and D
Rueffer, Terry and Lori
Ruffatto, Robert
Ruksakiati, Kanchit
Runkle, Joseph
Ryan, Megan
Ryan, Rebecca and Terry
Rygiel, Margaret
Rzepka, Alexander and Rosann
Sabal, Diana
Sabala, Ken
Sadowsky, John
Salvato, Kelly
Salzman, William
Salzmann, Kathleen
Sampson, Marlene
Sampson, Robert and Sharon
Samuel, Ashani
Sawilchik, Toni
Scala, Kristine
Schaefer, Lorna
Schafroth, Nicole
Schessler, Harold
Schiber, Brian
Schinelli, Cindy
Schleifer, Marilou
Schleifer, Robert
Schleifer, Phillip
Schmidt, Dogmar
Schmulback, Alison
Schmutz, Marian
Schneider, Jim
Schneider, Sandra
Schones, Andrew and Stephanie
Schones, Lynn
Schule, Sharon
Schulte, Stacey
Schulte-Vancura, Amanda
Schuman, Terri
Schumann, Adrienne
Schuster, Patrick
Schwarz, Steve
Schwebke, Andrea
Scott, Casey
Seegers, Mary
Seego, Carmine and Gina
Seidel, Kathy
Seidelman, Gary and Joanne
Seifert, Sheri
Selby, David and Debra
Seng, Carolyn
Senn, Mark
Seyfarth, Robin and Kurt
Sharbazz, Tiffany
Shelley, Ben
Shepard, David
Shepardson, Nanette
Sheppard, Jessica
Shesgreen, Mary
Shillington, Sarah
Short, Brittany
Shorten, Angeleique
Shultz, Kenneth and Anne
Siebrasse, Kathy
Simpson, Colleen
Sinetos, Andrew
Sizemore, Tiffany
Skeen-Dosado, Jonna
Slepicka, Jennifer
Slepicka, Thomas
Smith, Barbara
Smith, Beryl
Smith, Brian and Rae
Smith, Kristin
Smith, Michelle
Smith, Nancy
Smith, Ryan
Smith Sharleen and Haas
Smith, Tammy
Smoot, Kimberly
Snell, Jo
Snell, Ruth
Snyder, John
Snyder, Judith
Soda, Francesca
Soderberg, Laura
Sojka, Michele
Solano Hay, Rebecca
Solch, Verminda
Spain, Steve
Spallone, Joe
Spence, Matthew
Staffeldt, Hal and Joyce
Stahl, Constance
Stare, Mary
Stark, Jennifer
Starnes, Robin
Stallings, Theresa
Steenson, Amy
Steinbach, Janet and Paul
Steinberg, Robert
Steinkruger, Kenneth
Steinmetz, Harbert and Jill
Stevens, Mark and Suzanne
Stevenson, Kathryn
Stewart, Karen
Stith, Mary
Stone, Ericka
Stone, Sarah
Stretton, Sandra
Strombom Johnson, Mari
Strosahl, Sally
Stumme, John and Sandra
Sullivan, Barb
Sund, Alex
Sundberg, Nancy
Sutcliff, Robyn
Swafford, Karen
Swan, Joanne
Swanson, Kevin and Chris
Swanson, Eleanor and Steven
Swedler, Susan and William
Sweeney, Christopher
Switalski, Arlene
Sylvester, Jennifer
Symmes, John
Szymczak, Kyle
Tagtmeier, Roger and Joanne
Talavera, Ann
Tarver, Bill and Kim
Tevis, Marlan
Theobald, Grant and Kathy
Thomas, Ben
Thomas, Diane
Thomas, Nanette
Tierney, Michael and Kathryn
Tillman, Jennifer
Tomsa, Mary Lee
Topmiller, Amy
Torri, Rick
Trent, Laura
Trombley, Corey
Tucker, Michael and Christie
Tullis, Sue
Turna, Rita
Turner, Cara
Tuttle, Mark and Christina
Urban, Sacha
Urek, Kaye
Urick, Barbara
Urso, Pamela
Vadner, Dennis and Kimberly
Valdez, Alexina
Valadez, Richard and Rhonda
Van Cura Sipp, Jillian
Van Cura, Lisa
Vance, G.C.
Vanderhoof, Ellen
VanEekersn, Jennifer
VanOrdstrand, Stephanie
Vega, Alicia
Vega, Jose
Vela, Cristina
Vela, Sofia
Venditti, Mike and Sandi
Verner, Candice
Versaci, Rosemary
Vitale, Effie
Vitro, Adriane
Voelkner, Jason
Wagner, Donna
Wagner, Peyton
Walczak, Tracey
Walker, Jan
Walker, Kevin and Joanne
Walker, Sally
Waller, Jan
Waller, Nancy
Walsh, Lyn
Walter, Dan and Catherine
Walter, Kim
Walter, Richard
Wangler, Mary Ann
Ward, Christina
Ward, Laura
Warner, Gary
Warnick, Mark and Sherri
Waters, Nicholas
Wassel, Dave
Waters, Steven
Webb, Delbert and Betty
Webber, Sherri
Weber, Stephanie
Wedeen, Teresa
Weiler, Nancy
Weingart, Ronald
Weirich, Melissa
Weiss, Andrew and Julianne
Weston, Karen
Wessels, Sue
Whellan, Elizabeth
Whipple, Diane
White, Elizabeth
White, Chayla
Wholey, Deborah
Wholey, Margaret
Wicklund, Annie
Wicklund, Cynthia
Wicklund, Gordon
Widrick, Mary
Wiencek, Lisa
Wies, Deanne
Wiggins, Janelle
Wiley, Karen
Wilkinson, Janice
Wilkinson, Robert
Wilkinson, Robert A
Williams, Ann
Williams Lynne and W. James
Willams, Maj and Jeff
Williams, Richard and Donna
Williams, Wendy
Williamson, Brian
Wilson, Chad
Wilson, Melody
Wilson, Michelle
Windsor, Lora
Winship, Ewa
Winship, Lauren
Winship, Sharon
Wisniewski, Eve and Nicholas
Witowski, Justine
Witt, Vickie and Mark

"Suicide Prevention Services of America is one of only seven organizations in the United States devoted to saving lives and restoring hope through prevention, intervention and postvention."

YOU CAN HELP!

You can help us save lives and restore hope by investing in the cause.

Name

Street Address

City, State, Zip Code

Telephone

Email Address

☐ **Check to receive SPS updates by email.**

Amount of contribution:

☐ $25 ☐ $250

☐ $50 ☐ $500

☐ $100 ☐ $1,000

☐ Other: $_____

Please remit your contribution to:

Suicide Prevention Services
528 South Batavia Avenue
Batavia, Illinois, 60510

Suicide Prevention Services of America (Suicide Prevention Services, Inc.) is a charitable organization established under Section 501(c)(3) of the Internal Revenue Service Code. Memberships, contributions and donations are deductible for personal and business income tax to the extent provided in Section 170 of the Internal Revenue Code.

sps

Thank you!

For supporting SPS in 2015—2016

Wnek, Rita
Wolsfeld, Mildred and Robert
Wolf, Steve
Wolff, Terry
Wood, Patricia
Woods, Andrew
Woods, Kari
Woodward, Kathy
Woodward, Sarah
Workman, Jessica
Wroxny, Jill
Wranik McLoughlin, Denise
Wroble, Andy
Wruck, Verne and Darlene
Wynn, Barbara
Yatchman, Peg
Yehnert, Erica
York, Katie
Young, Barbara
Young, Daniella
Young, Dave and Vicki
Young, Jacqui
Young, Regina
Young, Shirley
Yugar, Judith
Zajac, Ann Marie
Zalma, Carolyn
Zangler, Nicole and Anthony
Zarecki, Bernadine
Zastrow, Paula
Zentner, Kevin and Kathleen
Zielinski, Sarah
Zilly, Ann
Zimmerman, Thomas
Zinnen, Cheryl
Zinnen, Dan
Zook, Lynn
Zook, Todd
Zulbeari, Seranda
Zupec, Mary
Zupec, Suzanne
Zylko, Jennifer

Fiscal year 2015 saw a major expansion of our Applied Suicide Intervention Skills Training program. Through a combination of community partnerships and public demand for ASIST, Suicide Prevention Services increased the number of workshops from four the previous year, to seven. Notably, SPS trained school professionals from five districts through the Mid-Valley Special Education Cooperative as well as a full cohort of graduate students (both Master's and Doctoral-level) in Northern Illinois University's Clinical Mental Health and School Counseling programs for the second year in a row. Through funding from the 708 board of St. Charles, SPS provided an ASIST workshop for the city that included high school students, nurses, lay clergy, health agency staff, teachers and law enforcement. Participants consistently praise the high quality of SPS trainers and the value of a diverse learning experience, in addition to the clear, "Pathway for Assisting Life," model.

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: CASA Kane County	Executive Director/Responsible Administrator: Gloria Kelley
Designated Contact Name: Amy Daeschler, Development Associate	Contact Phone and Email Address: 630-444-3122 amyd@casakanecounty.org
Organization Address: 100 S. Third Street, Suite 460	Organization Phone and Website: 630-232-4484 www.casakanecounty.org
Number of Individuals Served Annually by the Organization: 600	Number of St. Charles Residents Served Annually by the Organization: 25
Amount of Request: $10,000	Date of Application: 1/11/18
Signature of Responsible Administrator:	Signature of Application Author:

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

■ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
CASA Kane County is a nonprofit, volunteer organization that advocates for the best interests of abused and neglected children within the Juvenile Court system. For 30 years, CASA Kane County has recruited, trained and supervised community volunteers who serve as Court Appointed Special Advocates (CASAs) for children in court due to abuse, neglect, or private guardianship. The CASA volunteer acts as the eyes and ears of the judge to help make the best decision for a safe, caring and permanent home for each child CASA Kane County's services fit directly with the St. Charles 708 Community Mental Health Board mission to improve the quality of life of individuals in the St. Charles and surrounding areas. The children served have been removed from their homes due to an unsafe living situation that consists of violence, substance abuse, sexual abuse, physical abuse or neglect. This is often the only home they have ever known and they are thrust into the homes of strangers with all new people, schools and belongings. They are scared, alone and not sure who to trust. Fortunately they will be appointed with a trained community member who will advocate for their best interests throughout the duration of their court case. The CASA volunteer has been proven to make a significant difference in the lives of these children—as they spend an average of 8 months less in the foster care system than those without a volunteer. They also receive more needed services and have a higher chance of being placed in a permanent home and sooner. CASA Kane County does not receive any state or federal funding and must raise its entire operating budget through private donations and grants. That is why every dollar is imperative to help the organization to meet the needs of these very vulnerable children.	☐ Full ■ Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 1 or Designated Program:
1. The general purpose of the priority or program Funding will allow CASA Kane County to provide the level of service needed to these children who are entering the system with greater needs, much more complicated family situations, and have been through things most people cannot even imagine. These children need more than just to simply survive, they need a positive role model to help them understand and believe that they are wanted, loved and cared for. These children need encouragement and support to stay in school, counseling and medical services, cultural and recreational experiences, and a person to take a vested interest in their lives. Ensuring these crucial needs early on directly impacts their not only their physical well-being, but their mental health in both the short and long term. Children who are brought up in a healthy environment are much more equipped to grow into mentally-stable adults and are more capable of positively contributing to society and leading healthy, productive lives.

2. The need that is to be addressed; the type of individuals to be served

The need of the program is to ensure no further abuse or neglect occurs with the children ages birth through 21 who are in the Kane County Juvenile Court system, who have been removed from their homes and become youth in care under the guardianship of DCFS. They are supported by a caring, trained and trusted adult to stand up for their rights in court. The services CASA Kane County's trained CASA/GAL volunteers provide to children fit directly with the St. Charles 708's mission to provide services to City of St. Charles residents with or at risk of mental disorders, developmental disabilities, and substance or drug abuse. The children served are at high risk of developing mental illness (some have already been diagnosed with it), and the families they are being taken from are most often suffering from mental illness themselves, substance abuse or were previously abused as children. The goal for each child is a safe and permanent home with a loving family where they can thrive. The organization is to continue serving 100% of children entering the Kane County Juvenile Court system with the number growing significantly each year. CASA Kane County provides consistency with less than a 10% turnover ratio in the lives of these youth from beginning to end on their cases.

Funding is needed to support the growing number of children entering the system annually so they can be placed in a safe and permanent home in the quickest amount of time.

3. Specific activities

When the decision has been made for kids to be under the supervision of the court, CASA Kane County gets involved immediately. The organization is an intricate partner and an objective party in what is best for children who are going through the most traumatic and devastating times of their lives.

CASA Kane County achieves its goals by recruiting quality community volunteers and providing extensive training and support as they serve as the child's CASA/GAL in court. Ongoing support, resources and training is provided and they are also supported by a staff advocate supervisor who manages the details of each case, edits reports, provides information and resources, regularly meets with their volunteers, attends all court hearings, and tracks the details of each case in a client database. The six advocate supervisors each manage a caseload of about 35-50 volunteers, serving well over 100 children each. They have the knowledge and expertise to assist the volunteers on the various complicated situations and multiple individuals they are dealing with on a daily basis.

Volunteers are appointed by the Juvenile Court Judge to be the Guardian ad Litem (GAL) for children under the age of 21. As GAL, they are a party to the case and have the authority to file motions, cross-examine and call new witnesses, and present new evidence in court. CASA/GAL volunteers assist judges in making very difficult and life changing decisions about the determination of each child's placement, as well as services they need to help restore them to good physical and mental health.

The Judicial Court process takes time and numerous steps to complete. The CASA/GAL volunteers, the CASA staff and the entire child welfare team work together in collaboration for the best interests of each child. Removal from the home starts the process, and then a temporary placement hearing takes place within 48 hours that determines where the child should live. About 90 days after the

removal, there is an adjudicatory hearing that determines if abuse or neglect actually occurred. If not, the child will be returned to his/her parents. Then about 30 days later, the dispositional hearing takes place where the Judge decides that the child has been abused or neglected and what must be done to help the child. A court order is filed for services that must be completed by the parents if needed and any services that DCFS must provide for the child. If the child is made a ward of the court, the Judge will have hearings starting 12 months after the removal of the child from the home and then every six months after that. The hearings continue until the child is returned home or another plan is made.

The average length of each case is 3-4 years and in the lives of children, this is a very long time to be unsure of their futures. CASA Kane County's CASA/GAL volunteers and advocate supervisors are there for the child throughout every step of the process—visiting with the child regularly, collecting information, and preparing reports for the Judge before every hearing.

4. The implementation timeline or schedule of activities

Below is a brief timeline on the training schedule for CASA/GAL volunteers in 2018

New Volunteer Training	January – March 2018
In-Service Training/ Continued Education	See attached sheet

5. The goal(s) with a description of the anticipated major outcomes

CASA Kane County's most important goal and systematic change it is trying to achieve is to prevent children from experiencing a recurrence of abuse or neglect—which has a direct correlation to mental illness, now and in the future; and possible disabilities they would have for the duration of their lives.

Below are CASA Kane County's January - December 2017 Final Outcome Results. The goal numbers remain the same for 2018:

- 99.9% of children did not experience re-abuse. Goal 100%
- 74% of children resided in two or fewer placements (Abuse/Neglect). Goal 75%
- 100% of children resided in two or fewer placements (Probate). Goal 95%
- 95% of children had no change in their CASA/GAL volunteer. Goal 90%
- 75% of youth in transition (ages 14+) resided in four or fewer placements. Goal 75%
- 50 volunteers were trained to specialize in advocating for the needs of youth in transition (ages 14+). Goal 50
- 50% of children's cases closed in 36 months or less with permanency outcomes (Abuse/Neglect). Goal 75%
- 84% of children's cases closed in 60 days or less (Probate). Goal 90%
- 90% of CASA/GAL volunteers were retained. Goal 85%
- 29% of CASA/GAL volunteers are male; 13% are minority and 11% are bilingual. Goal 25% male, 10% minority, and 15% bilingual.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

The projected number of individuals to be served from St. Charles is 25 in 2018 compared to 600 children served by the organization annually (4%).

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

This is the same as above, as CASA Kane County only has one program. The projected number of individuals to be served from St. Charles is 25 in 2018 compared to 600 children served by the organization annually (4%).

8. Anticipated number of units of service (or service hours) dedicated to this priority /program (include the formula or rationale)

   The anticipated number of units of service is 2,500 for St. Charles residents in 2018. This is based on the actual number of direct service hours provided in 2017 and estimated to have a small increase due to new training programs and continuing education initiatives for volunteers.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

CASA Kane County has 17 professional staff, 20 board members, and 280 active CASA/GAL volunteers who all are working to ensure the safety and best interests of over 600 abused and neglected children annually and help them to be placed in a permanent home in the quickest amount of time.

The credentials of CASA Kane County's staff are also impressive as they are all highly educated and experienced in this field of work. One of the six staff advocate supervisors has a Master of Social Work (MSW) and the others each have a Bachelors in Social Work along with 10-20 years of experience in social services—either with CASA or another agency. In addition, two were former DCFS caseworkers, one was previously a licensed foster parent, three were CASA/GAL volunteers, and one is a Licensed Clinical Social Worker (LCSW). They have the experience and education needed to best assist the CASAs and give them the individualized support they need.

With 30 years in existence, CASA Kane County is one of the oldest and one of the largest CASA program in Illinois--serving the highest number of children. The organization has achieved this by recruiting high-level leadership, board and staff who will expect no less than to continue providing a CASA/GAL volunteer to 100% of children who need one. This is one the program's most treasured accomplishments, and CASA is proud to have been able to do so for the past 17 years. CASA Kane County is one of just a handful of CASA programs across the state that has GAL status, which means the volunteers are a party to the case and court-ordered to act in the best interests of each child. The Judge relies on CASA's reports to make well-informed decisions related to every child's safety and welfare. These reports paint a picture and gives him a unique way to identify each child and follow their cases, so it makes it more real for him, rather than just a name on a piece of paper. The CASA program in Kane is highly regarded by its Kane County Judiciary and is a true partner in the safety and well-being of these very vulnerable children.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 1 or Designated Program:
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. It costs CASA Kane County $3,200 to advocate for one child for an entire year. This equates to $80,000 to advocate for the 25 children served from St. Charles during 2017. Since CASA Kane County must raise its entire operating budget from private donations and grants, it simply takes the total expenses and divides it by the number of children served to reach the $3,200 per child annually. Funding will be used to serve the children who originate from St. Charles and provide them with a carding, dedicated and trained volunteer advocate whose main goal is to ensure their best interests, safety and permanency.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Less than one percent.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? Same as above
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, this is not CASA Kane County's only source of funding. The organization is funded solely through private donations and grants and breaks down by the following categories: Annual Giving – 37% Special Events – 40% Grants – 20% Endowments – 3%

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification. Please see Attachment
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year). Please see Attachment
3. A list of current Board of Directors for your agency. Please see Attachment
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents. Please see Attachment

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752435463
Dec. 01, 2017 LTR 4168C 0
36-3653491 000000 00
00013816
BODC: TE

CASA KANE CO
100 S 3RD STREET SUITE 460
GENEVA IL 60134-2767

019900

Employer ID Number: 36-3653491
Form 990 required: YES

Dear Taxpayer:

We issued you a determination letter in MAY 1994, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752435463
Dec. 01, 2017 LTR 4168C 0
36-3653491 000000 00
00013817

CASA KANE CO
100 S 3RD STREET SUITE 460
GENEVA IL 60134-2767

Sincerely yours,

Teri M. Johnson
Operations Manager, AM Ops. 3

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

September 28, 2017

CASA KANE COUNTY
100 S 3RD ST, SUITE 460
GENEVA, IL 60134-2767

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of CASA KANE COUNTY under the Illinois Charitable Laws
CO# 01020920

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of CASA KANE COUNTY under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and
Solicitations Bureau as CO# 01020920. It is current in the filing of its financial reports, having filed its report for the period ended December 31, 2016. Please let us know if you require further information.

Sincerely,

Ceretha Jackson,Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

CASA Kane County - Board of Directors

Name	Home Address	Phone/Email	Affiliation	Term
Carl Schoedel *Chairman*	711 Natwill Square Geneva, IL 60134	630-232-0434 schoedel99@aol.com	Kane County Division of Transportation	2019
Carlie Dunteman *Vice Chair*	3208 Raphael Court St. Charles, IL 60175	847-239-3406 cdunteman@somercor.com	SomerCor 504	2020
Mike Kwiatkowski *Secretary*	732 Alberosky Way Batavia, IL 60510	630-326-9800 michael.kwiatkowski@lpl.com	Retirement Solutions	2020
Luke Slawek *Treasurer*	39W746 Crosscreek Ln St. Charles, IL 60175	630-337-7075 luke.slawek@hotmail.com	FONA International	2019
Tim Barry	400 McCarthy Rd., #312 Lemont, IL 60439	630-750-0852 tim.barry@sandler.com	Corporate Strategies & Solutions	2020
David Bird	605 Cutler St. Charles, IL 60174	630-584-0957 dbird@dupageairport.com	DuPage Airport	2018
Katheryne Clippert	42W487 Jens Jensen Ln. St. Charles, IL 60175	630-567-8377 clipperts@yahoo.com	Clippert Medical Sales, Inc.	2019
Steve Collins	460 N. Cambridge Dr. Geneva, IL 60134	630-208-9021 scollins@wightco.com	Wight & Company	2020
Dan Dolan	258 Willow Wood Dr. Oswego, IL 60543	630-554-0142 dtdolan@dolanmurphy.com	Dolan & Murphy, Inc.	2018
Raymond Drake	3N734 Herman Melville Ln St. Charles, IL 60175	908-347-3826 racd56@aol.com	UPS	2020
Anton Engelmann	727 Chasewood Drive South Elgin, IL 60177	847-742-7174 antontcg@yahoo.com	Town & Country Gardens	2019
Jennifer Paganessi-Fisher	1421 Fairway Circle Geneva, IL 60134	630-208-6239 jennifer@mwdsl.com	Howard & Howard	2018
Glen Kaegi	808 Behrens St. Yorkville, IL 60560	630-485-0343 glen.kaegi@exeloncorp.com	Exelon Corporation	2020
Tim Kellenberger	9N975 Meadow Drive Elgin, IL 60124	847-660-9047 tim@kellenbergerelectric.com	Kellenberger Electric, Inc.	2020
Kevin O'Donnell	905 Wildrose Spring Dr. St. Charles, IL 60175	630-444-0444 kevin@odcre.com	O'Donnell Commercial Real Estate	2019
Rolando Orama	2247 Kane Lane Batavia, IL 60510	630-879-1781 rorama@chubb.com	Chubb Insurance, Inc.	2019
Vicky Rullo	4N584 Hidden Oaks Rd. St. Charles, IL 60175	630-272-4310 rullos@rullos.com	The Rullo Team/REMAX	2019
Gary Sandlund	39W770 Henry David Thoreau Place St. Charles, IL 60175	630-377-7704 garysandlund@hotmail.com	Futures International LLC	2019
Fred Schramm	4N309 Knoll Creek Dr. St. Charles, IL 60175	630-584-9923 fschramm@schrammconstruction.com	Schramm Construction	2018
Michael Trimarco	7N901 Columbine West St. Charles, IL 60175	630-513-1207 mtrimarco@bankstcharles.com	St. Charles Bank and Trust	2019

CASA Kane County

Training Schedule
WINTER 2018

DATE & TIME_	TOPIC	PLACE
TUESDAY, JANUARY 23 **5:30-8:30pm** **or** **THURSDAY, JANUARY 25** **9:00am-Noon**	**Session 1:** Introductions History of CASA Role of the CASA/GAL	**Kane County Courthouse**
TUESDAY, JANUARY 30 **5:30pm-8:30pm**	**Session 2:** Juvenile Court Process Intro to Harris-Price Case Simulation Optima Training	**Kane County Courthouse**
TUESDAY, FEBRUARY 6 **5:30-8:30pm** **or** **THURSDAY, FEBRUARY 8** **9:00am-Noon**	**Session 3:** DCFS/Private agency perspective Developmental Stages of Children Working from a Strengths Perspective	**Kane County Courthouse**
TUESDAY, FEBRUARY 13 **5:30pm-8:30pm** **or** **THURSDAY, FEBRUARY 15** **9:00am-Noon**	**Session 4:** Court Observation Discussion Poverty Confidentiality	**Kane County Courthouse**
TUESDAY, FEBRUARY 20 **5:30pm-8:30pm** **or** **THURSDAY, FEBRUARY 22** **9:00am-Noon**	**Session 5:** Dispositional Report Writing Overview/Review of Concepts Learned	**Kane County Courthouse**
TUESDAY, FEBRUARY 27 **5:30pm-8:30pm** **or** **THURSDAY, MARCH 1** **9:00am-Noon**	**Session 6:** Substance Use Diversity	**Kane County Courthouse**
TUESDAY, MARCH 6 **5:30pm-8:30pm** **or** **THURSDAY, MARCH 8** **9:00am-Noon**	**Session 7:** Bias and Prejudice Domestic Violence Educational Challenges	**Kane County Courthouse**
THURSDAY, MARCH 15 **5:30pm-8:30pm**	**Session 8:** Permanency Review Hearing Report Panel of current CASA GALs	**Kane County Courthouse**

*****Trainees are required to attend a court observation – dates to be determined*****
Plus two online trainings & practice court report.
Kane County Courthouse, 100 S. Third Street, Geneva, IL 60134

CASA KANE COUNTY 2018 - CONTINUING EDUCATION CORE CLASSES

JANUARY	DATE	TIME
Mediation (2)		

FEBRUARY	DATE	TIME
Juvenile Court Act (1)		
DCFS/POS: Role & Responsibilities (1)		
Optima Training (2)		
Parent's Rights (1)		

MARCH	DATE	TIME
Interview skills (2)		
CIPP & CFT Meetings & Clinical staffings (1)		
Foster Parents - Role, Rights, Panel (1)		

APRIL	DATE	TIME
DCFS Rules & Procedures (1)		
Cultural Competency (2)		
Confidentiality (1)		

MAY	DATE	TIME
Probate (2)		
Mandated Reporting (2)		
Testifying in Court (2)		
Reasonable Efforts & Best Interest Factors (1)		

JUNE	DATE	TIME
Mediation (2)		
Parent Child Visitation (1)		
Communication & Conflict Resolution (2)		
Post-Training for New CASA GALs (2)		

CASA

CASA KANE COUNTY 2018 - CONTINUING EDUCATION CORE CLASSES

JULY	DATE	TIME
Report Writing (2)		

AUGUST	DATE	TIME
Interview Skills (2)		
Trauma Informed Services (1)		
Probate (2)		

SEPTEMBER	DATE	TIME
Minimal Parenting Standards (1)		
Optima Training (2)		
Family Finding (1)		
Post-Training for New CASA GALs (2)		

OCTOBER	DATE	TIME
Critical Decision-making (1)		
Cultural Competency (2)		
Testifying in Court (2)		

NOVEMBER	DATE	TIME
Mandated Reporting (2)		
Appellate Process (1)		
Exercising Safe Boundaries (1)		

DECEMBER	DATE	TIME
Communication & Conflict Resolution (2)		
Foster Home Licensing Procedures & Policies (1)		
Report Writing (2)		
Self-Care, Dealing w/ Compassion Fatigue (1)		

CORE TOPICS FOR CASA KANE COUNTY CONTINUING EDUCATION:

1. Understanding the Law:
   - Juvenile Court Act
   - Mandated Reporting
   - Confidentiality
   - Reasonable Efforts
   - Best Interest Factors
   - Mediation
   - Probate
   - Appellate Process
   - Minimal Parenting Standards

2. Understanding the Parties:
   - DCFS and Private Agencies (POS)
     - Role/Responsibility
     - CIPP and CFT Meeting, Clinical Staffings
     - Rules/Procedures
     - Parent/Child Visitation
     - Trauma Informed Care
     - Family Finding
     - Critical Decisions
     - Foster Home Licensing Procedures and I
   - Parent's Rights
   - Foster Parents: Role, rights and panel

3. Understanding the GAL Role:
   - Interview Skills
   - Report Writing
   - Testifying in Court
   - Cultural Competency
   - Communication
   - Conflict Resolution
   - Self-Care, Dealing with Compassion Fatigue
   - Optima Training
   - Exercising Safe Boundaries

CASA KANE COUNTY 2018 - CONTINUING EDUCATION ELECTIVE CLASSES

JANUARY

	DATE	TIME
Parenting Services (1)	Jan. 11	11:30-1:00pm
Domestic Violence (1)	Jan. 16	9:30-11:00am

FEBRUARY

	DATE	TIME

MARCH

	DATE	TIME
Substance Use (1)		

APRIL

	DATE	TIME
Sexual Abuse (1)		

MAY

	DATE	TIME

JUNE

	DATE	TIME
Immigration (1)		

CASA

CASA KANE COUNTY 2018 - CONTINUING EDUCATION ELECTIVE CLASSES

JULY	DATE	TIME
Police Investigations (1)		
Handling Complex Cases (1)		

AUGUST	DATE	TIME
Educational Advocacy (1)		

SEPTEMBER	DATE	TIME

OCTOBER	DATE	TIME
Mental Health (1)		

NOVEMBER	DATE	TIME
Physical Abuse (1)		

DECEMBER	DATE	TIME

ELECTIVE TOPICS FOR CASA KANE COUNTY CONTINUING EDUCATION:

Domestic Violence
Mental Health
Substance Use
Sexual Abuse
Educational Advocacy
Immigration
Physical Abuse
Services
- Parenting Services

Criminal Law
- Police Investigations

Advanced Case Management
- Handling Complex Cases

CASA Kane County
Profit & Loss
January through December 2017

	Jan - Dec 17
Ordinary Income/Expense	
Income	
Annual Giving	
4100 · Direct Public Support	89,991.95
4140 · Spring Mail Appeal	9,272.00
4150 · Holiday Mail Appeal	40,504.52
4900 · GAHC Garden	13,425.00
Total Annual Giving	153,193.47
Educational/Appreciation Events	
4210 · Super Heroes Event	23,616.66
4400 · CASA Annual Fall Conference	35,412.95
4404 · CASA Summer Outreach Expo	500.00
Total Educational/Appreciation Events	59,529.61
Special Events	
Auction	
4220 · Auction - Program Book	42,500.00
4221 · Auction - Silent Auction Sales	73,975.00
4222 · Auction - Dinner Tickets	39,900.00
4223 · Auction - Event Sponsor	140,250.00
4224 · Auction - Cash Donation	4,336.00
4225 · Auction - Live Auction Sales	64,900.00
4227 · Auction - Raffle/Drawings	25,800.00
4229 · Auction - Fund A Need	128,835.00
4232 · Auction - Wine Pull	6,050.00
5820 · Auction Expense	-194,314.14
Total Auction	332,231.86
Clays Tournament	
4801 · Clays Tournament - Tickets	10,000.00
4802 · Clays Tournament - Sponsor	10,500.00
4805 · Clays Tournament - Cash Donor	750.00
4806 · Clays Tournament - Contests	1,153.00
4807 · Clays Tournament - Auction	3,050.00
4809 · Clays Tournament - Station Spon	750.00
5880 · Clays Tournament Expense	-6,486.68
Total Clays Tournament	19,716.32
Concert	
5470 · Concert Expense	2,100.00
Total Concert	2,100.00
Golf Outing	
4234 · Golf Outing - Contests	540.00
4235 · Golf Outing - Grand Raffle	13,895.78
4237 · Golf Outing - Tickets	44,625.00
4239 · Golf Outing - Hole Sponsor	19,500.00
4240 · Golf Outing - Fund A Need	24,470.00
4241 · Golf Outing - Cash Donation	1,850.00
4242 · Golf Outing - Program Book	13,500.00

CASA Kane County
Profit & Loss
January through December 2017

	Jan - Dec 17
4244 · Golf Outing - Event Sponsor	90,000.00
4248 · Golf Outing - Masters Raffle	37,000.00
5837 · Golf Outing Expense	-87,681.77
Total Golf Outing	157,699.01
Holiday Extravaganza	
4620 · Holiday Extrav - Program Book	6,250.00
4630 · Holiday Extrav - Raffle	1,285.00
4640 · Holiday Extrav - Sponsor	41,000.00
4650 · Holiday Extrav - T-Carnivale	2,350.00
4651 · Holiday Extrav - T-Fashion Show	11,325.00
4660 · Holiday Extrav - Cash Donation	1,675.00
4670 · Holiday Extrav - Auction	31,848.92
5850 · Holiday Extravaganza Expense	-44,525.83
Total Holiday Extravaganza	51,208.09
Total Special Events	562,955.28
Grants	
4300 · Grant Revenue	299,663.00
City of St. Charles 708 Board	6,500.00
Total Grants	306,163.00
Major Gifts	
4191 · Major Gift - Individual	101,500.00
4192 · Major Gift - Corporate	199,900.00
4193 · Major Gift - Board of Directors	35,834.70
Total Major Gifts	337,234.70
Third Party Events	
4200 · Third Party Events	33,830.43
Total Third Party Events	33,830.43
4700 · Interest/Dividend Income	7,154.16
Total Income	1,460,060.65
Gross Profit	1,460,060.65
Expense	
Employee Compensation	
5000 · Salaries	932,005.01
5150 · Payroll Taxes	65,398.92
5185 · Insurance Unemployment	5,921.99
Total Employee Compensation	1,003,325.92
Employee Benefits	
5160 · Retirement Benefits	18,541.74
5170 · Health/Life Benefits	65,267.42
6760 · Staff Recognition/Appreciation	9,660.55
6810 · Staff Training & Education	6,218.39
6600 · Mileage/Travel Expenses	6,073.80
6800 · Illinois Conference	3,745.44
Total Employee Benefits	109,507.34
Insurance	
5180 · General Insurance	11,711.04

CASA Kane County
Profit & Loss
January through December 2017

	Jan - Dec 17
Total Insurance	11,711.04
Office Expenses	
6500 · Equipment (Computers/Furniture)	5,215.16
6510 · Equipment Maintenance	926.53
5310 · Telephone	6,851.46
6410 · Supplies	12,126.06
6110 · Postage	3,624.99
Total Office Expenses	28,744.20
Volunteer/Donor Expenses	
5810 · Super Heroes Event Expense	20,432.28
6710 · Volunteer Training/Recruitment	5,325.22
6720 · CASA Fall Conference Expenses	30,457.48
6750 · Volunteer Recognition Evening	15,317.59
6770 · Special Needs - Youth & Program	13,432.61
6780 · CASA Cultivation/Recognition	2,877.30
6790 · Summer Outreach Event	53.41
6830 · Donor Cultivation/Recognition	20,481.17
6840 · Holiday Party & End of Year	3,157.49
Total Volunteer/Donor Expenses	111,534.55
Professional Fees	
5510 · Accounting & Payroll	24,853.00
5511 · Annual Audit	5,000.00
5512 · Information Technology	16,899.68
5513 · Website Design/Maintenance	5,908.40
5514 · Software Maintenance	5,457.53
5515 · Consulting Services	33,662.97
6000 · Legal Services	139.50
Total Professional Fees	91,921.08
Marketing & Development	
5410 · Professional Develop & Outreach	8,541.29
5751 · Donor Newsletter	4,404.96
5752 · Direct Mail	5,504.87
5753 · Marketing & Advertising	24,923.80
5756 · Annual Report	2,918.64
5757 · Fox Valley Marathon/Lacrosse	19,000.00
5758 · CASA Cards/Merchandise	266.24
Total Marketing & Development	65,559.80
Int, Depr, & Other	
5480 · GAHC Garden-Maintenance & Other	2,493.95
5190 · Credit Card Charges	9,290.15
5960 · Depreciation	10,751.08
6950 · Miscellaneous	7,027.26
Total Int, Depr, & Other	29,562.44
Total Expense	1,451,866.37
Net Ordinary Income	8,194.28
Other Income/Expense	

CASA Kane County
Profit & Loss
January through December 2017

	Jan - Dec 17
Other Income	
4750 · Net Realized/Unrealized G/L	134,371.71
Endowment Campaign	
4480 · Endowment - GAHC Garden	0.00
Total Endowment Campaign	0.00
4010 · Contributed Advocate Services	1,141,200.00
4020 · Contributed Office Space	58,400.00
Total Other Income	1,333,971.71
Other Expense	
6200 · Rent Expense	58,450.00
8000 · CASA Advocate Services	1,141,200.00
Total Other Expense	1,199,650.00
Net Other Income	134,321.71
Net Income	**142,515.99**

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti Qstcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: YWCA Metropolitan Chicago	Executive Director/Responsible Administrator: Dorri McWhorter
Designated Contact Name: Marianne Pokorny	Contact Phone and Email Address: marianne.pokorny@ywcachicago.org 630-580-5708
Organization Address: Main: 1 N La Salle St Suite 1150, Chicago, IL 60602 West Suburban (DuPage/Kane): 2055 West Army Trail Road, Suite 140, Addison, IL 60101	Organization Phone and Website: 312.372.6600 https://ywcachicago.org/
Number of Individuals Served Annually by the Organization: 200,000 + across Metropolitan Chicago region	Number of St. Charles Residents Served Annually by the Organization: 38 childcare providers including Park District Programs and Two Rivers Head Start. Additionally, we provide services that are open to all St. Charles's working families whose monthly income does not exceed 162% of the most current Federal Poverty Level for their family size through our Child Care Assistance Program.
Amount of Request: $31,889	Date of Application: 1/12/2018
Signature of Responsible Administrator:	Signature of Application Author:

	Marianne Pokorny

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

x Dedicated, specific program support. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand- alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
YWCA Childhood Mental Health and Executive Function Intervention Project	Partial

Organizational level funding support. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	Partial
2.	Partial
3.	Partial
4.	Partial
5.	Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # or Designated Program: YWCA Childhood Mental Health and Executive Function Intervention Project
1. The general purpose of the priority or program: YWCA Metropolitan Chicago seeks to prevent mental health disease rather than merely treat it. This project will address two important components in regards to stress and trauma in children: Adverse Childhood Experiences (ACES) and Executive Function using the Minnesota Executive Function Scale (MEFS). MEFS is a researched based, normed and validated tool used to evaluate executive function. The proposed program would provide a systems level approach encompassing education, assessment, common language, and intervention strategies with children, child care providers and parents. Specifically, this project will assess children's executive function skills (the ability to pay attention holding information in mind, reflecting before thinking, delayed gratification and thinking flexibility) and provide training for child care providers and parents on strategies to reduce childhood stress, trauma and negative behavior that impact a child's brain development and long term mental health and educational outcomes.
2. The need that is to be addressed; the type of individuals to be served: Many children enter school without the skills needed for academic achievement and educational attainment. Their performance is impacted by the lack of development in neuro-cognitive skills identified as executive function. Additionally, the CDC Adverse Childhood Experiences Study (1998) uncovered a stunning link between childhood trauma and chronic disease and social—emotional problems developed as adults. Assessing executive function and adverse childhood experiences in the early childhood classroom is important for identifying delays of deficits that call for extra support, measuring how effective a program is at promoting executive function, adapting learning strategies for individual children and adding value to enrolled families. In school, these skills are necessary for cognitive flexibility, working memory, and inhibitory control. Children's executive function skills predict key developmental outcomes later in life, often better than IQ. For example, executive functioning in preschool is an excellent predictor of school readiness (early math and reading ability). (Reflective Sciences, Zelazo, 2016) Individuals working in early childhood programs and parents themselves may not have a solid understanding of executive function and possible intervention strategies. This impacts their ability to leverage the critical development between ages 2-6, when malleability of these neural connections is high and connections are rapidly forming and changing. These caregivers also may lack the ability to offer proven intervention strategies designed to boost a child's executive function ability. This program is designed to guide providers and parents through assessment, consultation and education to support children's mental health and development of children's executive functioning skills.

The individuals to be served through this grant would be:

- Goddard Child Care of St. Charles, staff including for the owner Anisa Ali, Director, 17 teachers and 8 support staff
- 50 children 3-5 years old
- Parents of the children who attend the Goddard Child Care

3. Specific activities:

Assess 50 children on the MEFS in 3 separate intervals in a 12 month period II. Conduct two teacher trainings to support staff on executive function, how negative experiences influence brain development and how intervention strategies impact the brain networks become more efficient.

Conduct two trainings for parents of children at Goddard Child Care Facility

4. The implementation timeline or schedule of activities :

Test date on MEFS with 50 Children	September 2018	January 2019	May 2019
Teacher Training & test data sharing	October 2018	February 2019	
Data sharing with teachers	October 2018	February 2019	June 2019
Parent Trainings	November 2018	March 2019	

5. The goal(s) with a description of the anticipated major outcomes

Increase of 10% in children's executive functioning as measured by the MEFS tool at the end of the project; II. Increase teachers' knowledge on children's mental health, negative experiences on brain development and executive function as measured by pre and posts testing; and

Increase parent knowledge on children's mental health, negative experiences on brain development and executive function as measured by pre and posts testing.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

We intend to serve approximately 126 individuals (26 center staff; 50 children and at least one parent per child). While the number of individuals reached by YWCA programming in the Metropolitan Chicago region exceeds 200,000 annually, using figures specific to our work in St. Charles, the work performed under this grant would represent 21 % of our work in that area.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

100%

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

25 Hours Direct Service Testing on the MEFS Rational -50 students x 10 minutes per student x 3 test intervals 22.5 Hours student test data

- 90 Hours Direct Mental Health Consultation One full day, 7.5 hours per month x 12 months

37.5 Individualized training development for teachers & parents. 7.5 hours per training hour

6 Hours of Direct Service, Staff Professional Development and training for child care providers Three training sessions, 2 hours per session

4 Hours of Direct Service, Parent Training Two training sessions, 2 hours per session Total 185 Hours

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

- Cheryl Hazek, LCSW Children's Mental Health & Behavior Specialist,, Supene'ising Manager
- LCSW or LCPC New position, portion of salary compensation would come from the 708 Mental Health Grant

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # or Designated Program: YWCA Childhood Mental Health and Executive Function Intervention Project
X Full funding Partial funding
1. Describe how the 708 Board funds will be used. Per the attached budget form, the funding will be used towards a portion of the salary and benefits for a mental health professional and supervising manager; related travel expenses; intervention guides; licensing fees to Reflective Sciences for MEFS testing and data portal; as well as occupancy and related program costs.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 0.16% of our organization's overall budget. However, within our Early Childhood Services, the request is 21% of the total Early Childhood Services budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 100%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. This request would be the only source of funding for this particular program at the Goddard Child Care Center.
5. Describe any other funding issues that you would like the Board to consider regarding this request.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1.	A copy of current 501 c (3) or tax-exempt certification.
2.	A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3.	A list of current Board of Directors for your agency.

4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

YWCA Metropolitan Chicago
Date:

		Annual Cost	Year 1	Year 2	Year 3	Year 4	
Direct Expenses	**Expense Description**						
Personnel (salaries & wages)	Mental Health Specialist and supervising manager	$20,100	$20,100.00				$20,100.00
Fringe benefits	Mental Health Specialist and supervising manager	$5,427	$5,427.00				$5,427.00
Occupancy (rent & utilities)	Office space and utilities for Mental Health Specialist	$935	$934.87				$934.87
Travel	.54 x 32 miles(round trip) once per month for mental health consultation	$311	$311.04				$311.04
Equipment							$0.00
Supplies	Intervention guides	$100	$100.00				$100.00
Postage and Shipping							
Contractual services	Help desk support for higher ground	$99	$98.64				$98.64
Consultants (Prof Services)							$0.00
Equipment Rent	Copy machine, postage machine, etc	$120	$120.32				
Telecommunications	Phones and internet	$238	$238.07				$238.07
Cell phone							$0.00
Training & education							$0.00
Business Meals							$0.00
3rd party payment							$0.00
Other	Access to Reflective Science licensing $8 per child	$400	$400.00				$400.00
Other							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
Total Direct Expenses		**$27,730**	**$27,730**	0	0	0	**$27,730**

Indirect Expenses							
Indirect Costs	salary and benefits for executive team, rent for administrative office, payroll and finance costs, legal fees, audit fees, liability insurance, hr costs such as background checks and recruitment/hiring costs.	$4,159	$ 4,159.49	$ -	$ -	$ -	$ 4,159.49
Total Expenses		**$31,889**	**$31,889**	$0	$0	$0	**$31,889**

IRS Department of the 'Treasurv
Internal Revenue Service P . O . Box 2508
Cincinnati OH 4520 1

In reply refer to : 0248
145604

June 04 , 20 13 L TR EO
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BODC: TE

YOUNG WOMENS CHRISTIAN ASSOCIATION
OF METROPOLITAN CHICAGO
YWCA OF METROPOLITAN CHICAGO
1 N I-A SALLE ST STE 1 150
CHICAGO IL 60602-4039

031993

Employer Identi fication Number : 36-2179765
Person to Contact : Jeffery Cordell -rol l Free Telephone
Number : 1 -877-829-5500

Dear Taxpayer :

This is in response to your May 23, 20 13 , request for information regarding your tax-exempt status .

Our records indicate that YOU were recognized as exempt under section 501 (c) (3) of the Internal Revenue Code in a determination letter issued in February, 1934 .

Our records also indicate that you are not a private foundation within the meaning of section 509 (a) of the Code because YOU are described in section 509 (a) (2) .

Donors may deduct contributions to you as provided in section 170 of the Code . Bequests , legacies , devises , transfers , or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055 , 2106 , and 2522 of the Code .

Please refer to our website www. irs . gov/eo for information regarding filing requirements . Specifically, section 6033 (j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file , We will publish a list of organizations whose tax-exempt status was revoked under section 6033 (j) of the Code on our website beginning in early 201 1 .

0248145604
June 04, 20 13 L TR 4168CE0
36-2179765 000000 oo
00033327

YOUNG WOMENS CHRISTIAN ASSOCIATION OF METROPOLITAN CHICAGO YWCA OF METROPOLITAN CHICAGO
1 N LA SALLE ST STE 1150
CHICAGO IL 60602-4039

If YOU have any questions , please call us at the telephone number shown in the heading of this letter .

Sincerely YOU r S ,

Richard McKee , Department Manager
Accounts Management Operations

File Number 0083-311-8

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

YWCA METROPOLITAN CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 12, 1877, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, ***I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this*** 30TH ***day of*** NOVEMBER ***A.D.*** 2017 **.**

Authentication #: 1733403322 verifiable until 11/30/2018

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

eliminating racism
empowering women
ywca
metropolitan chicago

YWCA of Metropolitan Chicago T: 312-372-6600 Administrative Office F: 312-346-2231
1 N. LaSalle Street www.ywcachicago.org
Suite 1150
Chicago, Illinois 60602

Alfreda Bradley-Coar Member
Senior Executive & Chief Commercial Counsel
GE

Carmin C. Awadzi Member
Founder and CEO
Magnolia Custom Homes

Tanya Cabrera
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Associate Director
University of Illinois

Cindi Cervone Carlson
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Senior Vice President
Challenger, Gray & Christmas, Inc.

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Diversity Leader
PricewaterhouseCoopers

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Sr. Director, Benefits, Compensation and Corp Services
USG Corporation

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Director, Communcations and External Affairs
BP America

June Courtney
Member
Group Manager, SVP
Huntington National Bank

Brad Edwards
Investigator
CBS 2 Chicago

Catherine Greenspon
Member
President
Project Infinite Green

Erin Harris
Member
Associate Director - Enterprise Risk Management
Accenture

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Member
Founder & Managing Partner
Insights 4 Life Coaching, LLC

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Backstop Solutions Group

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Assistant Treasurer
Manager, Community Partnerships
Peoples Gas and North Shore Gas

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Upwork

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Member VP, Domestic Coke Operations
Sun Coke

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Treasurer

Suzet McKinney
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ABC 7 Chicago

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Human Resources Executive
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Michele A. Piazza
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Member Founder & President
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McDonald's Corporation

Caroline C. Werner
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Vice President, Global Human Resources
Korn Ferry

Joycelyn Winnecke
Vice President
President
JW Advisors LLC

Julie Womack
Member
Director, Account Management
Willis Towers Watson

Cheryle Wittert
Member
Regional President
BMO Private Bank

Privacy Statement: Your right to privacy is very important to us and we recognize that providing us with personal information is an act of trust. YWCA Metropolitan Chicago is committed to protecting your privacy. Though we are required to answer requests for Board information (i.e., name, title, term limits, etc.) by funders, the contact information you provide will not be sold to third parties or made available to the general public either in publication or via our website.

YWCA Metropolitan Chicago
Final Budget FY 18
as of June 22, 2017

Division	10	20	30	40	50	60	70	80	90	FY 18 Budget
Name (refer to Observations Write Up)	Admin	Devel	Strategic	CCR&R	Provider	EHS	Child	SVSS	EE	YWCA
Revenues										
Contracts	$ -	$ -	$ -	$ 2,568,836	$ 3,356,520	$ 3,448,911	$ 203,311	$ 2,465,476	$ 59,826	$ 12,102,880
Program Service Fees	-	-	-	30,000	-	-	-	219,850	60,850	310,700
United Way	-	-	-	-	-	-	50,000	201,220	-	251,220
Individual Contributions*	-	259,000	-	-	-	-	-	11,000	480	270,480
Corporate Contributions*	-	92,496	55,000	8,500	-	-	-	-	188,000	343,996
Foundation Contributions*	-	152,921	205,000	148,667	20,000	-	150,000	156,000	426,666	1,259,254
Leader Luncheon and Events*	-	869,512	-	-	1,000	-	-	-	-	870,512
Revenues Release*	-	82,083	-	-	-	-	-	35,000	280,333	397,416
In Kind Revenue*	-	280,000	1,000	-	-	-	-	-	-	281,000
Investment Income	540,265	-	-	-	-	-	-	-	-	540,265
Miscellaneous Revenue	-	-	100	-	24,000	-	-	-	4,625	28,725
Total Revenues	$ 540,265	$ 1,736,012	$ 261,100	$ 2,756,003	$ 3,401,520	$ 3,448,911	$ 403,311	$ 3,088,546	$ 1,020,780	$ 16,656,448
FY17 Budget	*440,450*	*1,627,513*	*173,000*	*2,392,084*	*3,348,456*	*-*	*273,316*	*3,552,141*	*955,915*	*12,762,875*
Expenses										
Salaries	$ 795,785	$ 512,040	$ 123,680	$ 1,597,434	$ 190,217	$ 725,281	$ 123,663	$ 2,139,439	$ 487,397	$ 6,694,935
Benefits	162,924	111,021	19,933	376,231	48,767	139,497	26,232	538,103	103,130	1,525,840
Administrative Expenses	266,567	-	-	3,592	16,130	27,553	-	-	1,150	314,992
Program Expenses	104,504	144,242	89,398	170,670	53,584	532,711	11,821	159,006	77,358	1,343,295
Insurance	21,516	3,105	258	3,043	948	1,107	5,435	9,741	3,568	48,720
Facilities Expenses	107,927	65,660	12,393	119,731	44,796	48,924	45,332	410,599	145,510	1,000,872
Marketing & Development Expenses										
Travel and Staff Expenses										
Provider Payments										
Scholarships										
Other Expenses										

Financial Expenses	-						-			
Bed Debt Expense		470,500	40,500	11,247	3,100	3,750		7,946	1,200	538,243
	42,370	9,400	2,550	33,916	2,700	158,978	6,500	80,661	11,020	348,095
	-	-	-	-	3,073,416	1,306,996	-	-	-	4,380,412
	-	-	-	220,000	-	413,110	-	-	-	633,110
	61,627	5,994	2,608	7,862	15,292	3,815	2,713	24,309	6,442	130,661
	50,450	9,200	-	-	1,135	-	-	111	-	60,896
							203,311			203,311
Total Operating Expenses	$ 1,613,669	$ 1,331,162	$ 291,320	$ 2,543,725	$ 3,450,085	$ 3,361,723	$ 425,008	$ 3,369,915	$ 836,775	$ 17,223,381
FY 17 Budget	*1,437,750*	*1,390,615*	*135,981*	*2,011,094*	*3,375,215*	-	*273,585*	*3,388,713*	*805,558*	*12,818,511*
Net Operating Income	$ (1,073,405)	$ 404,850	$ (30,220)	$ 212,278	$ (48,565)	$ 87,188	$ (21,697)	$ (281,369)	$ 184,005	$ (566,934)
ıss: Depreciation	205,416	-	-	-	-	-	-	-	-	
ır and realized Losses/Gains										(205,416)
Net Income	$ (1,278,821)	$ 404,850	$ (30,220)	$ 212,278	$ (48,565)	$ 87,188	$ (21,697)	$ (281,369)	$ 184,005	$ (772,350)
FY 17 Budget	*(1,096,810)*	*236,895*	*37,020*	*380,989*	*(26,759)*	-	*(268)*	*163,428*	*150,358*	*(155,147)*

* Further detail on contribution income is found in Exhibits B and C

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Fox Valley Special Recreation Association	Executive Director/Responsible Administrator: Carolyn J. Nagle
Designated Contact Name: Carolyn J. Nagle	Contact Phone and Email Address: 630-907-1114 cnagle@fvsra.org
Organization Address: 2121 West Indian Trail Aurora, IL 60506	Organization Phone and Website: 630-907-1114 www.fvsra.org
Number of Individuals Served Annually by the Organization: 1,278	Number of St. Charles Residents Served Annually by the Organization:
Amount of Request: $5,000	Date of Application: January 12, 2018
Signature of Responsible Administrator: Carolyn J. Nagle	Signature of Application Author: Carolyn J. Nagle

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

X **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand- alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
Assessment/Referral/Support Services	☐ Full X Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program:
1. The general purpose of the priority or program The purpose of the Assessment/Referral/Support Services Program is to provide an evaluation of the individual requesting or currently being served in order to determine behavioral supports or needs, provide training for implementation of supports, identify and clarify personal goals for participation, recommend appropriate activity selection and to ensure overall successful participation in an FVSRA or Member Agency program selected by the client.
2. The need that is to be addressed; the type of individuals to be served Children and adults with any type of disability, including cognitive, emotional, behavioral, physical or a combination of disabilities.
3. Specific activities Assessment Services for the new client seeking services in FVSRA or in the Member Agency Inclusion Programs. This may include: a) formal Therapeutic Recreation Assessment, b) observation and evaluation of clientele in an on-going program or Inclusion program, c) information gathered and recommendations shared during IEP, Transition Plan, Inclusion Team, or Case Management meetings for the client, d) training provided for the supports needed by the client e) companion support provided
4. The implementation timeline or schedule of activities Assessment/Referral/Support Services are ongoing year round and made available as needed by the client.
5. The goal(s) with a description of the anticipated major outcomes a) Assessment/Referral/Support services will evaluate social, cognitive, emotional, physical skill while determining leisure needs and goals of persons with disabilities and direct them to resources through FVSRA, Schools, appropriate Adult Day Programs or Services, or the City of St. Charles. The Assessment will assist the caregiver with information for program selection for most success and to meet the client's specific needs. b) Evaluation information shall be shared and implemented to ensure appropriate and successful participation in activities and inclusion services. c) Training opportunities to ensure effective behavior management, safe and successful program implementation techniques will be provided for individual staff or teams of staff as they work with clients in inclusion or general activity programs.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization The Projected number of individuals to be served in this priority for City of St. Charles residents is 40. This represents approximately 18% of the total population served through these types of services by the entire organization.

7. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) Approximately 200 service hours. (Service hours = total hours (I hour of service per client) of observation/assessment/intake/IEP and other client meetings represents the total units will be dedicated to this program service.)
8. Include information about the number of staff assigned and training or credentials relative to the program or priority Four, Full time Certified Therapeutic Recreation Specialists all share some of the responsibilities for the Assessment/Referral/Support Services conducted for the Association.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program:
☐ Full funding X Partial funding
1. Describe how the 708 Board funds will be used. The 708 Board funds will be used to support the services extended to the individual clients on a no-charge basis. As is the case with the other FVSRA services which are charged a fee, the clients are not charged for these services, whether it is the personal client Therapeutic Recreation Assessment, training the specific staff to address the particular behavioral program or adaptive methods, or the staff preparation and contribution to the IEP/Transition/Adult Client management meetings.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? This request represents approximately .2% of the total $2,700,000 organizational budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 63% (amount of request: $5000/ total cost allocated for the service $5,000 / $8,000 = 63%)
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. Funds will be requested from other local 708 Mental Health Boards and Member Agency (park district and recreation departments which comprise FVSRA) contributions.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Many of the clients seeking the services of FVSRA are often in need of financial assistance. The funding support from the Mental Health Board allows the Agency to not charge for these services and have other funds to provide scholarship assistance for the activities in which the client enrolls after receiving the initial Assessment/Referral and Supports services.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1.	A copy of current 501 c (3) or tax-exempt certification. The 501 c (3) not-for-profit designation letter is not enclosed as the FVSRA does not hold this status. Our agency is however, classified as a governmental (public) entity as an extension of the seven Member Park Districts and Recreation Departments. The Internal Revenue Code 170 © (1) highlights public entities with regards to charitable contributions. A copy of our Tax Exemption Letter is attached.
2.	A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year). The FVSRA, as an Association and extension of Park Districts and Recreation Departments does not receive this letter.
3.	A list of current Board of Directors for your agency. (See Attached)
4.	An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents. (See copy of our most recent FY2016017 Audit document Attached)

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

Illinois Department of Revenue
Central Registration Division
Sales Tax Exemption Section, 3-222
101 W. Jefferson Street
Springfield, Illinois 62702
217 782-8881

March 20, 2015

FOX VALLEY SPECIAL RECREATION ASSOCIATION
2121 W INDIAN TRAIL

AURORA IL 60506

We have received your recent letter; and based on the information you furnished, we believe

FOX VALLEY SPECIAL RECREATION ASSOCIATION
of
AURORA, IL

is organized and operated exclusively for charitable purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9988-8211-07. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on April 1, 2020, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Central Registration Division
Illinois Department of Revenue

STS-49 (R-05/14)
IL-492-3456
11-0000083

FVSRA Board Members
May, 2017- April, 2018

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FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

ANNUAL FINANCIAL REPORT

For the Year Ended
April 30, 2017

Sikich®

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS
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630.566.8400 // www.sikich.com

1415 W. Diehl Road, Suite 400
Naperville, Illinois 60563

Certified Public Accountants & Advisors
Members of American Institute of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Fox Valley Special
Recreation Association
Aurora, Illinois

We have audited the financial statements of the governmental activities and the major fund of the Fox Valley Special Recreation Association, Aurora, Illinois (the Association) as of and for the year ended April 30, 2017, and the related notes to financial statements, which collectively comprise the Association's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Association's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the basic financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Fox Valley Special Recreation Association, Aurora, Illinois as of April 30, 2017, and the respective changes in financial position for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and other required supplementary information be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Fox Valley Special Recreation Association's basic financial statements. The supplementary information and supplemental schedule are presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information is the responsibility of management and was derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements as a whole. The supplemental schedule has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we do not express an opinion or provide any assurance on them.

Sikich LLP

Naperville, Illinois
October 20, 2017

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

MANAGEMENT'S DISCUSSION AND ANALYSIS

The management of the Fox Valley Special Recreation Association (the "Association") offers the readers of our financial statements the following narrative discussion and analysis of our financial activities for the fiscal year ending April 30, 2017. This overview should be considered along with the financial information presented in the remainder of this report, including the supplementary and statistical information.

Government-Wide Financial Statements

The government-wide financial statements are designed to provide readers with a broad overview of the Association's finances, in a manner similar to private-sector business. The government-wide financial statements include the Statement of Net Position and the Statement of Activities.

The Statement of Net Position presents information on the assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Association is improving or deteriorating.

The Statement of Activities presents information showing how the Association's net position changed during the most recent fiscal year. It is focused on both the gross and net cost of various programs and activities, which are supported by the Association's general taxes and other sources. This is intended to simplify and summarize the user's ability to analyze the cost of the Association's governmental activities.

The government-wide financial statements can be found on pages 3-4 of this report.

Fund Financial Statements

Traditional users of governmental financial statements will find the Fund Financial Statements presentation more familiar. The focus of the Fund Financial Statements is on Major Funds, rather than fund types.

Governmental Funds

The Governmental Funds presentation is designed to show the sources and uses of liquid resources. This is the manner in which the budget is typically developed. Governmental funds provide a current resource (short-term) view which help to determine whether there are more or fewer current financial resources available to spend for Association operations.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Association's near-term financing decisions. Both the governmental funds Balance Sheet and the governmental funds Statement of Revenues, Expenditures, and Changes in Fund Balances provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The basic governmental fund financial statements can be found on pages 5-8 of this report.

Notes to the Financial Statements

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 9-21 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning the Association's progress in funding its obligation to provide benefits to its employees. Required supplementary information can be found on pages 22-25 of this report.

Statement of Net Position: The Association's net position as of April 30, 2017 was $2,316,155 which represents a increase of $114,890 over the prior year. The following schedule presents the condensed Statement of Net Position as of April 30, 2016 and 2017:

Statement of Net Position
As of April 30, 2016 and 2017

	2016	2017
Assets and Deferred Outflows		
Current Assets	$ 1,625,911	$ 1,774,213
Capital Assets	990,738	957,962
Deferred Outflows	125,774	113,364
Total Assets and Deferred Outflows	2,742,423	2,845,539
Liabilities and Deferred Inflows		
Current Liabilities	262,678	252,228
Long-Term Liabilities	276,188	275,304
Deferred Inflows	2,292	1,852
Total Liabilities and Deferred Inflows	541,158	529,384
Net Position		
Investment in Capital Assets	984,738	957,962
Unrestricted	1,216,527	1,358,193
Total Net Position	$ 2,201,265	$ 2,316,155

The two largest components of Current Assets are Cash and Investments and Restricted Investments totaling $1,704,250. The Association's Capital Assets were $957,962. The significant change in Long-Term Liabilities from 2016 to 2017 include a net pension liability of $249,125. See Notes to the Financial Statements, Note 4 on pages 15-20.

For more detailed information, see the Statement of Net Position on page 3.

Statement of Activities: The following schedule presents a summary of revenues, expenses and change in net position for the year ended April 30, 2016 and 2017:

Statement of Activities
For the Fiscal Year Ended April 30, 2016 and 2017

	2016	2017
Revenues		
Member District contributions	$ 1,721,520	$ 1,776,766
Charges for services	726,670	850,231
Investment income	2,884	9,377
Private donations	7,210	10,579
Capital replacement contributions from Member Districts	85,000	85,000
Mental health grant revenue	3,750	4,250
Fundraiser income	41,754	34,144
Scholarship contributions from Member Districts	35,000	35,000
Miscellaneous revenue	7,810	9,267
Total Revenues	2,631,598	2,814,614
Expenses		
Culture and recreation	2,712,306	2,699,724
Total Expenses	2,712,306	2,699,724
Change in Net Position	(80,708)	114,890
Beginning Net Position	2,371,426	2,201,265
Change in accounting principle	(8,453)	0
Adjusted Beginning Net Position	2,281,973	2,201,265
Ending Net Position	$ 2,201,265	$ 2,316,155

Revenues:

For the fiscal year ending April 30, 2017, revenues totaled $2,814,614. The Association's largest source of revenue came from Member Park District Contributions which accounted for $1,776,766 or 63.1% of the Association's total revenue. The other major revenue components come from $850,231 (30.2%) in charges for services and $10,579 (0.3%) from private donations. The remaining revenue of $177,038 (6.4%) contributing to this category are investment income, capital replacement contributions from Member Park Districts, grants, fundraiser income, and miscellaneous contributions.

Expenses:

For the fiscal year ending April 30, 2017, total expenses on an accrual basis were $2,699,724. The largest component of this was in the Culture and Recreation function and included all expenses (i.e. payroll, materials and supplies, contractual services, general and administrative, and capital outlay) related to the Association operations.

General Fund Budgetary Highlights

As of April 30, 2017, the General Fund had a fund balance of $1,528,530. The following schedule shows the actual revenues and expenditures of the General Fund in comparison to the original/final budget:

General Fund Budgetary Highlights
For the Fiscal Year Ended April 30, 2017

	Original/Final Budget	Actual
Revenues	$ 2,815,320	$ 2,814,614
Expenditures	2,801,320	2,655,508
Net Changes in Fund Balance	$ 14,000	$ 159,106

The General Fund Balance increased during the year by $159,106. General Fund Revenues were under budget figures by $706 and Expenditures were under budget figures by $145,812 resulting in a positive bottom line.

Capital Assets

The inventory valuation process for the year identified the final purchase of computer equipment, and additional program equipment purchases. The Association maintains a fixed asset capitalization policy set at $500, which has been the dollar threshold for capitalizing assets.

For more detailed information on capital assets, see page 15 in the Notes to the Financial Statements.

Economic Factors

Though the national and local economies have been weak over the last few years, the Fox Valley Special Recreation Association is positioned well as a result of the exemption of the Section 5-8 levy from the Property Tax Limitation Act.

The impact of the Association's participation in the Illinois Municipal Retirement Fund employer ration resulted in additional personnel costs to the agency. In addition, employee benefits such as health premiums and dental care continued to increase.

Requests for Information

This financial report is intended to provide our residents, investors, creditors and other interested parties with an overview of the finances of Fox Valley Special Recreation Association and to demonstrate the Association's accountability for the financial resources it receives. Questions concerning any information contained in this report may be directed to Fox Valley Special Recreation Association at 2121 W. Indian Trail, Aurora, Illinois 60506.

BASIC FINANCIAL STATEMENTS

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

STATEMENT OF NET POSITION

April 30, 2017

	Governmental Activities
ASSETS	
Cash and investments	$ 956,231
Restricted investments	748,019
Accounts receivable	59,594
Prepaid items	10,369
Capital assets not being depreciated	42,302
Capital assets (net of accumulated depreciation)	915,660
Total assets	2,732,175
DEFERRED OUTFLOWS OF RESOURCES	
Pension items - IMRF	113,364
Total deferred outflows of resources	113,364
Total assets and deferred outflows of resources	2,845,539
LIABILITIES	
Accounts payable	91,757
Accrued payroll	41,735
Withholding payable	8,210
Unearned revenue	103,981
Long-term liabilities	
Due within one year	6,545
Due in more than one year	275,304
Total liabilities	527,532
DEFERRED INFLOWS OF RESOURCES	
Pension items - IMRF	1,852
Total deferred inflows of resources	1,852
Total liabilities and deferred inflows of resources	529,384
NET POSITION	
Net investment in capital assets	957,962
Unrestricted	1,358,193
TOTAL NET POSITION	$ 2,316,155

See accompanying notes to financial statements.

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

STATEMENT OF ACTIVITIES

For the Year Ended April 30, 2017

		Program Revenues			Net (Expense) Revenue and Change in Net Position
FUNCTIONS/PROGRAMS	**Expenses**	**Charges for Services**	**Operating Grants and Contributions**	**Capital Grants and Contributions**	**Total Governmental Activities**
PRIMARY GOVERNMENT					
Governmental Activities					
Culture and recreation	$ 2,699,724	$ 884,375	$ 1,826,595	$ 85,000	$ 96,246
Total governmental activities	2,699,724	884,375	1,826,595	85,000	96,246
TOTAL PRIMARY GOVERNMENT	$ 2,699,724	$ 884,375	$ 1,826,595	$ 85,000	96,246

General Revenues	
Investment income	9,377
Miscellaneous	9,267
Total	18,644
CHANGE IN NET POSITION	114,890
NET POSITION, MAY 1	2,201,265
NET POSITION, APRIL 30	$ 2,316,155

See accompanying notes to financial statements.

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

BALANCE SHEET
GOVERNMENTAL FUND

April 30, 2017

	General Fund
ASSETS	
Cash and investments	$ 956,231
Restricted investments	748,019
Accounts receivable	59,594
Prepaid items	10,369
TOTAL ASSETS	$ 1,774,213
LIABILITIES AND FUND BALANCE	
LIABILITIES	
Accounts payable	$ 91,757
Accrued payroll	41,735
Withholding payable	8,210
Unearned revenue	103,981
Total liabilities	245,683
FUND BALANCE	
Nonspendable	
Prepaid items	10,369
Unrestricted	
Assigned	748,019
Unassigned	770,142
Total fund balance	1,528,530
TOTAL LIABILITIES AND FUND BALANCE	$ 1,774,213

See accompanying notes to financial statements.

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

RECONCILIATION OF FUND BALANCE OF THE GOVERNMENTAL FUND
TO THE GOVERNMENTAL ACTIVITIES IN THE
STATEMENT OF NET POSITION

April 30, 2017

FUND BALANCE OF GOVERNMENTAL FUND	$ 1,528,530
Amounts reported for governmental activities in the statement of net position are different because:	
Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the governmental fund fund	957,962
The compensated absences liability is not due and payable in the current period and, therefore, is not reported in the governmental fund fund	(32,724)
Net pension liability for the Illinois Municipal Retirement Fund is shown as a liability on the statement of net position	(249,125)
Differences between expected and actual experiences, assumption changes, and net differences between projected and actual earnings for the Illinois Municipal Retirement Fund are recognized as deferred inflows of resources on the statement of net position	(1,852)
Differences between expected and actual experiences, assumption changes, net differences between projected and actual earnings, and contributions subsequent to the measurement date for the Illinois Municipal Retirement Fund are recognized as deferred outflows of resources on the statement of net position	113,364
NET POSITION OF GOVERNMENTAL ACTIVITIES	$ 2,316,155

See accompanying notes to financial statements.

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

STATEMENT OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCE
GOVERNMENTAL FUND

For the Year Ended April 30, 2017

	General Fund
REVENUES	
Member district contributions	$ 1,776,766
Charges for services	850,231
Investment income	9,377
Private donations	10,579
Capital replacement contributions from member districts	85,000
Mental health board grant	4,250
Foundation support	34,144
Scholarship contributions from member districts	35,000
Miscellaneous	9,267
Total revenues	2,814,614
EXPENDITURES	
Current	
Culture and recreation	2,655,508
Total expenditures	2,655,508
NET CHANGE IN FUND BALANCE	159,106
FUND BALANCE, MAY 1	1,369,424
FUND BALANCE, APRIL 30	$ 1,528,530

See accompanying notes to financial statements.

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

RECONCILIATION OF THE GOVERNMENTAL FUND STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE TO THE GOVERNMENTAL ACTIVITIES IN THE STATEMENT OF ACTIVITIES

For the Year Ended April 30, 2017

NET CHANGE IN FUND BALANCE - GOVERNMENTAL FUND	$ 159,106
Amounts reported for governmental activities in the statement of activities are different because:	
Governmental funds report capital outlay as expenditures; however, they are capitalized and depreciated in the statement of activities	51,122
The change in net pension liability for the Illinois Municipal Retirement Fund is reported only in the statement of activities	2,300
The change in deferred inflows and outflows of resources for Illinois Municipal Retirement Fund is reported only in the statement of activities	(11,970)
Some expenses in the statement of activities (e.g., depreciation) do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds	(83,898)
The change in compensated absences payable is shown as an expense on the statement of activities	(1,770)
CHANGE IN NET POSITION OF GOVERNMENTAL ACTIVITIES	$ 114,890

See accompanying notes to financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Fox Valley Special Recreation Association, Aurora, Illinois (the Association) have been prepared in conformity with accounting principles generally accepted in the United States of America, as applied to government units (hereinafter referred to as generally accepted accounting principles (GAAP)). The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the Association's accounting policies are described below.

a. Reporting Entity

The Association is duly organized and existing under an agreement dated August 25, 1976, between the Fox Valley Park District, the Geneva Park District and the St. Charles Park District. The Batavia Park District became a member of the Association on May 1, 1984. The Oswegoland Park District became a member of the Association on July 1, 2004. The Sugar Grove Park District became a member of the Association on January 1, 2005. The Village of South Elgin (South Elgin Parks and Recreation) became a member of the Association on October 22, 2007. The Association is considered a jointly governed organization of the seven park districts pursuant to GASB Statement No. 14. The Association operates under the commissioner-director form of government and provides a variety of services to individuals with physical and mental impairments in the member districts.

The purpose of the Association is to provide for the establishment, maintenance and management of joint recreation programs for persons with disabilities of all of the participating park districts. Participation in the Association's programs is available to any individual with a disability living in the immediate Fox Valley area.

b. Fund Accounting

The Association uses funds to report on its financial position and the changes in financial position. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain government functions or activities. A fund is a separate accounting entity with a self-balancing set of accounts. Funds are classified into the following categories: governmental, proprietary and fiduciary. The Association has no proprietary or fiduciary funds.

Governmental funds are used to account for all the Association's general activities, including the acquisition or construction of capital assets and the servicing of general long-term debt. The General Fund is used to account for all activities of the Association.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

c. Government-Wide and Fund Financial Statements

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all activities of the Association. The effect of material interfund activity, if any, has been eliminated from these statements. Governmental activities, which normally are supported by taxes and intergovernmental revenues, are reported separately from business-type activities, if any, which rely to a significant extent on fees and charges for support.

The statement of activities demonstrates the degree to which the direct expenses of a given function, segment or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function or segment. Program revenues include (1) charges to customers or applicants who purchase, use or directly benefit from goods, services or privileges provided by a given function or segment and (2) grants and shared revenues that are restricted to meeting the operational or capital requirements of a particular function or segment. Taxes and other items not properly included among program revenues are reported instead as general revenues.

Separate financial statements are provided for the governmental fund.

The Association reports the following major governmental fund:

The General Fund is the Association's primary operating fund. It accounts for all financial resources of the Association, except those accounted for in another fund.

d. Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. The Association considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a fund liability is incurred. However, debt service expenditures, if any, are recorded only when payment is due.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

d. Measurement Focus, Basis of Accounting and Financial Statement Presentation (Continued)

Investment income, operating fees and member services associated with the current fiscal period are all considered to be susceptible to accrual and are recognized as revenues of the current fiscal period. All other revenue items are considered to be measurable and available only when cash is received by the Association.

The Association reports unearned/unavailable revenue on its financial statements. Unavailable revenues arise when a potential revenue does not meet both the measurable and available or earned criteria for recognition in the current period. Unearned revenues also arise when resources are received by the Association before it has a legal claim to them or prior to the provision of services, as when grant monies are received prior to the incurrence of qualifying expenditures. In subsequent periods, when both revenue recognition criteria are met, or when the Association has a legal claim to the resources, the liability and/or deferred inflows of resources for unearned revenue is removed from the financial statements and revenue is recognized.

e. Investments

Investments are recorded at cost, which approximates fair value.

The Association categorizes the fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; and Level 3 inputs are significant unobservable inputs. The Association held no investments at fair value at April 30, 2017.

f. Prepaid Expenses/Items

Payments made to vendors for services that will benefit periods beyond the date of this report are recorded as prepaid expenses/items using the consumption method.

g. Capital Assets

Capital assets are recorded as expenditures at the time of purchase. Capital assets, which include property, plant, equipment and infrastructure assets (e.g., parking lots and similar items), if any, are reported in the applicable governmental columns in the government-wide financial statements. Capital assets are defined by the Association as assets with an initial, individual cost in excess of $500 and an estimated useful life in excess of one year. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated acquisition value at the date of donation.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

g. Capital Assets (Continued)

The costs of normal maintenance and repairs that do not add to the value or service capacity of the asset or materially extend asset lives are not capitalized.

Major outlays for capital assets and improvements are capitalized as projects are constructed. Capital assets are depreciated using the straight-line method over the following estimated useful lives:

Assets	Years
Buildings	30-50
Office equipment, program equipment, computer equipment, furniture and fixtures	5-20
Vehicles	8

h. Compensated Absences

In accordance with GASB Interpretation No. 6, *Accounting for Certain Liabilities*, only vested or accumulated vacation leave including related Social Security and Medicare that is committed to be liquidated at April 30, 2017, is reported as an expenditure and a fund liability of the governmental fund that will pay it. Vested or accumulated vacation of governmental activities at the government-wide level is recorded as an expense and liability as the benefits accrue to employees. Sick leave does not vest upon termination or retirement and, therefore, no liability has been recorded for this.

i. Fund Balance/Net Position

In the fund financial statements, governmental funds can report nonspendable fund balance for amounts that are either not spendable in form or legally or contractually required to be maintained intact. Restrictions of fund balance are reported for amounts constrained by legal restrictions from outside parties for use for a specific purpose, or externally imposed by outside entities. None of the restricted fund balances result from enabling legislation adopted by the Association. Committed fund balance is constrained by formal actions of the Association's Board of Directors, which is considered the Association's highest level of decision-making authority. Formal actions include resolutions approved by the Board of Directors. Assigned fund balance represents amounts constrained by the Association's intent to use them for a specific purpose. The authority to assign fund balance has been delegated to the Association's Executive Director; however, this has not been authorized through a formal policy. Any residual General Fund balance is reported as unassigned.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

i. Fund Balance/Net Position (Continued)

Since no fund balance policy is in place, the Association's flow of funds assumption defaults to that described in GASB Statement No. 54. This prescribes that the funds with the highest level of constraint are expended first. If restricted or unrestricted funds are available for spending, the restricted funds are spent first. Additionally, if different levels of unrestricted funds are available for spending the Association considers committed funds to be expended first followed by assigned and then unassigned funds.

In the government-wide financial statements, restricted net position are legally restricted by outside parties for a specific purpose. Net investment in capital assets represents the book value of capital assets less any long-term debt principal outstanding issued to construct capital assets.

j. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of financial position will sometimes report a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net assets that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. In addition to liabilities, the statement of financial position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time.

k. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities, and deferred inflows of resources, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures/expenses during the reporting period. Actual results could differ from those estimates.

2. DEPOSITS AND INVESTMENTS

Illinois Compiled Statutes (ILCS) and the Association's investment policy authorize the Association to make deposits/invest in local government investment pools, passbook savings account, money market mutual funds, Illinois Park District Liquid Asset Fund, certificates of deposits, time deposits and insured account of credit unions whose principal office is in Illinois.

2. DEPOSITS AND INVESTMENTS (Continued)

It is the policy of the Association to invest its funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow demands of the Association and conforming to all state and local statutes governing the investment of public funds, using the "prudent person" standard for managing the overall portfolio. The primary objective of the policy is safety (preservation of capital and protection of investment principal), liquidity and yield.

a. Deposits with Financial Institutions

Custodial credit risk for deposits with financial institutions is the risk that in the event of bank failure, the Association's deposits may not be returned to it. The Association's investment policy requires pledging of collateral for all bank balances in excess of federal depository insurance with the collateral held by an agent of the Association in the Association's name. Total funds exceeding the deposit insurance limits must have collateral provided as 105% of the fair market value of the net amount of the Association's funds on deposit at each financial institution.

b. Investments

Interest rate risk is the risk that change in interest rates will adversely affect the fair value of an investment. In accordance with its investment policy, the Association limits its exposure to interest rate risk by structuring the portfolio to provide liquidity. The investment policy limits the investment in securities that have higher credit risks. In addition, the policy requires the Association to invest in securities with varying maturities and to structure the investment portfolio so that the Association is continuously investing a portion of the portfolio in readily available funds, or overnight repurchase agreements to ensure that appropriate liquidity is maintained in order to meet ongoing obligations.

The Association limits its exposure to credit risk, the risk that the issuer of a debt security will not pay its par value upon maturity, by primarily investing in Illinois Public Liquid Asset Funds, a money market mutual fund.

Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to the investment, the Association will not be able to recover the value of its investments that are in possession of an outside party. To limit its exposure, the Association's investment policy requires all security transactions that are exposed to custodial credit risk to be processed on a delivery versus payment (DVP) basis with the underlying investments held by a third party acting as the Association's agent separate from where the investment was purchased. In addition, the Association's investment policy requires all security transactions that are exposed to custodial credit risk not to exceed 25% of the capital stock and surplus of such institution.

3. CAPITAL ASSETS

Capital asset activity for the year ended April 30, 2017 was as follows:

	Balances May 1	Increases	Decreases	Balances April 30
GOVERNMENTAL ACTIVITIES				
Capital assets not being depreciated				
Construction in progress	$ 6,000	$ 36,302	$ -	$ 42,302
Total capital assets not being depreciated	6,000	36,302	-	42,302
Capital assets being depreciated				
Buildings	789,453	-	-	789,453
Vehicles	375,039	-	57,309	317,730
Office equipment, furniture and fixtures	91,354	3,559	-	94,913
Program equipment	72,179	1,559	-	73,738
Computer equipment	240,656	9,702	-	250,358
Total capital assets being depreciated	1,568,681	14,820	57,309	1,526,192
Less accumulated depreciation for				
Buildings	160,873	17,746	-	178,619
Vehicles	183,409	26,311	57,309	152,411
Office equipment, furniture and fixtures	57,175	7,072	-	64,247
Program equipment	38,557	2,067	-	40,624
Computer equipment	143,929	30,702	-	174,631
Total accumulated depreciation	583,943	83,898	57,309	610,532
Total capital assets being depreciated, net	984,738	(69,078)	-	915,660
GOVERNMENTAL ACTIVITIES CAPITAL ASSETS, NET	$ 990,738	$ (32,776)	$ -	$ 957,962

Depreciation expense was charged to functions of the primary government as follows:

GOVERNMENTAL ACTIVITIES	
Culture and recreation	$ 83,898

4. EMPLOYEE RETIREMENT SYSTEMS

The Association's defined benefit pension plan, Illinois Municipal Retirement Fund (IMRF), provides retirement, disability, annual cost of living adjustments and death benefits to plan members and beneficiaries. IMRF is an agent multiple-employer pension plan that acts as a common investment and administrative agent for local governments and school districts in Illinois. The Illinois Pension Code establishes the benefit provisions of the plan that can only be amended by the Illinois General Assembly. IMRF issues a publicly available report that includes financial statements and supplementary information for the plan as a whole but not by individual employer. That report may be obtained by writing to the Illinois Municipal Retirement Fund, 2211 York Road, Suite 500, Oak Brook, Illinois 60523 or at www.imrf.org.

4. EMPLOYEE RETIREMENT SYSTEMS (Continued)

Illinois Municipal Retirement Fund

Plan Administration

All employees hired in positions that meet or exceed the prescribed annual hourly standard must be enrolled in IMRF as participating members.

The plan is accounted for on the economic resources measurement focus and the accrual basis of accounting. Employer and employee contributions are recognized when earned in the year that the contributions are required, benefits and refunds are recognized as an expense and liability when due and payable.

Plan Membership

At December 31, 2016, IMRF membership consisted of:

Inactive employees or their beneficiaries currently receiving benefits	2
Inactive employees entitled to but not yet receiving benefits	20
Active employees	21
TOTAL	43

Benefits Provided

IMRF provides two tiers of pension benefits. Employees hired prior to January 1, 2011 are eligible for Tier 1 benefits. For Tier 1 employees, pension benefits vest after eight years of service. Participating members who retire at age 55 (reduced benefits) or after age 60 (full benefits) with eight years of credited service are entitled to an annual retirement benefit, payable monthly for life, in an amount equal to 1 2/3% of their final rate of earnings, for each year of credited service up to 15 years, and 2% for each year thereafter. Employees hired on or after January 1, 2011 are eligible for Tier 2 benefits. For Tier 2 employees, pension benefits vest after ten years of service. Participating members who retire at age 62 (reduced benefits) or after age 67 (full benefits) with ten years of credited service are entitled to an annual retirement benefit, payable monthly for life, in an amount equal to 1 2/3% of their final rate of earnings, for each year of credited service up to 15 years, and 2% for each year thereafter. IMRF also provides death and disability benefits. These benefit provisions and all other requirements are established by state statute.

4. EMPLOYEE RETIREMENT SYSTEMS (Continued)

Illinois Municipal Retirement Fund (Continued)

Contributions

Participating members are required to contribute 4.50% of their annual covered salary to IMRF. The Association is required to contribute the remaining amounts necessary to fund IMRF as specified by statute. The employer contribution rate for the calendar year ended December 31, 2016 and 2017 was 9.09% and 8.28%, respectively, of covered payroll.

Actuarial Assumptions

The Association's net pension liability was measured as of December 31, 2016 and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation performed as of the same date using the following actuarial methods and assumptions.

Actuarial valuation date	December 31, 2016
Actuarial cost method	Entry-age normal
Assumptions	
Inflation	2.75%
Salary increases	3.75% to 14.50%
Interest rate	7.50%
Cost of living adjustments	3.00%
Asset valuation method	Market value

For nondisabled retirees, an IMRF specific mortality table was used with fully generational projection scale MP-2014 (base year 2012). IMRF specific rates were developed from the RP-2014 Blue Collar Health Annuitant Mortality Table with adjustments to match current IMRF experience. For disabled retirees, an IMRF specific mortality table was used with fully generational projection scale MP-2014 (base year 2012). IMRF specific rates were developed from the RP-2014 Disabled Retirees Mortality Table applying the same adjustment that were applied for nondisabled lives. For active members, an IMRF specific mortality table was used with fully generational projection scale MP-2014 (base year 2012). IMRF specific rates were developed from the RP-2014 Employee Mortality Table with adjustments to match current IMRF experience.

4. EMPLOYEE RETIREMENT SYSTEMS (Continued)

Illinois Municipal Retirement Fund (Continued)

Discount Rate

The discount rate used to measure the total pension liability was 7.5%. The projection of cash flows used to determine the discount rate assumed that member contributions will be made at the current contribution rate and that the Association contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Based on those assumptions, the Association's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members.

Changes in the Net Pension Liability

	(a) Total Pension Liability	(b) Plan Fiduciary Net Position	(a) - (b) Net Pension Liability
BALANCES AT JANUARY 1, 2016	$ 1,982,137	$ 1,730,712	$ 251,425
Changes for the period			
Service cost	93,362	-	93,362
Interest	150,765	-	150,765
Difference between expected and actual experience	7,419	-	7,419
Changes in assumptions	-	-	-
Employer contributions	-	92,851	(92,851)
Employee contributions	-	45,967	(45,967)
Net investment income	-	121,697	(121,697)
Benefit payments and refunds	(37,237)	(37,237)	-
Administrative expense	-	-	-
Other (net transfer)	-	(6,669)	6,669
Net changes	214,309	216,609	(2,300)
BALANCES AT DECEMBER 31, 2016	$ 2,196,446	$ 1,947,321	$ 249,125

4. EMPLOYEE RETIREMENT SYSTEMS (Continued)

Illinois Municipal Retirement Fund (Continued)

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources

For the year ended April 30, 2017, the Association recognized pension expense of $98,259. At April 30, 2017, the Association reported deferred outflows of resources and deferred inflows of resources related to IMRF from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	$ 6,204	$ 1,852
Changes in assumption	-	-
Net difference between projected and actual earnings on pension plan investments	80,806	-
Employer contributions after the measurement date	26,354	-
TOTAL	$ 113,364	$ 1,852

$26,354 reported as deferred outflows of resources result from the Association's contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ending April 30, 2018. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to IMRF will be recognized in pension expense as follows:

Fiscal Year Ending April 30,	
2018	$ 26,932
2019	26,932
2020	26,933
2021	3,109
2022	1,123
Thereafter	129
TOTAL	$ 85,158

4. EMPLOYEE RETIREMENT SYSTEMS (Continued)

Illinois Municipal Retirement Fund (Continued)

Discount Rate Sensitivity

The following is a sensitivity analysis of the net pension liability to changes in the discount rate. The table below presents the net pension liability of the Association calculated using the discount rate of 7.5% as well as what the Association's net pension liability would be if it were calculated using a discount rate that is 1 percentage point lower (6.5%) or 1 percentage point higher (8.5%) than the current rate:

	1% Decrease (6.5%)	Current Discount Rate (7.5%)	1% Increase (8.5%)
Net pension liability (asset)	$ 581,226	$ 249,125	$ (17,626)

5. ASSIGNED FUND BALANCE

This amount represents assignments of fund balance:

Capital replacement	$ 178,468
Building	16,335
County riverboat grant	36,875
Cash reserve	446,260
Scholarships	70,081
TOTAL	$ 748,019

6. LONG-TERM DEBT

During the year, the following changes occurred in governmental long-term liabilities:

	Beginning Balances	Additions	Retirements	Ending Balances	Current Portion
Compensated absences	$ 30,954	$ 7,961	$ 6,191	$ 32,724	$ 6,545
Net pension liability	251,425	-	2,300	249,125	-
TOTAL	$ 282,379	$ 7,961	$ 8,491	$ 281,849	$ 6,545

7. INSURANCE

The Association is exposed to various risks related to torts; theft of, damage to and destruction of assets; errors and omissions; injuries to employees; and net income losses. The Association purchases third party indemnity insurance via monthly premiums from private insurance companies for its employee health insurance. Since 1992, the Association has been a member of the Park District Risk Management Agency (PDRMA), a joint risk management pool of park and forest preserve districts, and special recreation associations through which property, general liability, automobile liability, crime, boiler and machinery, public officials' employment practices liability and workers' compensation coverage is provided in excess of specified limits for the members, acting as a single insurable unit. Losses exceeding the per-occurrence self-insured and reinsurance limit would be the responsibility of the Association.

As a member of PDRMA's Property/Casualty Program, the Association is represented on the Property/Liability/Workers' Compensation Program Council and the Membership Assembly and is entitled to one vote on each. The relationship between the Association and PDRMA is governed by a contract and by-laws that have been adopted by resolution of the Association's governing body. The Association is contractually obligated to make all annual and supplementary contributions to PDRMA, to report claims on a timely basis, cooperate with PDRMA, its claim administrator and attorneys in claims investigation and settlement, and to follow risk management procedures as outlined by PDRMA.

Members have a contractual obligation to fund any deficit of PDRMA attributable to a membership year which they were a member.

PDRMA is responsible for administering the self-insurance program and purchasing excess insurance according to the direction of the Program Council. PDRMA also provides its members with risk management services, including the defense of and settlement of claims and establishes reasonable and necessary loss reduction and prevention procedures to be followed by the members.

8. OTHER POSTEMPLOYMENT BENEFITS

The Association allows employees, who retire through the Association's pension plan disclosed in Note 4, the option to continue in the Association's health insurance plan as required by ILCS, but the retiree pays the full premium for the health insurance. This has not created an implicit subsidy as defined by GASB Statement No. 45 (GASB S-45), *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*, as the Association's health insurance plan is considered a community rated plan. In addition, the Association has no explicit subsidy as defined in GASB S-45.

REQUIRED SUPPLEMENTARY INFORMATION

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCE - BUDGET AND ACTUAL -
GENERAL FUND

For the Year Ended April 30, 2017

	Original and Final Budget	Actual	Variance Over (Under)
REVENUES			
Member district contributions	$ 1,741,766	$ 1,776,766	$ 35,000
Charges for services	841,862	850,231	8,369
Investment income	180	9,377	9,197
Private donations	7,000	10,579	3,579
Capital replacement contributions from member districts	85,000	85,000	-
Mental health board grant	3,750	4,250	500
Foundation support	63,562	34,144	(29,418)
Scholarship contributions from member districts	35,000	35,000	-
Miscellaneous	2,200	9,267	7,067
Total revenues	2,780,320	2,814,614	34,294
EXPENDITURES			
Culture and recreation			
Salaries	1,548,416	1,492,779	(55,637)
Insurance	316,195	284,514	(31,681)
General and administrative	865,709	829,281	(36,428)
Capital outlay	106,000	48,934	(57,066)
Total expenditures	2,836,320	2,655,508	(180,812)
NET CHANGE IN FUND BALANCE	$ (56,000)	159,106	$ 215,106
FUND BALANCE, MAY 1		1,369,424	
FUND BALANCE, APRIL 30		$ 1,528,530	

(See independent auditor's report.)

BUDGETS

The Association follows these procedures in establishing the budgetary data reflected in the financial statements.

1. Prior to the May board meeting, the Executive Director submits to the Board of Directors a proposed operating budget for the fiscal year. The operating budget includes proposed expenditures and the means of financing them.

2. At the regularly scheduled April board meeting, the budget was passed.

3. Budgets are adopted on the cash basis, which is not materially different than generally accepted accounting principles.

4. All budget authority lapses at the end of the year.

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF EMPLOYER CONTRIBUTIONS
ILLINOIS MUNICIPAL RETIREMENT FUND

Last Two Fiscal Years

FISCAL YEAR ENDED APRIL 30,	**2016**	**2017**
Actuarially determined contribution	$ 87,858	$ 88,589
Contributions in relation to the actuarially determined contribution	87,858	88,589
CONTRIBUTION DEFICIENCY (Excess)	$ -	$ -
Covered-employee payroll	$ 959,415	$ 1,003,577
Contributions as a percentage of covered-employee payroll	9.2%	8.8%

Ultimately, this schedule should present information for the last ten years. However, until ten years of information can be compiled, information will be presented for as many years as is available.

(See independent auditor's report.)

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF CHANGES IN THE EMPLOYER'S
NET PENSION LIABILITY AND RELATED RATIOS
ILLINOIS MUNICIPAL RETIREMENT FUND

Last Two Calendar Years

MEASUREMENT DATE, DECEMBER 31,	2015	2016
TOTAL PENSION LIABILITY		
Service cost	$ 82,782	$ 93,362
Interest	136,921	150,765
Changes of benefit terms	-	-
Differences between expected and actual experience	(2,732)	7,419
Changes of assumptions	-	-
Benefit payments, including refunds of member contributions	(38,114)	(37,237)
Net change in total pension liability	178,857	214,309
Total pension liability - beginning	1,803,280	1,982,137
TOTAL PENSION LIABILITY - ENDING	$ 1,982,137	$ 2,196,446
PLAN FIDUCIARY NET POSITION		
Contributions - employer	$ 85,963	$ 92,851
Contributions - member	43,174	45,967
Net investment income	8,654	121,697
Benefit payments, including refunds of member contributions	(38,114)	(37,237)
Other	(54,240)	(6,669)
Net change in plan fiduciary net position	45,437	216,609
Plan fiduciary net position - beginning	1,685,275	1,730,712
PLAN FIDUCIARY NET POSITION - ENDING	$ 1,730,712	$ 1,947,321
EMPLOYER'S NET PENSION LIABILITY	$ 251,425	$ 249,125
Plan fiduciary net position as a percentage of total pension liability	87.3%	88.7%
Covered-employee payroll	$ 959,415	$ 1,020,579
Employer's net pension liability as a percentage of covered-employee payroll	26.2%	24.4%

No changes in assumptions were made since the prior measurement date.

Ultimately, this schedule should present information for the last ten years. However, until ten years of information can be compiled, information will be presented for as many years as is available.

(See independent auditor's report.)

SUPPLEMENTARY INFORMATION

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCES - BUDGET AND ACTUAL -
GENERAL FUND BY SUBFUND

For the Year Ended April 30, 2017

	Operating		Capital		Building		Riverboat Grant		Cash Reserve		Total	
	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual
REVENUES												
Member district contributions												
Fox Valley Park District	$ 622,516	$ 635,025	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 622,516	$ 635,025
St. Charles Park District	357,163	364,340	-	-	-	-	-	-	-	-	357,163	364,340
Geneva Park District	236,575	241,329	-	-	-	-	-	-	-	-	236,575	241,329
Batavia Park District	162,341	165,603	-	-	-	-	-	-	-	-	162,341	165,603
Oswegoland Park District	207,605	211,777	-	-	-	-	-	-	-	-	207,605	211,777
Sugar Grove Park District	65,313	66,625	-	-	-	-	-	-	-	-	65,313	66,625
South Elgin Parks & Recreation	90,253	92,067	-	-	-	-	-	-	-	-	90,253	92,067
Total member district contributions	1,741,766	1,776,766	-	-	-	-	-	-	-	-	1,741,766	1,776,766
Charges for services												
General recreation fees	74,290	78,520	-	-	-	-	-	-	-	-	74,290	78,520
Special event fees	35,500	30,367	-	-	-	-	-	-	-	-	35,500	30,367
Summer camp fees	217,360	206,466	-	-	-	-	-	-	-	-	217,360	206,466
Day program fees	133,894	172,777	-	-	-	-	-	-	-	-	133,894	172,777
Special Olympics fees	42,500	42,589	-	-	-	-	-	-	-	-	42,500	42,589
Fitness fees	22,000	19,266	-	-	-	-	-	-	-	-	22,000	19,266
Private lesson fees	44,000	38,898	-	-	-	-	-	-	-	-	44,000	38,898
Sports fees	41,000	34,389	-	-	-	-	-	-	-	-	41,000	34,389
Trips and overnight fees	27,000	30,898	-	-	-	-	-	-	-	-	27,000	30,898
Adapted sports fees	-	-	-	-	-	-	-	-	-	-	-	-
Inclusion assistant reimbursements	204,318	196,061	-	-	-	-	-	-	-	-	204,318	196,061
Total charges for services	841,862	850,231	-	-	-	-	-	-	-	-	841,862	850,231
Investment income	180	4,084	-	453	-	68	-	154	-	4,618	180	9,377
Private donations	7,000	10,579	-	-	-	-	-	-	-	-	7,000	10,579
Capital replacement contributions from member districts	-	-	85,000	85,000	-	-	-	-	-	-	85,000	85,000
Mental health board grant	3,750	4,250	-	-	-	-	-	-	-	-	3,750	4,250
Foundation support	63,562	34,144	-	-	-	-	-	-	-	-	63,562	34,144
Scholarship contributions from member districts	35,000	35,000	-	-	-	-	-	-	-	-	35,000	35,000
Miscellaneous	2,200	9,267	-	-	-	-	-	-	-	-	2,200	9,267
Total revenues	2,695,320	2,724,321	85,000	85,453	-	68	-	154	-	4,618	2,780,320	2,814,614

	Operating		Capital		Building		Riverboat Grant		Cash Reserve		Total	
	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual
EXPENDITURES												
Salaries												
Administrative salaries	$ 567,331	$ 528,711	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 567,331	$ 528,711
Program specialists	445,353	443,661	-	-	-	-	-	-	-	-	445,353	443,661
General program (part-time)	49,763	71,124	-	-	-	-	-	-	-	-	49,763	71,124
Special events (part-time)	10,766	9,797	-	-	-	-	-	-	-	-	10,766	9,797
Summer camp (part-time)	159,806	123,831	-	-	-	-	-	-	-	-	159,806	123,831
Day program (part-time)	32,821	45,221	-	-	-	-	-	-	-	-	32,821	45,221
Special Olympics (part-time)	37,436	40,048	-	-	-	-	-	-	-	-	37,436	40,048
Fitness (part-time)	8,696	10,114	-	-	-	-	-	-	-	-	8,696	10,114
Private lesson (part-time)	29,880	26,990	-	-	-	-	-	-	-	-	29,880	26,990
Sports (part-time)	22,918	18,912	-	-	-	-	-	-	-	-	22,918	18,912
Trips (part-time)	-	800	-	-	-	-	-	-	-	-	-	800
Inclusion assistants (part-time)	183,646	173,570	-	-	-	-	-	-	-	-	183,646	173,570
Total salaries	1,548,416	1,492,779	-	-	-	-	-	-	-	-	1,548,416	1,492,779
Insurance												
Hospitalization	259,049	230,305	-	-	-	-	-	-	-	-	259,049	230,305
Dental	14,011	12,199	-	-	-	-	-	-	-	-	14,011	12,199
Liability	37,911	37,911	-	-	-	-	-	-	-	-	37,911	37,911
Life insurance	2,550	2,187	-	-	-	-	-	-	-	-	2,550	2,187
Employee assistance program	754	597	-	-	-	-	-	-	-	-	754	597
Employment physical	1,920	1,315	-	-	-	-	-	-	-	-	1,920	1,315
Total insurance	316,195	284,514	-	-	-	-	-	-	-	-	316,195	284,514
General and administrative												
Vehicle allowance	7,200	7,200	-	-	-	-	-	-	-	-	7,200	7,200
Accounting services	8,100	7,940	-	-	-	-	-	-	-	-	8,100	7,940
Bank charges	8,400	10,996	-	-	-	-	-	-	-	-	8,400	10,996
Legal	11,400	10,643	-	-	-	-	-	-	-	-	11,400	10,643
Printing	21,700	23,603	-	-	-	-	-	-	-	-	21,700	23,603
Postage	6,000	8,037	-	-	-	-	-	-	-	-	6,000	8,037
Telephone	20,223	21,663	-	-	-	-	-	-	-	-	20,223	21,663
Board	2,000	1,578	-	-	-	-	-	-	-	-	2,000	1,578
Advertising	3,300	4,295	-	-	-	-	-	-	-	-	3,300	4,295
Public relations	4,200	2,018	-	-	-	-	-	-	-	-	4,200	2,018
Background checks	2,400	2,011	-	-	-	-	-	-	-	-	2,400	2,011
Professional membership	12,240	5,900	-	-	-	-	-	-	-	-	12,240	5,900
Staff development	28,260	20,997	-	-	-	-	-	-	-	-	28,260	20,997
Fuel	18,000	16,214	-	-	-	-	-	-	-	-	18,000	16,214
Auto and van maintenance	15,800	9,284	-	2,188	-	-	-	-	-	-	15,800	11,472
Mileage reimbursement	5,500	3,123	-	-	-	-	-	-	-	-	5,500	3,123
Utilities	15,300	15,705	-	-	-	-	-	-	-	-	15,300	15,705
Transportation (summer day camp)	127,000	108,158	-	-	-	-	-	-	-	-	127,000	108,158
Facility rentals	34,200	30,617	-	-	-	-	-	-	-	-	34,200	30,617
General program	113,674	132,867	-	-	-	-	-	-	-	-	113,674	132,867
Marketing/promotions	13,800	4,157	-	-	-	-	-	-	-	-	13,800	4,157
Professional services	3,600	3,781	-	-	-	-	-	-	-	-	3,600	3,781
Leased equipment	5,016	870	-	-	-	-	-	-	-	-	5,016	870

(This schedule is continued on the following page.)

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF REVENUES, EXPENDITURES AND
CHANGES IN FUND BALANCES - BUDGET AND ACTUAL -
GENERAL FUND BY SUBFUND (Continued)

For the Year Ended April 30, 2017

	Operating		Capital		Building		Riverboat Grant		Cash Reserve		Total	
	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual	Final Budget	Actual
EXPENDITURES (Continued)												
General and administrative (Continued)												
General program supplies	$ 68,320	$ 59,840	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 68,320	$ 59,840
Marketing/promotions supplies	3,900	5,909	-	-	-	-	-	-	-	-	3,900	5,909
Office supplies	6,300	7,926	-	-	-	-	-	-	-	-	6,300	7,926
General maintenance supplies	3,600	3,125	-	-	-	-	-	-	-	-	3,600	3,125
Service maintenance agreements	15,418	14,346	-	-	-	-	-	-	-	-	15,418	14,346
Equipment maintenance	33,285	28,651	-	-	-	-	-	-	-	-	33,285	28,651
IMRF	94,576	88,589	-	-	-	-	-	-	-	-	94,576	88,589
Medicare	22,365	21,419	-	-	-	-	-	-	-	-	22,365	21,419
Social Security	95,632	89,781	-	-	-	-	-	-	-	-	95,632	89,781
Nonresident support and scholarship	-	4,663	-	-	-	-	-	-	-	-	-	4,663
Member scholarships	35,000	51,187	-	-	-	-	-	-	-	-	35,000	51,187
Total general and administrative	865,709	827,093	-	2,188	-	-	-	-	-	-	865,709	829,281
Capital outlay												
Vehicle purchase	-	-	49,000	-	-	-	-	-	-	-	49,000	-
Office furniture and equipment	-	-	22,500	4,423	-	-	-	-	-	-	22,500	4,423
Program equipment	-	-	4,500	-	-	-	-	-	-	-	4,500	-
Capital improvements	-	-	4,000	7,627	-	-	-	-	-	-	4,000	7,627
Computer equipment	-	-	14,000	12,691	-	-	-	-	-	-	14,000	12,691
Special projects	-	-	12,000	24,193	-	-	-	-	-	-	12,000	24,193
Total capital outlay	-	-	106,000	48,934	-	-	-	-	-	-	106,000	48,934
Total expenditures	2,730,320	2,604,386	106,000	51,122	-	-	-	-	-	-	2,836,320	2,655,508
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES	(35,000)	119,935	(21,000)	34,331	-	68	-	154	-	4,618	(56,000)	159,106
OTHER FINANCING SOURCES (USES)												
Intrafund transfers	-	1,012	-	-	-	-	-	-	-	(1,012)	-	-
Total other financing sources (uses)	-	1,012	-	-	-	-	-	-	-	(1,012)	-	-
NET CHANGE IN FUND BALANCES	$ (35,000)	120,947	$ (21,000)	34,331	$ -	68	$ -	154	$ -	3,606	$ (56,000)	159,106
FUND BALANCES, MAY 1		729,645		144,137		16,267		36,721		442,654		1,369,424
FUND BALANCES, APRIL 30		$ 850,592		$ 178,468		$ 16,335		$ 36,875		$ 446,260		$ 1,528,530

(See independent auditor's report.)

SUPPLEMENTAL SCHEDULE

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF PROPERTY TAX INFORMATION

For the Last Five Levy Years

	Fox Valley Park District				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 4,297,667,061	$ 3,777,678,353	$ 3,525,131,901	$ 3,510,570,850	$ 3,689,509,887
PARK DISTRICT EXTENSION RATE	.0293%	.0277%	.0263%	.0283%	.0277%
TOTAL PARK DISTRICT EXTENSION	$ 1,259,216	$ 1,046,947	$ 926,524	$ 992,823	$ 1,020,522
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 653,526	$ 666,073	$ 664,825	$ 655,784	$ 677,913
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 653,526	$ 666,073	$ 664,837	$ 655,784	$ 677,913

	St. Charles Park District				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 2,265,954,115	$ 2,121,040,160	$ 2,053,989,252	$ 2,014,707,464	$ 2,059,548,019
PARK DISTRICT EXTENSION RATE	.0265%	.0249%	.0292%	.0261%	.0260%
TOTAL PARK DISTRICT EXTENSION	$ 600,478	$ 522,610	$ 599,991	$ 525,000	$ 536,000
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 344,215	$ 354,131	$ 364,678	$ 382,322	$ 388,947
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 344,215	$ 354,131	$ 364,678	$ 382,322	$ 388,947

(This schedule is continued on the following pages.)

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF PROPERTY TAX INFORMATION (Continued)

For the Last Five Levy Years

	Geneva Park District				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 1,435,097,313	$ 1,387,236,242	$ 1,335,008,837	$ 1,342,430,272	$ 1,380,164,258
PARK DISTRICT EXTENSION RATE	.0279%	.0303%	.0315%	.0313%	.0304%
TOTAL PARK DISTRICT EXTENSION	$ 400,005	$ 420,014	$ 420,007	$ 420,007	$ 420,000
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 216,348	$ 222,916	$ 237,000	$ 246,950	$ 257,628
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 216,348	$ 222,916	$ 237,000	$ 246,950	$ 257,628

	Batavia Park District				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 1,007,641,202	$ 963,514,376	$ 928,894,885	$ 912,173,171	$ 943,731,932
PARK DISTRICT EXTENSION RATE	.0300%	.0314%	.0339%	.0399%	.0397%
TOTAL PARK DISTRICT EXTENSION	$ 302,525	$ 302,534	$ 314,918	$ 363,930	$ 374,848
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 149,911	$ 158,333	$ 164,247	$ 173,467	$ 176,787
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 149,911	$ 158,333	$ 164,247	$ 173,467	$ 176,787

(This schedule is continued on the following pages.)

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF PROPERTY TAX INFORMATION (Continued)

For the Last Five Levy Years

	Oswegoland Park District				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 1,336,934,094	$ 1,242,340,285	$ 1,182,880,363	$ 1,179,954,718	$ 1,235,373,281
PARK DISTRICT EXTENSION RATE	.0401%	.0503%	.0299%	.0401%	.0403%
TOTAL PARK DISTRICT EXTENSION	$ 536,570	$ 625,488	$ 354,067	$ 472,874	$ 497,430
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 202,447	$ 207,245	$ 211,823	$ 218,373	$ 226,080
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 202,447	$ 207,245	$ 211,823	$ 218,373	$ 226,080

	Sugar Grove Park District				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 429,963,238	$ 397,081,463	$ 368,352,565	$ 371,305,579	$ 392,109,953
PARK DISTRICT EXTENSION RATE	.0198%	.0227%	.0244%	.0242%	.0230%
TOTAL PARK DISTRICT EXTENSION	$ 85,133	$ 90,137	$ 90,000	$ 90,000	$ 90,000
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 65,590	$ 66,638	$ 67,689	$ 68,002	$ 71,126
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 65,590	$ 66,638	$ 67,689	$ 68,002	$ 71,126

(This schedule is continued on the following page.)

FOX VALLEY SPECIAL RECREATION ASSOCIATION
AURORA, ILLINOIS

SCHEDULE OF PROPERTY TAX INFORMATION (Continued)

For the Last Five Levy Years

	South Elgin Parks & Recreation				
LEVY YEAR	**2011**	**2012**	**2013**	**2014**	**2015**
ASSESSED VALUATION	$ 610,861,550	$ 558,167,231	$ 520,006,916	$ 509,194,450	$ 545,034,841
PARK DISTRICT EXTENSION RATE	.0276%	.0302%	.0324%	.0331%	.0377%
TOTAL PARK DISTRICT EXTENSION	$ 168,725	$ 168,337	$ 168,727	$ 168,727	$ 205,744
ASSOCIATION BUDGET FOR THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 94,803	$ 94,675	$ 95,149	$ 96,622	$ 98,285
TAX DISTRIBUTION TO THE ASSOCIATION DURING THE YEARS ENDED APRIL 30, 2013, 2014, 2015, 2016 AND 2017	$ 94,803	$ 94,675	$ 95,149	$ 96,622	$ 98,285

(See independent auditor's report.)

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: LivingWell Cancer Resource Center	Executive Director/Responsible Administrator: Nancy Vance
Designated Contact Name: Karen Hill	Contact Phone and Email Address: 630-315-6808 Karen.hill@nm.org
Organization Address: 442 Williamsburg Ave. Geneva, IL 60134	Organization Phone and Website: 630-262-1111 www.livingwellcrc.org
Number of Individuals Served Annually by the Organization: 5,684	Number of St. Charles Residents Served Annually by the Organization: 659
Amount of Request: $20,000	Date of Application: January 11, 2018
Signature of Responsible Administrator: Nancy Vance	Signature of Application Author: Karen Hill

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

☒ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Social Work crisis counseling and case management	☐ Full ☒ Partial
2. Counseling program services	☐ Full ☒ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #__1_ or Designated Program: Social Work crisis counseling and case management
1. The general purpose of the priority or program The purpose of LivingWell Cancer Resource Center's Social Work crisis counseling and case management is to help remove barriers to care for distressed oncology patients and their family members and help them manage and understand their diagnosis.
2. The need that is to be addressed; the type of individuals to be served The 2012-2016 Kane County Community Health Improvement Plan reveals approximately 1,868 new cases of cancer in the County annually. As the Fred Hutchinson Cancer Research Center in Seattle notes, individuals diagnosed with cancer are 2.5 times more likely to declare bankruptcy. The financial stress is destabilizing and is compounded by the emotional impact of navigating the diagnosis and treatment. Many of the patients we serve have limited resources, and few opportunities exist to receive free support services. LivingWell's Social Workers respond to the immediate crisis needs of these individuals and their families.
3. Specific activities Our five Licensed Clinical Social Workers are primary advocates for those beginning and undergoing treatment for cancer. This includes crisis counseling, leading several support groups, and providing education and access to financial resources and support services based on participants' unique needs (such as insurance, reduced and free prescription drug plans, transportation, housing, food and other critical basic needs.) Their efforts to actively listen, empower participants with knowledge, and defuse crises are essential to enabling patients, families and caregivers to overcome obstacles to an improved quality of life.
4. The implementation timeline or schedule of activities LivingWell's Licensed Clinical Social Workers work directly within the Northwestern Medicine Cancer Centers in Warrenville, at Delnor Cancer Center and the Proton Center where patients receive their treatment. Daily, they address the needs of distressed patients, engage effective crisis interventions, and connect patients to free support services and programs essential to optimizing outcomes.
5. The goal(s) with a description of the anticipated major outcomes The goal is to provide quality social work case management and crisis counseling that cancer patients, their families and caregivers can count on for improved wellbeing and quality of life.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization 3,830 individuals will be served by LivingWell Social Work staff, this is 67% of all of LivingWell Cancer Resource Center participants.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 410 St. Charles residents are expected to be served by LivingWell Social Workers. This is 11% of the people served by LivingWell Social Workers.

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

We anticipate providing 5,825 service hours of Social Work program services including 1,085 hours of Social Work services to St. Charles residents. Service hours are calculated by the amount of time a Social Worker is working directly on resolving a patient's needs. All services are tracked in the *Efforts to Outcome* system. The hours Social Workers spend on meetings with oncology clinicians and other work not related to directly assisting a patient (program planning, continuing education, trainings, staff meetings, etc.) are not included in this service hour calculation.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

LivingWell has 5 full-time Licensed Clinical Social Workers and 1 Social Work intern dedicated to providing Social Work services. All LivingWell Social Workers have Masters level degrees in Social Work.

Priority #_2_ or Designated Program: Counseling program services

1. The general purpose of the priority or program

LivingWell's Licensed Clinical Professional Counselors help patients, families, caregivers and children, at any phase of their cancer care. Our Counselors teach them coping tools to regain their equilibrium and understand the impact a cancer diagnosis has on their closest relations and themselves.

2. The need that is to be addressed; the type of individuals to be served

Because oncology patients must typically pay to receive psychosocial support services, LivingWell's free Counseling programs are particularly important for patients and caregivers, who are often emotionally overwhelmed and financially destabilized by the diagnosis. While residents seek LivingWell's counseling services when they face the difficulties associated with a cancer diagnosis, LivingWell Counselors report that many of the people they work with have generalized anxiety disorder, major depressive disorder, bipolar disorder, adjustment disorders, dependence on alcohol and/or drugs, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder and acute stress disorder.

3. Specific activities

Counselors create individualized care plans with measurable goals to meet the specific needs of each individual, and to ensure they can continuously access the resources they need to create and maintain wellbeing. These care plans often focus on improving coping skills and quality of life, as well as reducing the distress, anxiety, and depression a cancer diagnosis can often bring.

4. The implementation timeline or schedule of activities

Patients come as often as needed for services with Counselors, who provide free individual counseling sessions, family sessions and multiple support groups available throughout the week, including evening hours and across multiple locations. Support groups include: general cancer caregivers, couples, and grief groups, as well as cancer-specific networking groups for participants enduring a brain tumor, breast cancer, gynecologic cancer, lymphedema, and prostate cancer, among others.

5. The goal(s) with a description of the anticipated major outcomes

LivingWell Counselors will provide medically mainstream, nationally recognized, evidence based, counseling and support group services free of charge to residents who are impacted by a cancer diagnosis and have or are at risk of psychological disorders.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization 1,390 individuals will be served by LivingWell Counselors. This is 24% of the people served by LivingWell Cancer Resource Center.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 140 St. Charles residents are expected to be served by LivingWell Counselors. This is 10% of the people served by LivingWell Counselors.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) We anticipate providing 3,425 service hours of Counseling services including 728 hours of Counseling services to St. Charles residents. Service hours are calculated by the amount of time the Counselors are working directly with a participant and any follow up needed for that individual. It does not include program planning, supervision, travel, meetings or continuing education.
9. Include information about the number of staff assigned and training or credentials relative to the program or priority LivingWell Cancer Resource Center has three Licensed Clinical Professional Counselors who all have master's level degrees in Counseling/Clinical Psychology and specialize training and experience counseling oncology patients and their family members. Our counselor sub-specialties include: trauma, adjustment disorders, anxiety, depression, somatic experiencing, play therapy to support our children affected by cancer, mindfulness focused counseling, bereavement and grief.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #__1_ or Designated Program: Social Work crisis counseling and case management
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. We respectfully request $10,000 from 708 Board funds to be used for salaries of direct service time of LivingWell Social Workers serving St. Charles residents.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? The total LivingWell organization budget is $1,803,878. This priority request to support the Social Workers is 0.5% of the total organization budget.

3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? The total annual salaries and benefits for our five LivingWell Social Workers is $384,664. A $10,000 grant to support Social Work Services is 2.6% of this program expense.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No. LivingWell's Social Work services are generously supported by many private donors including The Greer Foundation, Guy A. and N. Kay Arboit Charitable Trust, The Kara Foundation, and LivingWell general operating funds raised from individuals, community contributions, and events.
5. Describe any other funding issues that you would like the Board to consider regarding this request. LivingWell greatly appreciates the many years of support the St. Charles 708 Board has invested in our important, free psycho-social support services to St. Charles residents facing cancer in their lives.

Priority #_2_ or Designated Program: Counseling program services
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. We respectfully request $10,000 from 708 Board funds to support salaries for direct service time of LivingWell Counselors serving St. Charles residents.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? The total LivingWell organization budget is $1,803,878. This priority request to support the Counselors is 0.5% of the total organization budget.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? The total annual salaries and benefits for our three Counselors is $189,620. A $10,000 grant to support Counselors is 5 % of this program expense.
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, LivingWell's Counseling services are generously supported by many private donors including The Greer Foundation, Guy A. and N. Kay Arboit Charitable Trust, The Kara Foundation, St. Charles Noon Kiwanis Foundation, and LivingWell general operating funds raised from individuals, community contributions, and events.
5. Describe any other funding issues that you would like the Board to consider regarding this request. LivingWell greatly appreciates the many years of support the St. Charles 708 Board has invested in our important, free psycho-social support services to St. Charles residents facing cancer in their lives.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

RECEIVED

AUG 2 7 2007

BERNADETTE M. BROCCOLO

Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements

Department of the Treasury
P.O. Box 2508
Cincinnati, Ohio 45201

Date: AUG 2 4 2007

Northwestern Memorial Foundation
c/o Bernadette M Broccolo
McDermott Will & Emery LLP
227 W Monroe St
Chicago, IL 60606

Employer Identification Number:
36-3155315
Person to Contact - ID#:
Sirijun Mayi - #31-07372
Contact Telephone Number:
877-829-5500 Phone
Public Charity Status:
509(a)(1) and 170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated March 1983 stated that you were exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code and classified as a public charity under section 509(a)(3) of the Code.

Based on the information you submitted, we have modified your public charity status to the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, 800-829-3676. Information is also available on our Internet Web Site at www.irs.gov.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

If you have any questions, please call our toll free number shown in the heading of this letter.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

November 21, 2017

Lisa Madigan
ATTORNEY GENERAL

NORTHWESTERN MEMORIAL
FOUNDATION
251 EAST ERIE STREET
ROOM 707
CHICAGO, IL 60611-3309

RE: RE: Status of NORTHWESTERN MEMORIAL FOUNDATION under the Illinois Charitable Laws
CO# 01013014

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of NORTHWESTERN MEMORIAL FOUNDATION under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01013014. It is current in the filing of its financial reports, having filed its report for the period ended August 31, 2016. Please let us know if you require further information.

Sincerely,

Ceretha Jackson, Compliance Officer II
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

LIVINGWELL CANCER RESOURCE CENTER

ADVISORY COUNCIL

Executive Committee

Mary Therese Berg, Chair
Raymond Stachowiak
Lisa Collins, Treasurer

Board Members

Thomas Anderson
Mary Gower
Anna Harmon
Mike Kluber
Andrea Redmond-Ferguson
Ed French
Joanne Hansen
Robert Hubbard
Terry Murphy
Anthony (Tony) Sisto

NORTHWESTERN MEMORIAL FOUNDATION
BOARD OF DIRECTORS
FY2018

- **FY2018 Board of Directors:** 70 members (Bylaws allow for 70-75 members)
- ***Ex officio* members:** President & CEO of NMHC, President of NMF
- * Denotes diversity

FY2018 Slate

Class of 2017 – Reelected to Class of 2020

Mark Cozzi

Anthony B. Davis

Albert M. Friedman

James T. Glerum

William Goldberg

James A. Gordon

Judy Greffin*

Adam Hoeflich

Andrea Redmond-Ferguson*

Desiree Rogers*

Jason Tyler

Andrea Zopp*

William Cunningham

Matthew S. Darnall

Dan DeCanniere

Karen Mills

James Murray, III

Richard Melman

ROBERT SULLIVAN

Class of 2018

Adam Cooper

Key Changes

- Per new age revisions to the bylaws, Nominating Committee recommends to decline the resignation of Melman, and accept the resignations of Carbon and Harris.
- Connie Falcone new President of NMF.
- Robert Sullivan to join the NMF Board.
- Charles Brennan to come off NMF Board and to join the NMNR Board.

Corporate Officers

- M.K. Pritzker, Chair
- Dean Harrison, CEO
- Connie Falcone, President
- John A. Orsini, Treasurer
- Danae K. Prousis, Secretary
- Maureen A. Taus, Assistant Treasurer
- Emily J. Kozak, Assistant Secretary

Michael F. DeSantiago*

Lisa M. Giles*

Sandra L. Helton*

Roberto R. Herencia*

Joseph D. Mansueto

Trina Gordon McCallister*

Debbie S. Saran*

Scott C. Smith

Corinne J. Wood*

Craig T. Collins

Richard Davis

Craig R. Pryde

Peter Whinfrey

Ron Saslow

Class of 2019

Dennis S. Chookaszian

William M. Daley

Shawn M. Donnelly*

Michael W. Ferro

Peter S. Hurst, BDS

Rick H. Kash

John A. Kessler, MD

William C. Kunkler

Lawrence F. Levy

Joan W. Moore, *NMH Woman's Board*

Linda Johnson Rice*

Mary Beth Richmond, MD*

Terry Savage*

Marc S. Schulman

Robert J. Stucker

Shelia G. Talton*

Reeve Waud

Dean Barrett

Roger L. Benson

Brett M. Dale

Stephen W. Elliott

Timothy J. Luby

J. Richard Maybury

Joseph M. Persak, M.D.

Mark Furlong

Peter Bernick

Andrew Bluhm

Keating Crown

Ricardo Meza

John Podjasek

Becky Milliman*

Julie Lampert*

Ex-Officio Directors

M.K. Pritzker, *Chair**

Dee A. Manire, *Vice Chair**

Dean M. Harrison, *NMHC Pres & CEO*

Connie Falcone, *President, NMF**

LivingWell Cancer Resource Center
FY18 Budget

	Annual Budget
Revenue:	
Events	680,000
Community Donations	147,000
Individual donations	170,000
Grants	250,000
St. Charles 708 Mental Health Board	20,000
Major Gifts	410,000
Other operating revenue	90,000
Total revenue	1,767,000
Expenses:	
Salaries	1,100,917
Benefits	272,053
supplies	46,610
Insurance	15,085
Utilities	49,355
Purchased services	187,583
Repairs and maintenance	9,800
Other	85,295
Total expenses	1,766,698

LivingWell Cancer Resource Center
Statement of Revenues and Expenses
Year Ended August 31, 2017

	Annual Budget	August 31 2017
Revenue:		
Events	700,000	644,190
Individual and Community donations	624,138	404,019
Major Gifts and Grants	347,240	427,105
City of St. Charles 708 Mental Health Board grant	12,500	12,500
other income	120,000	126,808
Total revenue	1,803,878	1,614,622
Expenses:		
Salaries	982,095	968,360
Benefits	276,493	255,339
Non-drug supplies	103,650	36,484
Insurance	16,680	14,730
Utilities	49,250	20,355
Purchased services	270,283	279,365
Repairs and maintenance	28,355	2,663
Other	77,072	37,326
Total expenses	1,803,878	1,614,622

Tri City Health Partnership
Medical and Dental Clinic
Connecting a Healthy Community

630.377.9277
630.377.9729
info@tchpfreeclinic.org
www.tchpfreeclinic.org

January 10, 2018

Ms. Tracey Conti
St. Charles 708 Community Mental Health Board
Two East Main Street
St. Charles, IL 60174

Dear Ms. Conti and Members of the STC 708 MH Board,

I am respectfully submitting a 2018 funding request to the 708 Mental Health Board on behalf of Tri City Health Partnership. This request was generated with careful consideration however, if you would like additional information or have questions, I will be happy to provide whatever is needed.

In preparing this grant, I am continually humbled by the direct support that the STC 708 Mental Health Board has been to Tri City Health Partnership. Clearly the outstanding support has resulted in the care of thousands of St. Charles residents.

I look forward to meeting you on February 22, and talk about the wonderful program in place to help those with mental health and substance abuse issues.

Thank you for your consideration of our request.

Sincerely,

Kim Lamansky
Executive Director
630.377.9277

318 Walnut St., St. Charles, IL 60174

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Tri City Health Partnership	Executive Director/Responsible Administrator: Kim Lamansky
Designated Contact Name: Kim Lamansky	Contact Phone and Email Address: 630-377-9277 klamansky@tchpfreeclinic.org
Organization Address: 318 Walnut St. St. Charles, IL 60174	Organization Phone and Website: 630-377-9277 www.tchpfreeclinic.org
Number of Individuals Served Annually by the Organization: 407 (FY 2017)	Number of St. Charles Residents Served Annually by the Organization: 255
Amount of Request: $10,000	Date of Application: 1/10/18
Signature of Responsible Administrator:	Signature of Application Author:

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☒ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
Chronic Care/Mental Health Assessment Program	☐ Full ☒ Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #__ or Designated Program:

Chronic Care/Mental Health Assessment Program

1. **The general purpose of the priority or program:**

   In an effort to continue the mission of Tri City Health Partnership (TCHP), providing quality, free healthcare to low-income, uninsured residents, specifically to treat the whole individual, the purpose of this program will be the identification, evaluation and treatment of patients focusing attention on mental health/substance abuse and addiction.

   Chronic care patients make up 60% of all visits. Acute care rarely presents with mental health issues. If those cases arise, TCHP will of course proceed with treatment, but for the purposes of this grant, TCHP is focusing on A) Chronic Patient Screening and B) Previously Diagnosed Mental Health/Substance Abuse (MH/SA) Patients.

2. **The need that is to be addressed; the type of individuals to be served**

   60% of TCHP patients are diagnosed with a Chronic illness. It is not uncommon for patients with chronic illness to suffer from mild depression according to the clinic's volunteer medical director, Sarah Kimber, MD. All but mild mental health or substance abuse/addiction issues are referred to mental health professionals who collaborate with TCHP to provide appropriate comprehensive care however; many clinic patients may be diagnosed or determined to have disorders that can be addressed in conjunction with a primary medical complaint. Treatment may be as simple as medication for mild depression or anxiety. Clinic patients with milder disorders often refuse to see yet another provider and confide that they would go without treatment if not helped by the free clinic medical staff/volunteers.

3. **Specific activities**

   Using an electronic medical records software package, careful tracking of patient's demographics, individual goals, participation in the Healthy Lifestyle Program, and follow up for referrals is of significant value. A Patient Health Questionnaire (PHQ-9) is an instrument for screening, diagnosing, monitoring and measuring the severity of depression. This tool incorporates DSM-V depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool. The CAGE-AID is a screening tool for both alcohol and drug addiction. As stated, both depression and substance are commonly encountered in primary care. Other screening will be utilized based on findings of the provider's assessment. Initial screening is administered through the triage or evaluation appointment and then once a year for all diagnosed chronic care patients. This valuable tool assists in appropriate provider intervention with patient centered management and is known to aide in the improved control of medical disease, mental health disorders and substance abuse. Individuals with more than mild issues are always referred out for appropriate care. TCHP does propose to provide care for the whole individual via thorough evaluation and treatment.

4. The implementation timeline or schedule of activities:

As new patients are seen at TCHP, initial screening will be performed for mental health and substance abuse issues. The Clinical Director will then administer the PHQ-9 for further assessment and treatment. For current patients who have been diagnosed previously, at a minimum, an annual assessment will be done to compare if there had been a reduction or progression in scores. As patients' screenings for addiction and mental disorders are being assessed, real-time monitoring of referrals to local facilities is key in the diagnosis and response time.

5. The goal(s) with a description of the anticipated major outcomes

Goal: New and existing patients with a chronic care diagnosis, as well as patients presenting indicators of depression and addiction, will complete the PHQ-9. Dental patients will be screened as well and referred to the Clinical Director for further assessment.
Projected Outcome: New and existing chronic care patients with depressive and other mental disorders will be identified, and medical staff/volunteers will create individualized treatment plans for improved control of medical disease and mental disorders.
Goal: Patients diagnosed with chronic disease and those with known mental health, substance abuse/addiction issues will participate in 2 Healthy Lifestyles Sessions. In partnership with Northwestern Medicine, patients receive education and counseling through video or on-site classes and sessions with a focus on diet, exercise, chronic disease health education, depression, substance abuse, addictions and smoking cessation. Referrals to the Illinois Tobacco Quitline, provided by the Illinois Department of Health and the American Lung Association in Illinois will be utilized.
Projected Outcome: 95% compliance rate or patient participation. A minimum of 20 smoking cessation participants.
Goal: In treating the whole individual, all patients will be accessed for appropriate primary care and dental services that will include outcome tracking through the electronic medical record system as well as comprehensive care outside the scope of on-site services.
Projected Outcome: Provided services on-site or through referral will include care for acute issues, enrollment in specialty clinics for diabetes and hypertension, health education services, medications, vision care, gynecology, mammography, dermatology, orthopedics and possibly more through conservative expansion. All services will be tracked for outcomes.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization:

Projected Number of Total Clinic Patients for FY 2018	Projected Number of Total Patients In Program	Percentage of Clinic
440	264 Unduplicated Patients	60%

Estimated 8% increase patients from FY 2017 - 407 *8% = 440 Total Clinic Patients
Chronic patients account for 60% of all clinic patients - 440 * 60% = 264 Unduplicated Patients in program.

7. **The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program**

Projected Total STC Patients for FY 2018	Projected Total STC Residents *In Program*	Percentage of Total Grant Program
304	182	69%

St. Charles residents account for 69% of all clinic patients - 440 * 69% = 304 STC Total Patients
Chronic patients account for 60% of all diagnoses - 304 * 60% = 182 STC Program Patients

8. **Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)**

TCHP considers one on-site visit as a unit of service.

Projected Total Clinic On-Site Visits	Projected Total On-Site Visits *In Program*	Percentage of Clinic
2,006	1,203	60%

Estimated 8% increase in visits from FY 2017 - 1,858 * 8% = 2,006
Chronic patients account for 60% of all clinic visits - 2,006 * 60% = 1,203 Program Visits

Projected Total Clinic On-Site Visits	Projected Total On-Site Visits with MH/SA *In Program*	Percentage of Clinic
2,006	581	29%

MH/SA accounts for 29% of all clinic visits - 2,006 * 29% = 581 Program Visits with MH/SA

Projected Total STC On-Site Visits	Projected Total STC On-Site Visits with MH/SA *In Program*
1,404	407

STC Residents account for 69% of all visits - 2006 * 69% = 1,404 Clinic Visits
MH/SA accounts for 29% of all clinic visits - 1,404 * 29% = 407 STC Program Visits with MH/SA

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

Dr. Sarah Kimber, MD, has been a volunteer at TCHP since 2001. Serving as Medical Director, Dr. Kimber has complete oversight on all medical programs, clinical chart reviews, medical reviews and clinic staff supervision.

Terri Buratczuk, APN, is the Clinical Director. With over 20 years of RN experience, and recently receiving her Family Nurse Practioner license, Terri will be the immediate first-line with patient screening. All MH/SA findings will be discussed with the Medical Director.

TCHP has a volunteer base of more than 20 physicians and 25 nurses that see patients monthly. All volunteers are well versed in the PHQ-9 and CAGE-AID assessment procedures and will collaborate with the Clinical Director for further review.

Kim Lamansky, the Executive Director will meet with the Clinical Director quarterly to review findings related to the MH/SA to ensure goals and outcomes are being met. All reporting will be done through the Executive Director.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program:
Chronic Care/Mental Health Assessment Program

☐ Full funding
☒ Partial funding

1. Describe how the 708 Board funds will be used.

Funds sought will be utilized within operational expenses to provide access to all TCHP services for City of St. Charles residents. Our service delivery model enables TCHP to provide a variety of quality services at a low cost to the clinic. A conservative estimate is twenty dollars in medical assistance is provided for every dollar that is invested toward the free clinic mission.

Funding is utilized for medical and dental equipment and supplies, medications and to cover a portion of the medical cost incurred for services such as vision and comprehensive dental work (including lab fees). Funding also is utilized to train and maintain a small, qualified and highly professional staff. Continuing education is primary for assessing risk factors with MH/SA patients. Assessment tools such as the PHQ-9, analytical software and referral partners will all be included in the funding request.

2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget?

TCHP is respectfully requesting $10,000, which equates to 2.7 % of the FY 2018 annual budget.

3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?

The 10,000 request equates to 13.7% of the total program budget of $74,237.

# Total Patient Visits	2,006
# STC Patient Visits	1,404 (69%)
#Total Visits with MH/SA	581
# STC Visits with MH/SA	407 (29%)
Total Expense for 2018	$371,000
69% of estimated expenses allocated for STC Residents	$255,990
29% estimated expense for STC residents with MH/SA	$74,237
2018 Request	(13.7%) $10,000

4.	**Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.** Funding sources are limited as TCHP serves central Kane County and relies primarily on local funding sources through trusts, foundations, service clubs, churches, United Ways, 708 boards, townships and churches, as well as donations from private citizens. Since TCHP patients never pay for services such as lab testing, medicines, Dr. appointments, screenings, diabetic testing equipment, eyeglasses and more, ongoing attention to new funding sources remains a priority for the Executive Director. 2018 grants that will be sought include Northwestern Medicine/Delnor Hospital ($70,000), Blowitz-Ridgeway Foundation ($15,000), Hansen-Furnas Foundation ($20,000), Alfred Berstead Foundation ($15,000), VNA Foundation ($20,000) and various United Way's, Lions Clubs and Community Foundations ($20,000)
5.	**Describe any other funding issues that you would like the Board to consider regarding this request.** TCHP has noticed a trend in the past fiscal year in grant awards. Generally, funding for all major (and smaller) grantors are smaller across the board. This is due in part to many social service organizations needing help as well as fewer donations coming in to the donor foundations. A local United Way for example, has suspended all promised payouts for 2018. Typical grants that have been for $25,000 are being diminished to $20,000. As TCHP has been networking with other nonprofits, the topic of grants is one of great concern. Most nonprofits are operating under the assumption that awards will be about 75-80% less than in years past. To prepare, TCHP has increased the number of grants to write in 2018 in the hope to make up the difference.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1.	**A copy of current 501 c (3) or tax-exempt certification.** See Attachment 1
2.	**A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).** See Attachment 2
3.	**A list of current Board of Directors for your agency.** See Attachment 3
4.	**An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.** See Attachment 4

Please see:

Attachment 5 - PHQ-9 Assessment

Attachment 6 – CAGE-AID Assessment

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 31 2006

TRI CITY HEALTH PARTNERSHIP INC
318 WALNUT ST
ST CHARLES, IL 60174-0000

Employer Identification Number:
36-4475369
DLN:
17053077757056
Contact Person:
GREGORY S PAJDA ID# 31533
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated April 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

September 28, 2017

TRI CITY HEALTH PARTNERSHIP
318 WALNUT STREET
ST CHARLES, IL 60174

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of TRI CITY HEALTH PARTNERSHIP under the Illinois Charitable Laws
CO# 01042134

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of TRI CITY HEALTH PARTNERSHIP under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01042134. It is current in the filing of its financial reports, having filed its report for the period ended December 31, 2016. Please let us know if you require further information.

Sincerely,

Ceretha Jackson,Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

2018 Tri City Health Partnership Board Roster

Chair

Timothy Smith (2013)
4N540 Hidden Oaks Rd.
St. Charles, IL 60175
630.992.7777
Tcs4654@gmail.com
President, CEO
COO, 3WON

Vice Chair

Nick Ninedorf (2017)
606 Center Street
Geneva, IL 60134
630.406.6948
nick.ninedorf@edwardjones.com
Financial Advisor
Edward Jones

Treasurer

Tom Stiberth (2018)
5N609 Lost View Lane
St. Charles, IL 60175
847.695.3561
tjs@stiberthlaw.com
Attorney at Law
Law Office of Thomas J Stiberth

Secretary

Nell Novak (2018)
1S082 Theisen Trail
Batavia, IL 60510
630.561.7072
nelltnovak@gmail.com

Medical and Dental Directors

Sarah Kimber, MD (2008)
428 Pine Street
Batavia, Il 60510
630.404.2043
Kimber2@mc.net

John Mason, DDS (2015)
1314 Keim Trail
St. Charles, IL 60174
630.518.8333
Jmason41358@sbcglobal.net

Steve Holtsford, MD (2002)
3N845 Dickinson Ln.
St. Charles, IL 60175
630.587.9831
holtsford@sbcglobal.net

Directors

Mark Daniels, MD (2016)
300 Randall Rd
Geneva, IL 60134
630.208.4428
mark.daniels@cadencehealth.org
Vice-President/Chief Med Officer
Northwestern Medicine/Delnor

Cindy Brown (2018)
702 Forest Ave.
Geneva, IL 60134
630.346.8928
cbrown121@gmail.com
Registered Nurse
Geneva School District

Scott Dykes, DDS (2018)
3614 Provence Dr.
Saint Charles, IL 60175
630-886-3458
scottdykesdds@sbcglobal.net
Dentist
Dykes Dental

Jennifer Saylors (2018)
2501 King Richard Circle
Saint Charles, IL 60174
770.238.6643
clemson.girl@yahoo.com
Director of Enablement
SAP Concur

Tri City Health Partnership
2018 Budget

Revenue		
410 Direct Public Support	$	35,000.00
420 Corporate Contributions	$	7,500.00
450 General Grants	$	190,000.00
451 Government Grants	$	7,500.00
452 United Way/Community Chest	$	15,000.00
454 St. Charles 708 Board	$	10,000.00
455 Cancer Resource Fund Grants		
Total 410 Revenue	**$**	**265,000.00**
470 Fund Raising Events		
472 Golf Outing	$	40,000.00
473 All in for Healthcare Event	$	52,000.00
474 Rockstar Event		
475 Spring Event	$	7,500.00
476 Misc. Fund Raising	$	3,500.00
477 Zanies Event	$	2,500.00
Total 470 Fund Raising Events	**$**	**105,500.00**
490 Miscellaneous Income	$	500.00
630 Fund Raising Expenses		
631 Golf Outing Expenses	$	(250.00)
632 Rockstar Event		
633 All in for Healthcare	$	(15,000.00)
634 Zanies Event	$	(50.00)
Total 630 Fund Raising Expenses	**$**	**(15,300.00)**
Total Revenue	**$**	**355,700.00**
Gross Profit	**$**	**355,700.00**
Expenditures		
550 Medical		
551 Vision Care	$	200.00
552 Medical Supplies/Equip	$	10,000.00
553 Medications	$	10,000.00
555 Cancer Patient Expenses	$	200.00
556 Medical Services	$	500.00
557 Salary - Medical	$	112,328.00
Total 550 Medical	**$**	**133,228.00**
580 Dental Services		
581 Dental Supplies	$	5,000.00
583 Outside Dental Services	$	500.00
584 Salary - Dental	$	38,128.00
Total 580 Dental Services	**$**	**43,628.00**
600 Clinic Operations		
601 General Supplies	$	2,700.00
602 Postage	$	1,500.00
603 Phone/Internet	$	3,600.00
604 Dues & Subscriptions	$	1,400.00
605 Meals	$	750.00
610 Bank Fees	$	350.00
611 Interest expense	$	2,100.00
Total 600 Clinic Operations	**$**	**12,400.00**

620 Marketing		
621 Web Site/Advertising	$	3,000.00
622 Printing & Copying	$	3,500.00
623 Community Education/Outreach	$	750.00
624 Networking	$	750.00
Total 620 Marketing	**$**	**8,000.00**
640 Professional Fees		
641 Accounting Fees	$	10,550.00
642 Consulting Fees		
646 Graphic Artist		
Total 640 Professional Fees	**$**	**10,550.00**
700 Salaries		
701 Payroll Expenses	$	7,100.00
702 Salary - Administrative	$	17,644.00
704 Salary - Ex. Director	$	63,000.00
Total 700 Salaries	**$**	**87,744.00**
710 Payroll Taxes	$	20,000.00
711 SUTA		
Total 710 Payroll Taxes	**$**	**20,000.00**
725 Insurance		
723 Gen Liability/Property	$	2,400.00
726 D&O Liability Insurance	$	1,789.00
731 Employee Insurance Benefits	$	16,800.00
732 Professional Liability Insur	$	500.00
734 Workman's Comp Insurance	$	1,700.00
Total 725 Insurance	**$**	**23,189.00**
750 Staff/Volunteer Develpment		
752 Training/Conferences	$	3,000.00
754 Travel	$	1,500.00
756 Volunteer/ Staff Recognition	$	1,000.00
Total 750 Staff/Volunteer Develpment	**$**	**5,500.00**
800 Facilities		
801 Repairs and maintenance	$	5,500.00
802 Utilities	$	4,250.00
803 Equipment/ Software Expense	$	3,000.00
804 Equipment Maintenance	$	3,000.00
806 Depreciation and amortization	$	11,500.00
Total 800 Facilities	**$**	**27,250.00**
Total Expenditures	**$**	**371,489.00**
Net Operating Revenue	**$**	**(15,789.00)**
Other Revenue		
902 Money Market Interest	$	750.00
904 Investment Income	$	9,000.00
905 Capital Appreciation (loss)	$	12,040.00
Total Other Revenue	**$**	**21,790.00**
Other Expenditures		
910 Investment Fees	$	6,000.00
Total Other Expenditures	**$**	**6,000.00**
Net Other Revenue	**$**	**15,790.00**
Net Revenue		**$1.00**

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

CAGE-AID - Overview

The CAGE-AID is a conjoint questionnaire where the focus of each item of the CAGE questionnaire was expanded from alcohol alone to include alcohol and other drugs.

Clinical Utility

Potential advantage is to screen for alcohol and drug problems conjointly rather than separately.

Scoring

Regard one or more positive responses to the CAGE-AID as a positive screen.

Psychometric Properties

The CAGE-AID exhibited[1]:	**Sensitivity**	**Specificity**
One or more **Yes** responses	0.79	0.77
Two or more **Yes** responses	0.70	0.85

1. *Brown RL, Rounds, LA. Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. Wisconsin Medical Journal. 1995:94(3) 135-140.*

CAGE-AID Questionnaire

Patient Name _____ Date of Visit _____

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Questions:	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	☐	☐
2. Have people annoyed you by criticizing your drinking or drug use?	☐	☐
3. Have you ever felt bad or guilty about your drinking or drug use?	☐	☐
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	☐	☐

Permission for use granted by Richard Brown, MD.

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 2017

APPLICATION DUE: January 12, 2018 (12:00 PM)

Instructions: *Beginning in January, 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the application electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about the content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Renz Addiction Counseling Center	**Executive Director/Responsible Administrator:** Jerry Skogmo, Executive Director
Designated Contact Name: Deb Howe, Fund Development Director	**Contact Phone and Email Address:** (847) 742-3545 ext. 236 / dhowe@renzcenter.org
Organization Address: 1 American Way, Elgin IL 60120	**Organization Phone and Website:** (847) 742-3545 / www.renzcenter.org
Number of Individuals Served Annually by the Organization: 650 in FY18	**Number of St. Charles Residents Served Annually by the Organization:** 78 in FY17
Amount of Request: $75,000	**Date of Application:** January 11, 2018
Signature of Responsible Administrator:	**Signature of Application Author:**

SECTION 2: SELECTION OF ORGANZATIONAL SUPPORT OR DESGNATED PROGRAM SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

Organizational level funding support. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate 1-5 priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Clinical Services	Full **X Partial**
2. Medication-Assisted Treatment Program	Full **X Partial**
3. Family Support Services	**X Full** Partial
4.	Full Partial
5.	Full Partial

Dedicated, specific program support. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
1.	Full Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #1 or Designated Program: Clinical Services
1. The general purpose of the priority or program As a full-service agency, Renz Center offers alcohol and drug addiction treatment services, including individual, family and group counseling, DUI services, gambling treatment, special programming for women clients and adolescents, and psychiatric services. In addition, the Center provides case management between schools, the court system and other health care/social service providers, and toxicology tests to verify treatment compliance. Substance abuse is a chronic health problem that affects millions of Americans of almost any age and background. The cost of addiction is evident in our legal, healthcare, employment and family systems.
2. The need that is to be addressed; the type of individuals to be served Untreated substance abuse also has substantial societal costs as well. The effects of substance use disorders are cumulative and significantly contribute to costly social, physical, mental and public health problems including: teen pregnancy, HIV/AIDS and other sexually transmitted diseases, violence, motor vehicle accidents, and crime. According to the National Institute of Drug Abuse, substance abuse costs our nation more than $484 billion a year. This includes health care expenditures, lost earnings, and costs associated with crime and accidents, "National Institute on Drug Abuse, Archives.drugabuse.gov/about/welcome/ aboutdrugabuse/magnitude". In correlation to the City of St. Charles' mission, Renz Center treatment programs help individuals who have a substance use disorder, gambling disorder or co-occurring mental health disorder. Individuals are of all economic levels, but tend to be mid-low income with high insurance deductibles which may discourage accessing treatment. The philosophy of treatment programs of Renz Center is based on the belief that addiction is a chronic, progressive disease with its own symptomatology. City of St. Charles residents who come to the agency fit into the mission and philosophy of the Center. It should be noted that the research on the negative effects of addiction is compelling for a community. Addiction is highly correlated with increased incidence of health problems, crime, family discord, domestic violence, poverty, low productivity and unemployment. We see this pattern in all of the communities we serve including St. Charles. In the final analysis, successfully treating substance use disorders or gambling disorders helps make the City of St. Charles a healthier, safer community.
3. Specific activities Renz Center's Clinical Services program offers Early Intervention Services; Outpatient and Intensive Outpatient Services; Driving Under the Influence Program; Passage Program For Women; Gambling Program; and Family Counseling. Last year Renz Center initiated the Opioid Overdose and Naloxone Education and Training Program

where participants learn how to administer life-saving overdose techniques and receive a free Naloxone kit at the program's conclusion. Renz Center also initiated two new programs: 1) Medication-Assisted Treatment (MAT), including Opioid Treatment Programs (OTPs), where behavioral therapy and medications are combined to treat substance use disorders and prevent opioid relapse and overdose. 2) To help alleviate pain, anxiety, depression and insomnia often associated with addiction, Renz Center now offers a Positive Waves Group using Alpha-Stim devices. Alpha-Stim is a small handheld device which uses cranial electrotherapy stimulation to safely and effectively treat pain, anxiety, depression, and insomnia. When combined with traditional therapy (individual counselling and support groups), the Positive Waves Group supports long-term recovery.

Now available at no charge in our St. Charles office is Renz Center's SMART Recovery program. An alternative to Alcoholics Anonymous, SMART Recovery is a self-management support program that is open to individuals coping with all types of addictive behaviors, including substance abuse, and focuses on building and maintaining motivation, coping with urges, managing thoughts, feelings and behaviors, and living a balanced life. Still available to St. Charles residents is our Second Chance program. First time offenders who are 18 years of age and older who successfully attend a three-hour educational session can have their record expunged. The Center's Clinical staff also continues to collaborate with Lazarus House and Ecker Center For Mental Health to provide substance abuse treatment at our St. Charles location, in addition to other specific support services in our Elgin facility including, psychiatric services, parenting support and education, and free childcare.

4. **The implementation timeline or schedule of activities**

For clients in continued treatment, the average length of stay is 2-4 months.

5. **The goal(s) with a description of the anticipated major outcomes**

The goal for each client is to reduce or eliminate the use of alcohol and/or drugs. The Center strongly promotes abstinence and this is the goal for the vast majority of clients. We also employ a "harm-reduction" model for clients who are not motivated to quit their consumption but are willing and able to reduce their use. These are clients who abuse drugs or alcohol but are not dependent on them (physically addicted). Those who are alcohol or drug dependent, abstinence is necessary. The program has met goals as it relates to access to treatment and treatment retention. We have decreased the time it takes for an individual contacting us to get into their first appointment and we have also increased the length of time an individual is in treatment. Both of these factors are very important because the research shows, not surprisingly, that the easier it is to access treatment and the longer an individual is in treatment the better the prognosis. We have worked very hard at meeting these two objectives. Our rating from the Illinois Department of Alcoholism and Substance Abuse (DASA) has been higher than the state-wide average for client engagement in the first 30 days and in retention of clients attending at least 10 sessions after the first 30 days.

The Center evaluates the effectiveness of the programs in a number of ways:

1. Initially all treatment plans are reviewed by a physician to help ensure that the client (patient) is receiving the proper treatment plan.
2. Each case is reviewed every 30 days by the Center's Clinical Director.
3. A client satisfaction survey is given to clients annually. The information provided from the results of the surveys measures many variables, from our responsiveness as an organization to clients' satisfaction with their progress.
4. A quality assurance professional reviews a random sample (15%) of all cases for a record review and to ascertain the quality of services being provided to each client.

According to the most recent state outcomes, Renz Center's Level 1 Engagement statistics were above other state providers at 38.7 % and 44% for Renz Center. Renz Center also placed higher than state providers in Retention (the percentage of clients who attend at least 10 sessions after first 30 days) with statistics averaging 18.9% for the state and 34.5% for Renz Center. In addition, the percent of clients with supportive social interaction (a determinant in positive outcome measurement) was 88.3% for Renz Center clients compared to 76.4% statewide. Finally, Renz Center clients increased abstinent rates at three, six and 12 month intervals.

Highlights of Renz Center's 2017 Client Satisfaction Survey results include:

- 98% of clients agreed the services received helped them cope better when they experienced stressful situations
- 98% of clients agreed the program helped them resolve the issue/problem that caused them to seek services
- 91% of clients agreed the services received helped them deal more effectively with drug, alcohol or gambling problems.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

In FY18, Renz Center projects that we will serve 650 individuals in our Clinical Services program; 24% of our overall organization population (2,654) which includes individuals participating in prevention programing.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

Renz Center projects that of the 650 people in the clinical program, 78 will be St. Charles residents in FY18; 12% of our overall clinical population.

8. Anticipated number of service hours dedicated to this priority/program

78 (estimate of clients served in FY2018) x 29 (average hours/client in 2017) = 2,262

Priority #2 or Designated Program: Medication-Assisted Treatment Program

1. **The general purpose of the priority or program**
   Renz Center is seeking funding support to help St. Charles residents receive Medication-Assisted Treatment (MAT), including Opioid Treatment Programs (OTPs), which combines behavioral therapy and medications to treat substance use disorders and prevent opioid relapse and overdose. MAT is part of a comprehensive outpatient alcohol and drug recovery treatment program that includes case management, counseling, therapy, and medication for effective long-term success as overseen by a licensed psychiatrist and medical director.

2. **The need that is to be addressed; the type of individuals to be served**
   Prescription drug abuse statistics are staggering...and no gender, age, race or income level are excluded. "Of the 21.5 million Americans 12 or older that had a substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers and 586,000 had a substance use disorder involving heroin," according to the Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality, 2015. In addition, "four in five new heroin users started out misusing prescription painkillers. As a consequence, the rate of heroin overdose deaths nearly quadrupled from 2000-2013. During this 14-year period the rate of heroin overdose showed an average increase of 6% per year from 2000 to 2010, followed by a larger average increase of 37% per year from 2010-2014," as reported in Drug-Poisoning Deaths Involving Heroin: United States 2000-2013; National Center for Health Statistics Data Brief, 2015.

   Despite warnings from the medical community, the prescription drug abuse and heroin overdose trend continues to escalate. To help opioid prescription substance abusing St. Charles residents, Renz Center would like to offer Medication-Assisted Treatment (MAT) to help individuals in their recovery. Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others. The MAT program is overseen by a physician who is specially qualified and licensed to manage withdrawal symptoms, prevent relapse, and sustain recovery.

   Additionally, opioid-related overdose deaths are on the rise in Kane County. According to the Kane County Health Department, "Opioid-Related Overdose Deaths in Kane County" 2017 report, the crude opioid-related overdose mortality rate per 100,000 in the City of Elgin is 13.4 (or 69 deaths), 15.3 in Geneva (20 deaths), and 15.3 in St. Charles (15 deaths) between 2011-2016...nearly four times that of 2005-2010.

3. **Specific activities**
   Medication-Assisted Treatment (MAT) clinic services are provided on Tuesdays at our Elgin location. A doctor of psychiatry with a special certification in substance abuse mediations and a nurse staff the clinic. A treatment plan is discussed with the client and their counselor. The treatment plan is approved by the physician and medication is either dispensed or a prescription is written. For opioid treatment, Vivitrol

(injectable form of Naltrexone) is given every 28 days while a patient continues in behavioral therapy. For alcohol use disorder, other medications may be prescribed including Disulfiram (Antabuse), Naltrexone (ReVia) and Acamprosate (Campral).

4. **The implementation timeline or schedule of activities**
Renz Center is currently prepared to offer MAT to all St. Charles residents. In 2016, the Center developed all MAT protocols and procedures, and a nurse practitioner was hired. The Center began offering MAT to Elgin/Hanover residents last February 2017.

5. **The goal(s) with a description of the anticipated major outcomes**
MAT is an effective form of care, when medication is taken as prescribed, used properly, and the individual is engaged with other supports and services. When combined with psychiatric and case management services, our MAT program will closely follow clients until treatment is completed thus greatly reducing the relapse rate.

The overall goal of MAT is to help clients get on the road to recovery by helping them reduce or eliminate cravings, decrease withdrawal symptoms, and sustain recovery. Specifically,

* Improve patient survival
* Increase retention in treatment
* Decrease illicit opiate use and related criminal activity
* Increase ability to gain and/or maintain employment

At the conclusion of MAT, Renz Center expects clients to:

* Abstention from or reduced use of illicit opiates
* Reduction in other illicit drug use
* Decreased criminal activity

6. **The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization**
In FY18, Renz Center projects that we will serve 30 individuals in our MAT program; 5% of our overall clinical population (650) or 1% of the entire organization (2,654).

7. **The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program**
Renz Center projects that we will serve 5 St. Charles residents in FY18; 17% of our MAT program population of 30.

8. **Anticipated number of service hours dedicated to this priority/program**
Renz Center anticipates each MAT client will receive on average 30 service hours. 5 St. Charles clients x 30 service hours = 150 hours.

Priority #3 or Designated Program: Family Support Services

1. **The general purpose of the priority or program**
   Renz Center's Family Support Services is a program that supports family members dealing with a substance abuser. During the program, our counselors encourage family members to share feelings and stories, and hear firsthand from peers who are dealing with similar issues. Family Counseling Group is a weekly support group for parents, adult siblings, spouses, and partners of those who abuse substances. This support program is meant to provide awareness, education and peer support and addresses how substance abuse affects the entire family.

2. **The need that is to be addressed; the type of individuals to be served**
   Family members may experience a variety of emotional responses to their loved one's addiction, including guilt, shame, helplessness, anxiety, grief, and anger. Support groups facilitated by a substance abuse counselor can help family members process and heal emotional wounds they may have as a result of the addiction surrounded by the support of peers who are experiencing similar family difficulties.

   The Family Support Services program is specific to individuals coping with a family member either in recovery or needs to seek treatment but is resistant.

3. **Specific activities**
   Lead by a certified counselor, Family Support Services will include an educational component, with time for discussion and sharing. Topics will include the addiction as a disease, stages and levels of recovery, co-dependence, co-occurring mental health problems, copies strategies and resources.

4. **The implementation timeline or schedule of activities**
   Upon funding, the Family Support Services program would begin promoting and advertising for participants and offer the group for all St. Charles residents free of charge. Meetings would be held weekly for 1-1 ½ hours (depending on the size of the group). Group would likely be held on Wednesday or Thursday evenings at the St. Charles office.

5. **The goal(s) with a description of the anticipated major outcomes**
   The goal of the program is to provide:
   - Increase awareness and education of the disease
   - Increase coping skills
   - Prevention Education
   - Peer support

   In addition, research shows that when substance abusers enter a recovery program, their chances for success are improved when they are supported by family members who are in a family recovery support program.

   After attending several support groups, family members can expect to:

• Have a better understanding of addiction, recovery and the role a spousal/partner/family play in support • Take comfort that they are not alone, and gain insight into other people's experiences • Learn prevention strategies to prevent future family addiction, such as with children and/or siblings • Learn strategies to help get a resistant substance abuser into treatment • Learn about other resources in the community that can assist an individual or family
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization In FY18, Renz Center projects that we will serve 25 individuals in our Family Support Services program; 1% of our overall population.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program Renz Center projects that we will serve 25 St. Charles residents in FY18; 100% of the persons in the Family Support Program. This program is only being offered at our St. Charles location/office.
8. Anticipated number of service hours dedicated to this priority/program Renz Center anticipates 60 hours dedicated to this program.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #1 or Designated Program: Clinical Services
Full funding **X Partial funding**
1. Describe how the 708 Board funds will be used. Funds from the City of St. Charles 708 Board help pay for a wide variety of clinical services to residents of St. Charles. This includes three-hour comprehensive assessments, individual, family and group counseling, special programming for women clients and adolescents, psychiatric services, case management between schools, the

court system and other health care/social service providers, and toxicology tests to verify treatment compliance. In addition, DUI offenders may be seen for assessments and risk-education classes. City of St. Charles residents are also eligible to receive services for problem and compulsive gambling, in addition to educational presentations—primarily drug and alcohol abuse prevention education, and HIV education.

New this year, Renz Center initiated 3 new programs to St. Charles residents, including SMART Recovery; Medication-Assisted Treatment (MAT), including Opioid Treatment Programs (OTPs), which combines behavioral therapy and medications to treat substance use disorders and prevent opioid relapse and overdose; and Positive Ways Therapy, using Alpha-Stim devices to help alleviate pain, anxiety, depression and insomnia often associated with addiction.

In addition to City of St. Charles funding, Renz Center continues to use state grant funding to help fill the gap to treat low-income residents.

2. **For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget?**
   The request of $62,000 is 3.25% of our overall budget of $1,902,925.

3. **For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?**
   The request of $62,000 is 5% of the clinical program budget of $1,194,232.

4. **Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.**
   In FY17, Renz Center received funding for our St. Charles office from the following organizations for Clinical Services:
   - Illinois Dept. of Human Services/Dept. of Alcohol and Substance Abuse
   - Client Fees and 3rd party insurance
   - City of Geneva Mental Health Board
   - Geneva Community Chest (capital only)
   - Fox Valley United Way
   - Rental Income

5. **Describe any other funding issues that you would like the Board to consider regarding this request.**
   We are billing DASA for services but they are several months behind. Insurance billing is low due to clients' high deductibles leaving them to pay out of pocket, which most cannot afford.

Priority #2 or Designated Program: Medication-Assisted Treatment Program
Full funding **X Partial funding**
1. **Describe how the 708 Board funds will be used.** Renz Center bills clients' insurance for psychiatric and treatment services. However, clients often have insurance plans with high deductibles which are often a barrier for the low-income client to seek services. With a $5,000 - $7,500 deductible, clients may not be able to afford the treatment services and medication as well, and costs for this program are higher than standard outpatient expenses. This grant hopes to assist clients seeking this treatment and put this medication management more in reach. When clients are unable to afford services due to high deductibles or lack of insurance, we will access these funds to increase client success.
2. **For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget?** The request of $7,000 is .4% of organization's overall budget of $1,902,925.
3. **For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?** This request of $7,000 is 8% of the total MAT budget of $87,300.
4. **Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.** In FY18, Renz Center received funding for our MAT services from the following organizations for Clinical Services: • Alfred Bersted Foundation - $25,000 • Hanover Township - $15,000 (Hanover residents only)
5. **Describe any other funding issues that you would like the Board to consider regarding this request.** Compliance in this program is difficult. Costs can be overwhelming if insurance doesn't cover the costs or until the deductible is met.

Priority #3 or Designated Program: Family Support Services
X Full funding Partial funding
1. **Describe how the 708 Board funds will be used.** 708 Board funds would provide for a part time counselor to lead the support group. The group would meet once a week for one hour, and would be free and open to all St. Charles residents who have a parent, adult sibling, spouse or partner dealing with substance abuse.

2. **For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget?** The request of $6,000 is .3% of organization's overall budget of $1,902,925.
3. **For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?** This request of $6,000 is 100% of the total Family Support Services budget of $6,000.
4. **Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.** To date, no other funding sources have been requested.
5. **Describe any other funding issues that you would like the Board to consider regarding this request.** Family Support Services is a new program, and based on feedback there is demand for it in the St. Charles area.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For each of the priorities identified or for the designated program, include the following:

Priority #1 or Designated Program: Clinical Services
1. **Include information about the number of staff assigned to the priorities, and if they are appropriately-training (what training they've received) or appropriately-credentialed staff for the activity(ies).** Renz Center's Clinical Services is managed by 1 full-time director, a part-time nurse, a psychiatrist for special treatment, 5 full-time and 4 part-time counselors who are masters level, licensed and/or certified bachelor leveled alcohol and drug counselors. Support staff includes 2 counselor assistants.
2. **A Copy of current 501 (c)(3) or tax-exempt certification** See Attachment A: Letter of Determination
3. **A copy of the letter from the Attorney General indicating that your organization is in good standing.** See Attachment B: Certificate of Good Standing
4. **A list of current Board of Directors for your agency.** See Attachment C: Board of Directors

5. **An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.**
   See Attachment D: Organization Budget

Priority #2 or Designated Program: Medication-Assisted Treatment Program
1. **Include information about the number of staff assigned to the priorities, and if they are appropriately-training (what training they've received) or appropriately-credentialed staff for the activity(ies).** The average length of time for an individual in treatment is 4-6 months. The MAT program currently has one .40 FTE case manager/counselor, .10 FTE clinical director, .025 nurse, and .10 psychiatrist.
2. **A Copy of current 501 (c)(3) or tax-exempt certification** See Attachment A: Letter of Determination
3. **A copy of the letter from the Attorney General indicating that your organization is in good standing.** See Attachment B: Certificate of Good Standing
4. **A list of current Board of Directors for your agency.** See Attachment C: Board of Directors
5. **An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.** See Attachment D: Organization Budget

Priority #3 or Designated Program: Family Support Services
6. **Include information about the number of staff assigned to the priorities, and if they are appropriately-training (what training they've received) or appropriately-credentialed staff for the activity(ies).** Family Support Services is managed by 1 full-time director and 1 part-time counselor. Both are masters level, licensed and/or certified bachelor leveled alcohol and drug counselors.
7. **A Copy of current 501 (c)(3) or tax-exempt certification** See Attachment A: Letter of Determination

8. **A copy of the letter from the Attorney General indicating that your organization is in good standing.** See Attachment B: Certificate of Good Standing
9. **A list of current Board of Directors for your agency.** See Attachment C: Board of Directors
10. **An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.** See Attachment D: Organization Budget

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248226129
Mar. 31, 2009 LTR 4168C E0
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00019107
BODC: TE

RENZ ADDICTION COUNSELING CENTER
TWO AMERICAN WAY
ELGIN IL 60120-4341

002006

Employer Identification Number: 36-2447195
Person to Contact: Ms. K. Hilson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 20, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1965, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

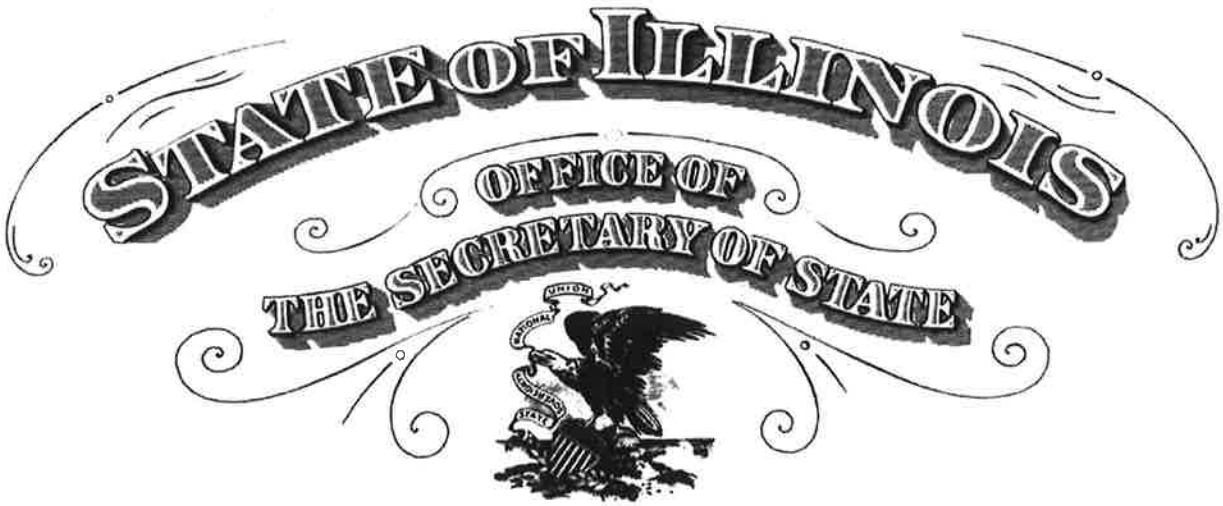
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

File Number 4029-279-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RENZ ADDICTION COUNSELING CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 1960, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1729601680 verifiable until 10/23/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

RENZ ADDICTION COUNSELING CENTER
BOARD OF DIRECTORS

Title	Name	Occupation/Employer	Beginning of Term	Term Expires Month/ Year	Mailing Address/ Daytime Telephone Number
President	Brian Monson	Vice Pres. Sr. Field Credit Officer MB Financial Bank	December '10 Pres – 6/5/14	December '19	MB Financial Bank, N.A. 800 W. Madison St., 3rd floor Chicago, IL 60607 847-653-7359
Vice President	Sherry Totzke	Legal Collection Specialist Zurich North America	January '16 VP – 10-6-16	January '19	133 McCabe Streamwood, IL 60107 630-561-8234
Secretary/ Treasurer	Gregory Pratt		July '14 Treasurer 3/2/17	July '20	104 N. 4th Ave St. Charles, IL 60174 (773) 368-9762
Director	Patricia Arroyo	Supervisor of Community Health and Interpreting Services Presence Saint Joseph Hospital	April '11	April '20	Presence Saint Joseph Hospital 77 North Airlite Street Elgin, IL 60123-4912 847-695-3200, ext. 5179
Director	Donna Kruse	RN, Magnet Coordinator/Stroke Coordinator Advocate Sherman Hospital	Jan '16	Jan '19	Advocate Sherman Hospital 1425 Randall Rd. Elgin, IL 60123 224-783-8088
Director	James Lamkin	Chief of Police Village of Schaumburg Police Department	June '10	June '19	217 S. Pembroke Dr. Schaumburg, IL 60193 630-514-2120
Director	Claudia Martinez-Carter	Teacher Larkin High School	Oct. '11	Oct. '20	2070 Clearwater Way Elgin, IL 60123 314-497-4951
Director	Laura Newman	Batavia City Administrator	December '13	December '19	345 N. Batavia Ave. Batavia, IL 60510 312-339-9179
Director	Katy Potts	Sergeant, Elgin Police Dept	November '16	November '19	1025 Annandale Dr. Elgin, IL 60123 224-239-9513
Director	Linda M. Siete	Manager, Sales & Operations Reflejos Publications, LLC	June '11	June '20	155 E. Algonquin Rd. Arlington Heights, IL 60005 847-806-1411
Director	Bhopal Singh		September '14	September '20	750 Majestic Dr. Algonquin, IL 60102 630-347-1600
DIRECTOR EMERITUS	Ron Razowsky	Retired			625 Wood Ridge Ct. Elgin, IL 60123

Current Agency Operating Budget for FY18

Income:		
IL Dept of Human Services	$	541,000
Drug Court and Probation	$	14,500
Elgin Township	$	15,000
SAMHSA Grant - Drug Free Communities	$	125,000
SAMHSA Grant - STOP grant	$	47,500
Client Fees & Third Party Payments	$	364,300
708 Boards		
-St. Charles	$	65,000
-Hanover Park	$	60,000
-Geneva	$	9,000
Fox Valley United Way	$	15,000
Geneva Community Chest	$	1,800
IL Dept. of Public Health	$	341,000
Contributions/Fundraisers/Foundations	$	48,000
Interest	$	600
Rental Income	$	41,600
Other Income	$	162,125
Total Income:	**$**	**1,851,425**

Expense:		
Salaries	$	1,105,892
Benefits	$	180,405
Contractual	$	163,150
Insurance	$	31,900
Interest	$	17,900
Office/Program Expense	$	223,928
Travel/Meals	$	23,850
Utilites	$	27,400
Fundrasing Expenses	$	11,500
Depreciation	$	62,100
Other	$	21,500
Property Tax	$	3,500
Rent	$	29,900
Total Expenses:	**$**	**1,902,925**

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Elderday Center Inc.	Executive Director/Responsible Administrator: Lori G. Hewitt, ED
Designated Contact Name: Lori G. Hewitt	Contact Phone and Email Address: 630-761-9750
Organization Address: 328 W. Wilson Ave. Batavia, 60510	Organization Phone and Website: 630-761-9750 www.elderdaycenter.org
Number of Individuals Served Annually by the Organization: 45	Number of St. Charles Residents Served Annually by the Organization: 9
Amount of Request: $18,000	Date of Application: January 11, 2018
Signature of Responsible Administrator: Lori G Hewitt	Signature of Application Author: Lori G Hewitt

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☒ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
Funding to help offset our entire programming for our senior clients so that we can continue to serve this much needed population.	☐ Full ☒ Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program: Continuation of our program serving senior citizens in our community.
1. The general purpose of the priority or program **Our Program at Elderday is to serve Senior Citizens in our community, where most of our clients have some sort of memory impairment, so that they can remain in their homes longer.**
2. The need that is to be addressed; the type of individuals to be served **Senior Citizens with dementia and other memory related disorders need specific evidence-based programming that promotes cognitive and physical independence for as long as possible. We also are here to provide support and education for their caregivers.**
3. Specific activities **We offer full day programming for our senior clients. All the programming we provide offers small motor skills, large motor skills, and cognitive functioning. Daily group activity therapy has been shown through research to significantly delay the progression of dementia. Group activities have also provided to be as good as, if not better, than treatment with routine dementia medications.**
4. The implementation timeline or schedule of activities **We are open Monday through Friday 8 am – 5:30 pm and our programming takes place daily with our clients.**
5. The goal(s) with a description of the anticipated major outcomes **Your funding will help us to continue to keep our doors open and provide the needed care for our seniors. Without funding from your Mental Health Board along with other local community agencies we would not be able to exist.**
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization **In 2017, we served 45 clients and their caregivers.**
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program **In 2017, of the 45 clients we served, 7 were St. Charles residents.**
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) **In 2017, Elderday provided 18,521 hours of programming to our 45 clients.**
9. Include information about the number of staff assigned and training or credentials relative to the program or priority **Elderday maintains a staff of 9. Please see attached list with job descriptions.**

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program:
☐ Full funding ☒ Partial funding
1. Describe how the 708 Board funds will be used. **The funds will be used to continue the daily programming for our senior clients. This includes licensed music therapy, licensed pet therapy, and programming created by a director with a Masters in Social Work. We also contract the services of a Physical Therapist, an Occupational Therapist and a Podiatrist. Attached is a copy of the Elderday Activity Program Mission Statement.**
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? **We are asking for $18,000 which is 4.7% of our overall income budget.**
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. **Please see attached 2018 anticipated income budget with additional sources of funding along with a profit and loss statement as of year-end 2017.**
5. Describe any other funding issues that you would like the Board to consider regarding this request. **Please see the additional narrative. Our program consists of daily activities for our clients and we are in need of additional funding to offset the cost of what our clients pay and what we need to continue helping our most vulnerable seniors.**

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

Additional Narrative

Elderday Center is a private, not for profit, social service agency and is located in Batavia. Since opening in 1990, Elderday has offered comprehensive adult day services of socialization, therapeutic recreation and health maintenance that reinforce the participant's self-worth and dignity while continuing to help with their current abilities, cognitive thinking and skills. Elderday's clients are primarily diagnosed with memory related issues such as dementia, Alzheimer's, and Lewy Bodies. Along with these issues, our clients deal with depression, anxiety and sometimes fear. We help our clients deal with these issues along with their families so that they can remain in a positive home environment for as long as possible. Caring for a loved one with these issues is also very difficult, so we also offer our clients' caregivers with education, support and respite by facilitating a monthly caregiver group. **Elderday is the only full time nonprofit social service program in the area providing these services on a daily basis.**

Elderday keeps a meticulous sign-in log of daily attendance and hours used by each client. Each client is listed by city of residence. These logs are used to compile monthly billing sheets for each client. Costs are allocated at a per client rate. This allows us to calculate how much is spent on clients in each town. We are asking for the funds from your organization to cover the expenses incurred by St. Charles residents that are not covered by their client fees. Clients are only charged a nominal fee for services ($13.50 per hour) when the true costs of services is much higher. The funding sought helps offset the difference and keeps services assessable for all St. Charles residents. Last year, St. Charles residents comprised 15.5% of our clients in the Adult Day Program, representing 2,604.5 of the 18,521 hours or 14.1% of the hours we provided to all of our clients throughout the year. In 2017, Elderday Center cost approximately $364,888 (241 days) to operate. This ends up being a daily cost of $1514.06. St. Charles participants comprised 15.5% of our total caseload. Costs allocated to St. Charles residents would be 15.5% of our budget, which would be $56,557. Our staff salary expenses comprise 63% of our budget. The state of Illinois has guidelines for client/staff ratios that we must adhere to. At any time, the staff ratio is a minimum of one paid staff person for every 4 – 6 clients. Staffing levels are based on and adjusted for client needs and provide continuity of care. In 2017, we increased the hours our program nurse worked (we are required to have a nurse here a minimum of 5 hours/day) from 5 hours to 6 or 6.5 hours per day depending on how many clients we have each day. These additional hours were increased to help the overall care of our clients. We felt that this gave our caregivers additional assurance in the care of their loved ones.

Normal accounting practices are used by the Executive Director to document each expense (including providing receipts for each transaction). All income and expenses are then reviewed monthly by the accountant and Board Treasurer and then shared with the entire Board at the monthly Board meeting. A yearly audit is conducted by an outside Accounting Firm.

The City of St. Charles will find its mission in alignment with Elderday Center's mission statement as we both seek to promote quality of life and emphasize the importance of community. We strive to keep our seniors safe in their home environments for as long as possible and with your funding assistance we hope to continue to do that for many years.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P O BOX A-3290 DPN 22-2
CHICAGO, IL 60690

DEPARTMENT OF THE TREASURY

Date: SEP 13 1991

ELDERDAY CENTER INC
214 WALNUT STREET
ST CHARLES, IL 60174

Employer Identification Number:
36-3731502
Contact Person:
MS. D. TOBLER
Contact Telephone Number:
(312) 886-1278

Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
December 31, 1990
Advance Ruling Period Ends:
December 31, 1994
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your foundation status.

Elderday Center
providing quality of life since 1990

2017 Board Members

Sharon Brazill, President ('18)
Retired: Arden Courts
1413 Miller Road
Geneva, IL 60134
630-232-1545
sharbrazill@gmail.com

Tony Grigonis, Vice President ('18)
Director of IT: Easter Seals DuPage & Fox Valley
1284 Brave Court
Carol Stream, IL 60188
630-251-1630
tonygrigonis@live.com

Lisa Kent , Treasurer ('17)
Community Leader
1N560 Seminole
Winfield, IL 60190
630-632-5577
Elizabeth_kent@comcast.net

Carol Murin, Secretary ('17)
Insurance Agent: Solutions for Long Term Care
0S885 Spring Green Way
Batavia, IL 60510
630-482-3150
CMurin@dls.net

Steve Joffe (Nov. '19)
President, Assisted Living Locators
2434 Wilton Lane
Aurora, IL 60510
630-464-6570
sdjoffe@gmail.com

2017 Board Meetings

Meetings are held the third Tuesday of the month at Elderday Center and begin at 5:30 p.m. unless otherwise noted.

January 17, 2017
February 21, 2017
March 21, 2017
April 18, 2017
May 16, 2017
June 20, 2017
July 18, 2017
August 15, 2017
September 19, 2017
October 17, 2017
November 21, 2017
December 19, 2017

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2017 Elderday Staff Positions

Executive Director - The Executive Director is responsible for the overall administration and daily operation of the center. All staff report to the Executive Director.

Director of Programs/MSW - The Program Director plans and implements daily programming for clients with research and evidence based activities. All activities are used to encourage independence of clients and foster supportive interaction between activity staff, clients, and caregivers. This position also has a Masters in Social Work.

Office Manager - The Office Manager performs a variety of administrative and clerical tasks as directed by the Executive Director.

Program Nurse -The Program Nurse is responsible for Elderday Center's wellness program. He/she monitors for any signs or symptoms of change in participants' physical condition or mental status and administers any medications needed my clients. This position is a registered nurse.

Program Aides - The Activity Aide implements daily programming for clients. Currently Elderday employees 3 Activity Aides.

Hospitality Manager – The Hospitality Manager is responsible for the kitchen. This includes two daily snacks for the clients as well as administering the catered lunch program. The Hospitality Manager is certified in food handling through the State of Illinois.

Community Outreach Liaison - The Community Outreach Liaison, under the direction of the Executive Director, plans and coordinates outreach and marketing activities and special projects including outreach events, speaking engagements, creating relationships with referral sources and completing necessary reporting as needed.

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2018 Budget

	REVENUE
Income Client Fees	$225,835
CCP Fees	$ 23,700
Food Grant Supplement	$ 6,000
Total Income From Clients	**$255,535**
Fundraising	
Churches	$ 1,000
Gala Fashion Show (net)	$ 15,000
Mum Sale	$ 10,000
Annual Appeal	$ 20,000
Net Fundraising	**$ 46,000**
Community Chest/United Way	
Batavia United Way	$ 8,000
Geneva Community Chest	$ 6,040
Fox Valley United Way	$ 3,500
Total Community Chest/United Way	**$ 17,540**
Townships/ 708	
708 INC (Funders Consortium)	$ 9,000
Geneva 708 Mental Health Board	$ 10,000
St. Charles 708 Mental Health Board	$ 16,000
Batavia Township	$ 5,000
Total Townships	**$ 40,000**
Gifts & Memorials	$ 10,000
Other	$ 12,500
TOTAL INCOME	**$381,575**

Elderday Center Inc
Profit & Loss YTD
January through December 2017

		Jan - Dec 17
Ordinary Income/Expense		
Income		
Services		152.66
4000 · INCOME FROM CLIENTS		
4010 · CLIENT FEES-REG.	220,835.75	
4011 · CCP SUBMISSIONS	20,631.82	
Total 4000 · INCOME FROM CLIENTS		241,467.57
4100 · INCOME FROM FUNDRAISING		
4120 · CITY OF ST. CHARLES FUNDRAISERS	1,220.00	
4138 · GALA	10,917.73	
4140 · FUNDRAISERS -100 WOMAN WHO CARE	11,550.00	
4141 · FUNDRAISING EXPENSES	-2,033.00	
4142 · MARKETING INCOME	1,000.00	
4147 · ANNUAL APPEAL	19,876.31	
Total 4100 · INCOME FROM FUNDRAISING		42,531.04
4200 · COMM. CHEST/UNITED WAY		
4210 · BATAVIA UNITED WAY	7,000.00	
4230 · GENEVA COMM CHEST	6,040.00	
4235 · FOX VALLEY UNITED WAY	4,040.00	
4240 · UNITED WAY-CHICAGO	55.20	
4245 · UW CENTRAL KANE - ST. CHARLES	0.00	
Total 4200 · COMM. CHEST/UNITED WAY		17,135.20
4300 · TOWNSHIPS		
4310 · INC. BOARD - FUNDERS CONSOR	9,000.00	
4320 · GENEVA 708 MENTAL HEALTH	3,000.00	
Total 4300 · TOWNSHIPS		12,000.00
4400 · GRANTS		
4413 · BATAVIA MOTHER'S CLUB FOUND	500.00	
4414 · KANE COUNTY SENIOR RESOURCES	250.00	
4415 · ST CHARLES 708 MENTAL HEALTH	16,000.00	
4416 · BATAVIA TOWNSHIP	5,000.00	
4418 · Batavia Rotary Club	1,500.00	
4430 · FOOD GRANT SUPPLEMENT	5,964.88	
4400 · GRANTS - Other	7,000.00	
Total 4400 · GRANTS		36,214.88
4410 · GIFTS, MEMORIALS AND DONATIONS		
4450 · FUNDRAISER- 100 WOMEN WHO CARE	300.00	
4461 · GIFTS, MEMORIALS AND DONATIONS	0.00	
4410 · GIFTS, MEMORIALS AND DONATIONS - Other	8,071.91	
Total 4410 · GIFTS, MEMORIALS AND DONATIONS		8,371.91
4610 · Returned Check Charges		0.00
Total Income		357,873.26
Gross Profit		357,873.26
Expense		
10009 · Bank Service Charges		-13.00
5000 · PROGRAM COSTS		
5010 · LUNCHES	13,702.05	
5015 · FOOD & BEVERAGES	1,948.85	
5025 · ACTIVITY SUPP/ EQ/ NON CRD FOOD		
5020 · ACTIVITIES/SUPPLIES	1,508.66	
5021 · ACTIVITIES ENTERTAINMENT	3,735.75	
5022 · FOOD RELATED PAPER SUPPLIES	2,340.75	
5023 · FOOD EQUIPMENT	361.08	
5024 · FOOD NON-CREDITABLE	646.46	
5026 · ACTIVITIES CLEANING SUPPLIES	2,425.76	
Total 5025 · ACTIVITY SUPP/ EQ/ NON CRD FOOD	11,018.46	

Elderday Center Inc
Profit & Loss YTD
January through December 2017

		Jan - Dec 17
5090 · TRANSPORTATION	1,469.75	
5094 · CAREGIVER COUNSELING	65.00	
5100 · PROGRAM STAFF		
5030 · EXECUTIVE DIR./PROGRAM	44,500.00	
5040 · NURSE	31,720.07	
5060 · ACTIVITIES DIRECTOR	33,549.59	
5070 · ACTIVITIES CARE STAFF	68,147.28	
5092 · STAFF TRAINING & EDUCATION	265.36	
5095 · EMPLOYEE HEALTH INSURANCE	5,500.00	
Total 5100 · PROGRAM STAFF		183,682.30
Total 5000 · PROGRAM COSTS		211,886.41
6000 · GENERAL/ADMINISTRATIVE		
6005 · ADVERTISING	6,942.76	
6007 · FUNDRAISING SOFTWARE MAINT	4,515.88	
6010 · BOOKKEEPER / AUDIT	6,235.00	
6015 · DUES/SUBSCRIPTIONS	3,211.69	
6025 · EQUIPMENT MAINT.	3,388.24	
6030 · EXECUTIVE DIRECTOR	13,000.00	
6032 · COMMUNITY OUTREACH LIAISON	1,749.30	
6035 · ADMINISTRATIVE ASSISTANT	33,608.34	
6040 · INSURANCE	11,263.12	
6045 · OCCUPANCY MAINT.	24,262.50	
6050 · OFFICE & POSTAGE	5,645.35	
6055 · PAYROLL SERVICE	2,571.03	
6060 · PAYROLL TAXES	17,609.13	
6065 · TELEPHONE	4,060.34	
6070 · MILEAGE	180.62	
6072 · EMPLOYEE MEALS	606.05	
6073 · EMPLOYEE RECOGNITION	275.95	
6075 · CONSULTANTS	9,028.00	
6081 · CHRISTMAS PARTY	154.32	
6082 · MERCHANT SERVICE FEES	4,084.22	
Total 6000 · GENERAL/ADMINISTRATIVE		152,391.84
9999 · Merchant deposit fees		622.95
Total Expense		364,888.20
Net Ordinary Income		-7,014.94
Other Income/Expense		
Other Expense		
6056 · DEPRECIATION		3,275.09
Total Other Expense		3,275.09
Net Other Income		-3,275.09
Net Income		**-10,290.03**

Elderday Center

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The Benefits of Group Programs for Individuals with Dementia

August, 2017

The effects of dementia can be devastating on both the individual and all connected loved ones. Through decades of seeing this first hand, the Elderday Center has drawn from evidence based research and in-house experiences to develop a curriculum that promotes sustained cognitive functioning, overall well-being, and quality of life for our clients.

Daily group activity therapy has been shown through research to significantly delay the progression of dementia. Group activities have also proved to be as good, if not better, than treatment with routine dementia medications.

A study in Germany focused on two groups of individuals with dementia. One group was treated with routine medication and the other group took their regular treatment along with participating in "MAKS" therapy for two hours a day, six days a week. Each participant did their assigned therapies for one year.

The MAKS group therapy sessions included motor stimulation (M), such as exercise, or large motor skills games; activities of daily living (A), such as eating, transferring (walking etc.), and toileting independently; cognitive stimulation (K), including puzzles, worksheets, and games; and a spiritual element (S), where groups can discuss happiness, sing songs, and deepen their experience of life.

After a year of therapy, the MAKS group remained stable with their cognitive functioning. The MAKS group also remained stable in their ability to complete activities. On the other hand, the group that only utilized regular treatment showed a decline in both these areas.

Utilizing the findings of this study, we here at the Elderday center focus our program development on the inclusion of all the above-mentioned areas to promote the longevity and sustained cognitive functioning of all our clients.

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Activity Program Mission Statement

The mission of the Elderday activity program is to promote cognitive and physical independence and longevity for our members through an evidence-based approach that integrates body, mind, and spirit and through assisting the development of meaningful relationships throughout this current chapter in their lives.

Body	Mind	Spirit
Dexterity	Intellectual	Emotionally well
Muscle Strength	Cognitive	Happy and Joyful
Exercise	Mental Stimulation	Laughter
Stamina	Recognition	Peace
Heart Health	Short and long-term memory	Produces good feelings
Joint Support	Problem solving	Releases Endorphins

Maintaining Meaningful Relationships:

As dementia progresses the dynamics of relationships inevitably change as well. People serving the role of son, daughter, or spouse often take on a new primary role of caregiver. Friends also often withdraw due to the difficulty of relating to someone with dementia. By providing an environment with a diverse group going through a common experience, new relationships and friendships are formed with other members and with the caregiving staff as well.

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: DayOne PACT	Executive Director/Responsible Administrator: Steve Boisse
Designated Contact Name: Angela Churney	Contact Phone and Email Address: 630-482-7623 achurney@dayonepact.org
Organization Address: 1551 E Fabyan Pkwy, Geneva, IL 60134	Organization Phone and Website: 630-879-2277 www.dayonepact.org
Number of Individuals Served Annually by the Organization:	Number of St. Charles Residents Served Annually by the Organization:
Amount of Request: $10,000	Date of Application: 1/9/18
Signature of Responsible Administrator: Steve Boisse	Signature of Application Author: Angela S CFOP

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

X **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Community Access Services (CAS)	☐ Full X Partial
2. Child and Family Connections (CFC)	☐ Full X Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1__ or Designated Program: Community Access Services (CAS)
1. The general purpose of the priority or program The Geneva Division of CAS includes Preadmission Screening/Case Coordination which provides determination on level of disability and referral to community services, and Bogard Case Coordination Services. CAS also provides Prioritization of Urgency of Needs (PUNS) management, transitional planning services, and advocacy for students making the transition from public school to adult services, facilitates training activities for adult service providers, educators, and parents about the process, and participates on the Kane/Kendall/ County-wide committees on transitional planning.
2. The need that is to be addressed; the type of individuals to be served CAS provides assistance to children and adults with intellectual disabilities in Kane and Kendall Counties, and Hanover Township in Cook County. The agency also targets individuals in Transitional Planning in school districts in order to educate individuals and their families about eligibility and availability of adult services. The program models advocacy skills that can help persons with disabilities and their families obtain services now and in the future. Education of individuals with disabilities and their families builds self-esteem, creates greater freedom, and allows a more powerful role in decision making. Stronger individuals mean stronger families, neighborhoods, and communities.
3. Specific activities CAS operates programs serving persons with developmental disabilities including Preadmission Screening (PAS), Case Coordination, Individual Service and Support Acvocacy (ISSA), and Bogard Service Coordination. All of these services provide screening and eligibility determination based on an individual's level of disability, as well as developing a Person Centered Plan, assistance with applying for entitlements such as Medicaid and Social Security, planning and arrangement, referral to community supports and advocacy for all needs while addressing the unique needs of given populations, i.e, community emergencies, residential or day programming, or nursing level of care.
4. The implementation timeline or schedule of activities Individual timelines and activities vary. An individual in crisis begins services ASAP. At this time DHS requires ISSA to make at minimum of 2 visits per year with additional visits at the request of the parent/individual. PUNS need to be updated on a yearly basis to stay current on the DHS database.
5. The goal(s) with a description of the anticipated major outcomes Please see attached Outcome Measurement Plan
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization:

	In FY 17 the Geneva Division of DayOne PACT CAS program served 1,183 unduplicated clients which is 39% of the total 4,720 Geneva Division clients served. We project to serve 1,225 in FY18.
7.	The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program . In FY 17 the Geneva Division of the DayOne PACT CAS program served 142 St. Charles residents which is 12% of the total 1,183 CAS clients served. We project to serve 150 St. Charles residents in FY18.
8.	Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) In FY 17 the Geneva Division of the DayOne PACT CAS program provided 23,232 hours of service to clients. We anticipate providing 24,000 hours of service to clients in FY18.
9.	Include information about the number of staff assigned and training or credentials relative to the program or priority Professional staff must be Qualified Intellectual Disability Professionals (QIDP's) who meet educational and work experience requirements of the Department of Human Services (DHS). All QIDP's must be registered with DHS. Staff not registered with the state prior to October 1, 1999, must complete a 40-hour training program. To maintain DHS registration, QIDP's must complete 12 hours of continuing education annually. At this time there are 23 CAS staff.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1__ or Designated Program: Community Access Services (CAS)
☐ Full funding X Partial funding
1. Describe how the 708 Board funds will be used. The funds will be used to help pay for staff salaries.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? The percentage of the$10,000 total request compared to the DayOne PACT total budget is .125%
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? The percentage of the $5,000 CAS program request compared to the DayOne PACT Geneva Division of CAS budget is .3%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. See attached agency budget
5. Describe any other funding issues that you would like the Board to consider regarding this request. None

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_2__ or Designated Program: Child and Family Connections (CFC)
1. The general purpose of the priority or program The Geneva Division of DayOne PACT CFC program is the system point of entry for Early Intervention Services in Kane and Kendall Counties. Referrals for children with delays, from birth to age three, come through this program for evaluation, eligibility determination for early intervention services, Individual Family Service Plan development and review/; referral and linkage to early intervention providers, on-going service coordination, transition services at 2.5 years of age to school districts, and advocacy.
2. The need that is to be addressed; the type of individuals to be served This program serves children with developmental disabilities or delays, birth through three years who reside in Kane and Kendall Counties in Illinois.
3. Specific activities CFC provides service coordination to access Early Intervention services for the families with children under the age of three who either have disabilities or developmental delays in Kane and Kendall Counties. Referrals for children with delays, birth to age three, come through this program for evaluation, eligibility determination for Early Intervention services, Individual Family Service Plan development and review; referral and linkage to early intervention providers, on-going service coordination, transition services at 2.5 years of age to school districts, and advocacy. All children who are suspected to either have a developmental delay or disability in Kane and Kendall Counties are referred to CFC in order to access the services entitled to families according to the federal legislation of the Individuals with Disabilities Act (IDEA). As part of the Part C (Early Intervention) Annual Performance Report (APR) submission, the Office of Special Education Programs (OSEP) has directed states to develop a State Systemic Improvement Plan (SSIP). The SSIP is a comprehensive, multi-year plan based upon detailed data and infrastructure analysis. The plan will identify a focus for improvement and describe improvement strategies that will lead to a measurable child-based result. Strategies will CFC offices and Early Intervention providers in implementing, scaling-up, and sustaining evidence-based practices that will result in improved outcomes for infants and toddlers with disabilities and their families. As part of this work, OSEP has encouraged states to align their work with other early learning initiatives, including Race to the Top-Early Learning Challenge.
4. The implementation timeline or schedule of activities Individual timelines and activities vary. All referrals for children with developmental disabilities or delays, birth through three years, come through this program for evaluation; eligibility determination for early intervention services; Individual Family Service Plan (IFSP) development and review/revision; referral and linkage to other early intervention providers (developmental training, occupational therapy, physical therapy, speech therapy, parent education/support services, etc.); on-going service coordination; transition services at 2.5 years of age to school districts and/or other providers; and advocacy.
5. The goal(s) with a description of the anticipated major outcomes

Please see attached Outcome Measurement Plan
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization: In FY 17 the Geneva Division of DayOne PACT CFC program served 2,885 unduplicated clients which is 61% of the total 4,720 Geneva Division clients served. We project to serve 3,000 in FY18.
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program . In FY 17 the Geneva Division of the DayOne PACT CFC program served 178 St. Charles residents which is 6% of the total 2,885 CFC clients served. We project to serve 180 St. Charles residents in FY18.
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) In FY 17 the Geneva Division of the DayOne PACT CFC program provided 30,571 hours of service to clients. We anticipate providing 31,500 hours of service to clients in FY18.
9. Include information about the number of staff assigned and training or credentials relative to the program or priority Professional staff must be licensed Service Coordinator who meet educational and work experience requirements of the Department of Human Services (DHS). All Service Coordinators must be registered with DHS. Initially, staff must complete a 120-hour training program. To maintain DHS requirements Service Coordinators must complete 30 hours of continuing education every 3 years At this time there are 35 CFC staff.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_2__ or Designated Program: Child and Family Connections (CFC)
☐ Full funding X Partial funding
1. Describe how the 708 Board funds will be used. The funds will be used to help pay for staff salaries.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? The percentage of the$10,000 total request compared to the DayOne PACT total budget is .125%
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? The percentage of the $5,000 CFC program request compared to the DayOne PACT Geneva Division of CFC budget is .3%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. See attached agency budget
5. Describe any other funding issues that you would like the Board to consider regarding this request. None

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077589886
Apr. 21, 2016 LTR 4168C 0
36-3125214 000000 00
00030986
BODC: TE

DAYONE PACT
750 WARRENVILLE RD STE 300
LISLE IL 60532-0902

019466

Employer ID Number: 36-3125214
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Mar. 30, 2016, regarding your tax-exempt status.

We issued you a determination letter in July 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

4077589886
Apr. 21, 2016 LTR 4168C 0
36-3125214 000000 00
00030987

DAYONE PACT
750 WARRENVILLE RD STE 300
LISLE IL 60532-0902

Sincerely yours,

Jeffrey I. Cooper
Director, EO Rulings & Agreement

File Number 5234-759-9

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DAYONE PACT, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* FEBRUARY *A.D.* 2016 .

Authentication #: 1604001862 verifiable until 02/09/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

DayOne PACT Board of Directors

FY-2017

Michele Bruno Term (6/17)	mbrunodds@prodigy.net	505 Willow St. Naperville, Il 60540
Lane Epstein **Secretary** Term (6/18)	Lane.epstein@att.net	6290 Timberline Drive Lislie Il 60532
Neil T. Goltermann **Vice Chairman** Term (6/18)	ngoltermann@momlaw.com	212 S. Wright St. Naperville, Il 60540
Annette Hammortree Term (6/17)	ahammortree@hammortreefs.com	18401 Grismer Ave. Marengo, Il 60152
Matt Miller **Chairman** Term (6/18)	mmiller@bankstcharles.com	5560 Jennifer Ct. Yorkville, Il 60560
Chris Morris Term (6/17)	Camrn1@hotmail.com	310 Vender Ln. Geneva, Il 60134
Alyne Polikoff Term (6/18)	APolikoff@wintrustwealth.com	Chicago Trust Co. Ste. 201 c/o/ Beverly Bank & Trust 12058 S. Western Ave. Chicago, Il 60643
Brian Sloan Term (6/17)	bsloaner@yahoo.com	2317 Scott Ln Aurora, Il 60502
Amy Stiner Term (6/19)	amystiner@yahoo.com	0 N. 287 Ford DR. Geneva, Il 60134
Brian Stumm **Treasurer** Term (6/18)	brian@stumm.com	3056 Ellerby Ct. North Aurora, Il 60542
Michael Welgat	MWelgat@usfiduciaryservices.com	25 W. 561 Piccadilly Rd Wheaton, Il 60189

2018 DayOne PACT Budget Summary													
	CFC			Community Access Services							Parent		Grand
Revenue	Geneva	Lisle	Total	CCU	ISSA	PAS	Bogard	Total CAS	LMS	Devel	Support	Admin	Total
State Grants	$1,776,470	$2,199,665	$3,976,135	$501,977	$2,167,560	$648,984	$37,731	$3,356,252					$7,332,387
Non State revenue	$18,800	$0	$18,800	$3,935	$16,987	$5,085	$293	$26,300	$340,465	$117,500	$40,000	$12,500	$555,565
Total Revenue	$1,795,270	$2,199,665	$3,994,935	$505,912	$2,184,547	$654,069	$38,024	$3,382,552	$340,465	$117,500	$40,000	$12,500	$7,887,952
Expenses													
Salaries	$1,059,806	$1,248,299	$2,308,105	$301,750	$1,408,310	$351,062	$22,837	$2,083,959	$192,196	$52,500	$48,205	$466,000	$5,150,965
Fringe	$372,317	$456,133	$828,450	$79,887	$340,282	$110,631	$7,965	$538,765	$64,951	$14,533	$20,245	$118,018	$1,584,962
Travel	$35,828	$50,905	$86,733	$14,499	$71,827	$4,955	$600	$91,881	$11,898	$100	$1,250	$4,285	$196,147
Equipment	$0	$0	$0	$0	$5,000	$0	$0	$5,000	$0	$0	$0	$4,119	$9,119
Supplies	$22,800	$39,300	$62,100	$9,900	$17,664	$12,000	$456	$40,020	$4,820	$2,575	$125	$8,246	$117,886
Contractual Services	$25,076	$24,462	$49,538	$13,854	$37,564	$7,969	$477	$59,864	$1,200	$0	$1,325	$1,800	$113,727
Consultant	$2,878	$4,800	$7,678	$3,600	$2,250	$58,200	$0	$64,050	$4,000	$0	$0	$76,400	$152,128
Occupancy	$100,284	$158,225	$258,509	$26,955	$83,288	$44,280	$1,954	$156,477	$8,264	$36	$0	$51,043	$474,329
Telecommunications	$11,580	$21,576	$33,156	$5,160	$16,987	$5,320	$293	$27,760	$4,200	$120	$120	$2,825	$68,181
Training	$2,000	$6,500	$8,500	$4,000	$4,000	$1,000	$0	$9,000	$950	$109	$275	$750	$19,584
Miscellaneous	$1,335	$1,475	$2,810	$1,505	$3,136	$1,162	$76	$5,879	$4,850	$36,750	$175	$34,920	$85,384
Total Expenses	$1,633,904	$2,011,675	$3,645,579	$461,110	$1,990,308	$596,579	$34,658	$3,082,655	$297,329	$106,723	$71,720	$768,406	$7,972,412
Indirect Costs*	$161,366	$187,990	$349,356	$44,802	$194,239	$57,490	$3,366	$299,897				-$649,253	$0
Total Expenses	$1,795,270	$2,199,665	$3,994,935	$505,912	$2,184,547	$654,069	$38,024	$3,382,552	$297,329	$106,723	$71,720	$119,153	$7,972,412
Income/(Loss)	0	0	0	0	0	0	0	0	43,136	10,777	(31,720)	(106,653)	(84,460)
Indirect Costs rate is 10%													

DAYONE PACT
GENEVA OFFICE
COMMUNITY IMPACT PLAN
FY 2018

PROGRAM OUTCOMES

Families and individuals with developmental delays or disabilities will receive education and information to increase their knowledge of the array of effective resources.

Measures

- The agency will sponsor/cosponsor and/or actively participate in a minimum of 35 annual events to educate clients/families on topics relevant to persons with disabilities (legislative forum, futures planning, autism seminar, newspaper articles, parent outreach events, school fairs, etc.)

- Maintain community awareness regarding PUNS (Prioritization of Urgency of Need for Services) by conducting or participating in a minimum of 12 PUNS presentations/activities per fiscal year.

- Service Coordinators will update annual PUNS information for 100% of individuals enrolled on the PUNS waiting list.

Process

1. DayOne PACT Service Coordinators will provide information regarding services for individuals with developmental disabilities and developmental delays to families and community members at various events including, but not limited to: legislative forums, seminars, newspaper articles, early intervention screening events, community meetings, parent outreach events, school fairs, community fairs, etc.

2. PUNS (Prioritization of Urgency of Need for Services) is a statewide database which acts as a waiting list for services funded through Medicaid Waiver services for persons with developmental disabilities in the State of Illinois. Upon "suspected" determination of eligibility for services for the developmentally disabled (Obra 1), an individual will be entered into the PUNS system (DHS ROCS database) to await an invitation for services from DHS-DDD.

3. The DayOne PACT, Geneva office service area will be offered PUNS education including, but not limited to: school transition fairs, participation in student school district IEP meetings, school district adult services meetings, community

fairs, and teacher school district training days. PUNS information may also be provided through newspaper press releases, agency newsletters, and information provided to other agencies for their publication.

4. DayOne PACT Service Coordinators will update PUNS information annually for individuals previously enrolled on the waitlist. Service Coordinators will follow DHS/DDD guidelines to complete updates prior to the annual due date.

Individuals will receive timely response to maintain quality services and effective advocacy.

Measures

Community Case Coordination/Preadmission Screening

- Within 30 days of notification from DHS/DD of an individual's selection from the PUNS waitlist for services, DayOne PACT will initiate contact with 100% of individuals and/or guardians.
- Within 60 days of confirmation of interest in DD Medicaid Waiver Services, 100% of newly invited and eligible individuals will have an intake meeting.

PAS

- 100% of individuals who are newly awarded DD Medicaid Waiver Services based on DHS Crisis Criteria will have a Personal Plan within 30 days of their award letter.

ISSA

- 100% of individuals receiving ISSA services will have a Personal Plan in place by June 30, 2018.
- 100% of individuals receiving ISSA services will have a routine ISSA visit within 4-6 months of their Personal Plan date.

Early Intervention

- 100% of children will receive an IFSP written in 45 days after referral. Average number of days from referral to IFSP will be no more than 29 days.
- 100% of school transition meetings will be completed 90 days prior to a child's third birthday.

Process

1. Upon receiving notification (letter) from the Department of Human Services (DHS) of individuals selected from the PUNS waiting list, the Program Manager for Community Access will initiate contact with each individual and or guardian. The Program Manager will document efforts to contact individuals/guardians

regarding services and report these efforts to DHS. Once confirmation of interest is determined, the Program Manager will assign a Service Coordinator to complete an intake meeting within 60 days of confirmation.

2. Once an individual is awarded DD Medicaid Waiver funding by meeting Crisis Criteria as defined by DHS/DD their Service Coordinator will complete a Discovery Tool and Personal Plan within 30 days of the award letter provided by DHS/DD. The Personal Plan is a document used to direct services for each individual.

3. The Program Manager for Community Access, Lead Coordinator or other designee will take a sample of 10% of ISSA cases to track completion of the following ISSA tasks:
    - Personal Plan completion by June 30, 2018
    - Routine ISSA visit within 4-6 months of the Personal Plan date

4. Early intervention Service Coordinators will coordinate services so that children have an IFSP within 45 days of referral. Service Coordinators will also work with families and school districts to schedule school transition meetings 90 days prior to a child's third birthday.

Clients and families will be satisfied with the services they receive from DayOne PACT.

Measures

- 100% of individuals and families will be satisfied with DayOne PACT services.
- 100% of messages will be returned by an Individual Service Coordinator within 48 hours.
- 100% of information will be available to individuals/guardians in their primary form of communication (such as, language translation, picture format, or an alternative communication method).

Process

1. Satisfaction Surveys disseminated annually, at case transfer or closing will be reviewed by the CFC Program Manager to access quality of service delivery.

CLIENT OUTCOMES

Clients will achieve optimal success on stated service plan goals through the provision of services appropriate to their needs that are facilitated, coordinated and monitored by DayOne PACT staff.

Measures

Case Coordination/Preadmission Screening

- DayOne PACT will respond promptly to 100% of individuals who request "immediate assistance".

CFC

- 100% of children will receive therapy services within 30 days of their IFSP (Individualized Family Service Plan).
- 95% of children/families will receive services in a natural setting. (DHS/EI measure is currently 85%)
- 100% of children receive a school district eligibility determination by their 3rd birthday.

Process

1. Immediate Assistance is defined as: After hours: returned phone call within 1 hour when 24 hour pager alerts/or after hour phone service contacts "on call" staff. Working hours: When a call comes in, an ISC will be alerted immediately. If an individual's assigned ISC is unavailable then another available ISC will be alerted to handle the "crisis". For individuals not assigned to an ISC, the intake officer or other available ISC will respond to the call for immediate assistance. If the needs of the individual meet state crisis criteria (abuse, homelessness, neglect, etc.) DayOne PACT will respond immediately. If the individual does not present in "crisis" as defined by the state, an ISC will respond within 24 hours.

2. Service Coordinators will assist in coordination of therapy services within 30 days of the child's IFSP plan. Whenever possible services will be provided in a child's natural setting. "Natural setting" is defined as settings that an individual typically gathers in such as their family home or school. Finally, Service Coordinators will work with school districts to coordinate school district eligibility determination by the child's 3rd birthday.

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: NAMI KDK	Executive Director/Responsible Administrator: Carol Speckmann
Designated Contact Name: Carol Speckmann	Contact Phone and Email Address: 630-896-6264 executivedirector@namikdk.org
Organization Address: 400 Mercy Lane Aurora, IL 60506	Organization Phone and Website: 630-896-6264 namikdk.org
Number of Individuals Served Annually by the Organization: 1404 Total	Number of St. Charles Residents Served Annually by the Organization: 276 Total
Amount of Request: $6500	Date of Application: January 12, 2018
Signature of Responsible Administrator: Carol Speckmann	Signature of Application Author: Carol Speckmann

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

Dedicated, specific program support. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	✓ Full ✓ Partial

✓ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Ending the Silence	Full
2. Family-to-Family	Full
3. NAMI Family Support Group	Full

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority # 1 or Designated Program: NAMI Ending the Silence
1. NAMI Ending the Silence (ETS) is a 50-minute prevention and early intervention program that teaches middle and high school students how to recognize the early warning signs of mental health conditions, and what to do if they or someone they know is exhibiting these signs. Through a recovery speaker's sharing of his/her personal story, myths regarding mental health conditions are dispelled, and a message of hope is instilled. Discussion with peers and recovery speakers encourages teens to reduce the stigma associated with mental health conditions and realize they are not alone.
2. The need for this program is to provide information to teens in our communities so they have a better understanding of mental health conditions and can recognize symptoms in themselves, peers, and family members. Most importantly, teens will be encouraged to talk openly about their mental health and seek help when needed, thus reducing the stigma surrounding mental health conditions.
3. Specific activities in this 50-minute program includes visual representation through activities and videos showing how many adolescents will experience a mental health condition and how many will not seek treatment due to stigma. Informational slides and videos detail symptoms of mental health conditions and what to do when they surface in themselves, friends, or family members. Paper resources, informational slides, and videos explain where to seek help and how to support family and friends when in treatment. Listening to a recovery speaker's personal journey helps students understand there is hope, goals can be reached, and the importance of being open about mental health conditions.
4. The implementation timeline or schedule of activities The 50 minute presentation includes speaker introductions, videos, information slides, activities, discussion, listening to a recovery speaker's personal story, sharing of resources, and completing a presentation evaluation.
5. The goal(s) are to teach middle and high school students that: Mental illness is a medical illness like any other physical illness. Mental illness is not anyone's fault or something to be ashamed of, so talking openly is critical in the treatment process. There are specific, observable early warning signs of mental illness. You are never alone and there are many resources you can turn to for support and information. Recovery is possible and there is hope. The major outcome is that students will recognize symptoms of mental health conditions in themselves, peers, or family members, seek help from a variety of resources, and openly talk about these conditions to help end the stigma.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization 73% or 1217 out of 1657 total served
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 23% or 287 out of 1657 total students served

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

44 Volunteer Presentation Hours
23 Volunteer Prep Hours (organizing materials, responding to emails, picking up materials, returning materials and evaluations)
23 Volunteer Data Hours (entering data from individual participant evaluation forms into NAMI system and grant reports)
41 Recovery Speaker Hours
23 Program Coordinator Hours (initial contact, scheduling, follow-up, debriefing, data collection, coordinating materials, training volunteers)
10 Executive Director Hours (debriefing, data entry, data analysis)
Total: 164 hours

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

Currently 4 volunteers and 2 staff members have completed certification. Requirements included completing several hours of video viewing and testing, preparing a presentation, delivering this presentation to the Program Coordinator, adjusting presentation based on Program Coordinator feedback, and redelivering presentation to Program Coordinator, if needed.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #2 or Designated Program: Family-to-Family
10. The general purpose of the priority or program: Family-to-Family is a 12 week course that emphasizes the distress experienced by families as they struggle to cope with the impact of mental health conditions in their lives. Biomedical information about mental health conditions helps family members better understand these conditions and empathize with their loved ones. Participants also learn how to interact with their loved ones in daily situations, craft a crisis plan, the importance of self-care, and how to advocate for their loved one.
11. The type of individuals to be served are family members, caregivers, or friends of an individual living with a mental health condition who need support to provide better care for the individual and themselves. The need is high in our communities. Almost all help line calls are requests for support for both family members and the individual living with a mental health condition.
12. Specific activities include information sharing through a binder, discussion, and activities in small groups involving general facts and data on a variety of mental health conditions as well as how they relate to personal stories of participants. Recovery speakers and guest mental health advocates provide hope and empower family members.
13. The implementation timeline or schedule of activities **Class 1: Introduction:** normative stages of emotional reaction, NAMI belief system and principles, illness symptoms, and goal setting. **Class 2: Understanding Schizophrenia and Mood Episodes:** symptoms, critical periods, and crisis information **Class 3: Types and Subtypes of Mood Disorders, Borderline Personality Disorder, Panic Disorder, Obsessive-Compulsive Disorder, PTS, Dual Diagnosis & Telling our Stories** **Class 4: Basics About the Brain:** key brain areas, research, neurodevelopmental recover **Class 5: Problem Solving Skills Workshop:** defining, sharing, and solving problems **Class 6: Medication Review:** medications, side effects, treatment issues, warning signs of relapse **Class 7: Inside Mental Illness**: subjective experience of coping with a brain disorder, maintaining self-esteem and positive identity, gaining empathy **Class 8: Communication Skills Workshop**: how illness impacts communication **Class 9: Self-Care:** handling negative feelings, and personal life balance **Class 10: The Vision and Potential of Recovery**: model programs of community support, rehabilitation, first -person account of recovery **Class 11: Advocacy:** change the system and advocate for change **Class 12: Review, Sharing, & Evaluation**
14. The goal(s) and anticipated major outcomes are to decrease the emotional burden of mental illness for family members and increase their sense of empowerment through a more positive outlook of the mental health system, learned communication skills, biomedical information regarding mental health conditions, and learned strategies for finding a balance in their lives.
15. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization 2% or 40 of 1657 served

16. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 10 % or 4 of 40 served
17. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) **Teacher Volunteer Hours:** (travel time, set up, take down, instruction) 4 hours x 12 classes = 48 hours x 4 teacher volunteers = 192 hours **Prep Volunteer Hours:** (coordinating of materials for binder and class) 6 hours x 2 classes = 12 hours **Data Volunteer Hours:** (data entry into NAMI system & NAMI KDK spreadsheet) 1 hour x 2 classes = 2 hours **Help Line Volunteer Hours:** (conversation, taking personal information, taking notes, call log entry, information to program coordinator) 2 hours x 2 classes = 4 hours **Program Coordinator Hours:** (advertising, completing class spreadsheet, ordering materials, overseeing material compilations, scheduling correspondence with teachers & volunteers, finding meeting location, follow up correspondence, data entry, debriefing) 6 hours x 2 class = 12 hours **Executive Director Hours:** (debriefing, data entry, data analysis) 1 hour x 2 classes = 2 hours **Volunteer Training**: 16 hours per volunteer x 2 volunteers = 32 hours **Total Service Hours**: 256
18. Include information about the number of staff assigned and training or credentials relative to the program or priority Two trained volunteers teach the 12 week Family-to-Family course. Certification requires NAMI training for 2 days. If training is out of town, lodging and meals are provided for 2 nights.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #3 or Designated Program: Family Support Group
19. The general purpose of the program is to provide support for family members of individuals living with a mental health condition in a structured and supportive setting with like peers.
20. The need that is to be addressed is to provide an opportunity for family members to learn from their common experience, secure in the knowledge that all shared information is confidential.
21. Specific activities include 4 structures: Structured Agenda, Group Guidelines, Principles of Support, and Emotional Stages. It also has 3 group processes: Hot Potatoes, Group Wisdom, and Problem Solving.
22. The implementation timeline or schedule of activities consists of meeting weekly for 90 minutes. Participants review structured agenda and group guidelines, share their stories for 2 minutes while the facilitator takes notes and then guides group discussion through the process of hot potatoes, or beginning with the most serious issue during the sharing of personal stories. Principles of Support and Emotional Stages are referenced throughout the group to ground participants. Group wisdom and problem solving processes help all in attendance leave with a concrete action to use until the next meeting.
23. The goal of the program is for family members supporting an individual with a mental health condition to share their concern in a structured and confidential setting, to feel less alone, and to leave with a more positive outlook than when they entered the support group. The anticipated major outcomes are that family members can share their personal experiences, learn from each other, and feel more prepared to handle the concerns that drove them to the support group.
24. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization 1% or 20 of 1657 served
25. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 25% or 5 of 20 served
26. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) **Volunteer Facilitators:** (travel time, set-up, take-down, facilitating group) 2.5 hours month x 12 months = 30 hours per year x 4 facilitators = 120 hours **Program Coordinator:** (scheduling, finding location, advertising, correspondence, follow up, data entry, debriefing) 10 hours x 2 support groups = 20 hours **Executive Director:** (debriefing, data entry, data analysis) 5 hours x 2 support groups = 10 hours **Mentoring**: 6 hours x 2 support groups = 12 hours **Volunteer Training:** 16 hours for 2 days of training x 3 volunteers = 48 hours **Total Service Hours:** 210

27. Include information about the number of staff assigned and training or credentials relative to the program or priority

Certified staff attended a 2 day NAMI training. If the training is out of town, hotel and meals are provided. Prior to training volunteers are encouraged to be mentored by a NAMI trained facilitator. Requirements include attending the Family Support Group meetings for 6 months, debriefing after each meeting with the trained facilitator, and agreeing to attend the 2 day NAMI training.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #1 or Designated Program: Ending the Silence
☐ Full funding
1. Describe how the 708 Board funds will be used. 708 Board funds will be used to pay for the following: **41 Recovery Speaker Hours** @ $30 per hour = $1230 **23 Program Coordinator Hours** (initial contact, scheduling, follow-up, debriefing, data collection, coordinating materials, training volunteers) @ $15 per hour = $345 **10 Executive Director Hours** (debriefing, data collection, data analysis) @ $20 per hour = $200 **Presentation Materials:** $745 **Total:** $2520
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 3% of total budget
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 100%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. Geneva 708 Board — In Kind Office Donation INC Board Kendall County 708 Board — 5K Fundraiser Membership Dues — Dinner Gala
5. Describe any other funding issues that you would like the Board to consider regarding this request. Ending the Silence has reached 75% of all served in NAMI KDK, and because this percentage is growing, it will increase the overall cost of this program. 2018 tax laws will impact donations to our affiliate in the upcoming year, and we will need to rely more heavily on grants to enable NAMI KDK to provide Ending the Silence for free to the public.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #2 or Family-to-Family
☐ Full funding
6. Describe how the 708 Board funds will be used. 708 Board funds will be used to pay for the following: **Program Coordinator Hours**: (advertising, completing class spreadsheet, ordering materials, overseeing material compilations, scheduling correspondence with teachers & volunteers, finding meeting location, follow up correspondence, data entry, debriefing) 12 hours per class x 2 classes = 24 hours @ $15 = $360 **Executive Director Hours:** (debriefing, data entry, data analysis) 1 hour per class x 2 classes = 2 hours @ $20 = $40 **Volunteer Training:** 16 hours of training x 1 volunteer =$225 x 2 volunteers = $450 **Materials:** Flyers, Binders, and Binder Pages: $770 **Total:** $1620
7. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 2% of the total budget
8. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 100%
9. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. Geneva 708 Board — In Kind Office Donation INC Board Kendall County 708 Board — 5K Fundraiser Membership Dues — Dinner Gala
10. Describe any other funding issues that you would like the Board to consider regarding this request. Additional Family-to-Family courses are needed throughout the year, requiring more volunteers to complete NAMI training, and training costs are high. 2018 tax laws will impact donations to our affiliate in the upcoming year, and we will need to rely more heavily on grants to enable NAMI KDK to provide Family-to-Family for free to the public.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #3 or Family Support Group
☐ Full funding
11. Describe how the 708 Board funds will be used. 708 Board funds will be used to pay for the following: **Program Coordinator:** (scheduling, finding location, advertising, correspondence, follow up, data entry, debriefing) 10 hours x 2 support groups = 20 hours @ $15= $300 **Executive Director:** (debriefing, data entry, data analysis) 5 hours x 2 support groups = 10 hours @ $20= $200 (mentoring) 6 hours for 12 months x 3 mentees = 18 hours @ $20 = $360 **Volunteer Training:** Registration: $225 x 3 volunteers = $675 Lodging for out-of-town training: $125 per night x 2 nights = $250 x 2 rooms = $500 Meals for out-of-town training: $75 for 1 day for 1 volunteer x 2 days = $150 x 3 volunteers = $450 Total: $2365
12. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 2% of the total budget
13. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 100%
14. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. Geneva 708 Board — In Kind Office Donation INC Board Kendall County 708 Board — 5K Fundraiser Membership Dues — Dinner Gala
15. Describe any other funding issues that you would like the Board to consider regarding this request. Two NAMI trained facilitators are needed for each support group, and because this program can be emotionally draining for facilitators, many volunteers are needed to be trained. The next NAMI training will be in Central Illinois, requiring our affiliate to pay for travel expenses in addition to registration fees. 2018 tax laws will impact donations to our affiliate in the upcoming year, and we will need to rely more heavily on grants to enable NAMI KDK to provide the Family Support Group for free to the public.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Profit & Loss
July through December 2017

		Jul - Dec 17
Income		
Donations/Contributions		
Churches, Businesses	750.00	
Individuals	985.70	
Total Donations/Contributions		1,735.70
Grants		
Geneva 708	11,750.00	
INC Board	2,294.00	
St. Charles 708	4,500.00	
Total Grants		18,544.00
Interest Income		8.90
Membership Dues		244.33
Special Events		
5 K Walk/Run Income	17,231.62	
Total Special Events		17,231.62
Total Income		37,764.55
Gross Profit		37,764.55
Expense		
Fundraising Expenses		
5 K Walk/Run Expenses	4,640.39	
Benefit Dinner / Auction Exp.	500.00	
Total Fundraising Expenses		5,140.39
Operating Expenses		
Bank Fees	29.75	
Conference Expense	200.00	
Insurance	2,893.00	
Internet &Telephone Expense	1,006.35	
Office Supplies	142.76	
Other Fees and Dues	525.00	
Software Expense	20.17	
State & National Member Dues	84.88	
Travel Expense	234.95	
Total Operating Expenses		5,136.86
Personnel Expenses		
Compensation		
Administrative Compensation	7,516.35	
Direct Service Compensation	835.15	
Total Compensation	8,351.50	
Payroll Tax Expenses	638.90	
Total Personnel Expenses		8,990.40
Professional Fees		
Legal/Accounting	850.00	
Total Professional Fees		850.00
Program Expenses		
Advocacy Program Expenses	405.60	
Family Educational Expense	545.32	
Meetings (Gen & Coffee)	193.91	
Speakers Bureau & Presenters	720.00	
Support Groups	307.70	
TAC Expense	136.00	
Total Program Expenses		2,308.53

PREPARED WITHOUT AUDIT

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Profit & Loss
July through December 2017

	Jul - Dec 17
Total Expense	22,426.18
Net Income	**15,338.37**

PREPARED WITHOUT AUDIT

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Balance Sheet
As of December 31, 2017

	Dec 31, 17	
ASSETS		
Current Assets		
Checking/Savings		
Petty Cash		100.00
State Bank of Geneva - Checking		46,953.82
Total Checking/Savings		47,053.82
Total Current Assets		47,053.82
Fixed Assets		
Fixed Assets		
Accumulated Depreciation	-10,278.00	
Computer	4,603.57	
Equipment	7,000.00	
Total Fixed Assets		1,325.57
Total Fixed Assets		1,325.57
TOTAL ASSETS		**48,379.39**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Credit Cards		
State Bank of Geneve CC Payable		286.27
Total Credit Cards		286.27
Other Current Liabilities		
Payroll Liabilities		343.77
Total Other Current Liabilities		343.77
Total Current Liabilities		630.04
Total Liabilities		630.04
Equity		
Fund Balance		32,410.98
Net Income		15,338.37
Total Equity		47,749.35
TOTAL LIABILITIES & EQUITY		**48,379.39**

PREPARED WITHOUT AUDIT

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Profit & Loss Budget vs. Actual
July through December 2017

	Jul - Dec 17	Budget	$ Over Budget
Income			
Donations/Contributions			
Churches, Businesses	750.00	0.00	750.00
Individuals	985.70	0.00	985.70
Donations/Contributions - Other	0.00	4,000.02	-4,000.02
Total Donations/Contributions	1,735.70	4,000.02	-2,264.32
Grants			
Geneva 708	11,750.00		
INC Board	2,294.00	0.00	2,294.00
St. Charles 708	4,500.00	0.00	4,500.00
Grants - Other	0.00	7,500.00	-7,500.00
Total Grants	18,544.00	7,500.00	11,044.00
In Kind Donations	0.00	1,210.00	-1,210.00
Interest Income	8.90	2.48	6.42
Membership Dues	244.33	999.98	-755.65
Special Events			
5 K Walk/Run Income	17,231.62	30,000.00	-12,768.38
Benefit Dinner Income			
Book Income	0.00	0.00	0.00
Benefit Dinner Income - Other	0.00	0.00	0.00
Total Benefit Dinner Income	0.00	0.00	0.00
Other	0.00	0.00	0.00
Total Special Events	17,231.62	30,000.00	-12,768.38
Total Income	37,764.55	43,712.48	-5,947.93
Gross Profit	37,764.55	43,712.48	-5,947.93
Expense			
Fundraising Expenses			
5 K Walk/Run Expenses	4,640.39	6,000.00	-1,359.61
Benefit Dinner / Auction Exp.	500.00	0.00	500.00
Total Fundraising Expenses	5,140.39	6,000.00	-859.61
Occupancy			
Rent	0.00	1,204.98	-1,204.98
Total Occupancy	0.00	1,204.98	-1,204.98
Operating Expenses			
Bank Fees	29.75	0.00	29.75
Computer Expenses	0.00	999.98	-999.98
Conference Expense	200.00	150.00	50.00
Insurance	2,893.00	1,750.03	1,142.97
Internet &Telephone Expense	1,006.35	1,177.50	-171.15
Miscellaneous Expense	0.00	100.02	-100.02
Office Equipment	0.00	125.02	-125.02
Office Supplies	142.76	499.98	-357.22
Other Fees and Dues	525.00	25.02	499.98
Postage	0.00	249.98	-249.98
Software Expense	20.17		
State & National Member Dues	84.88	930.00	-845.12
Travel Expense	234.95	399.98	-165.03
Total Operating Expenses	5,136.86	6,407.51	-1,270.65
Personnel Expenses			
Compensation			
Administrative Compensation	7,516.35	10,530.00	-3,013.65
Compensation General	0.00	0.00	0.00
Direct Service Compensation	835.15	1,170.00	-334.85

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Profit & Loss Budget vs. Actual
July through December 2017

	Jul - Dec 17	Budget	$ Over Budget
Total Compensation	8,351.50	11,700.00	-3,348.50
Payroll Tax Expenses	638.90	894.98	-256.08
Total Personnel Expenses	8,990.40	12,594.98	-3,604.58
Professional Fees			
Legal/Accounting	850.00	1,099.98	-249.98
Total Professional Fees	850.00	1,099.98	-249.98
Program Expenses			
Advocacy Program Expenses	405.60	0.00	405.60
Education Compensation			
Payroll Tax Expense	0.00	0.00	0.00
Education Compensation - Other	0.00	0.00	0.00
Total Education Compensation	0.00	0.00	0.00
Family Educational Expense	545.32	999.98	-454.66
In Kind Donations (hours)	0.00	0.00	0.00
Meetings (Gen & Coffee)	193.91	150.00	43.91
Publications	0.00	0.00	0.00
School Education Expense	0.00	999.98	-999.98
Speakers Bureau & Presenters	720.00	500.02	219.98
Support Groups	307.70	1,249.98	-942.28
TAC Expense	136.00	765.00	-629.00
Total Program Expenses	2,308.53	4,664.96	-2,356.43
Total Expense	22,426.18	31,972.41	-9,546.23
Net Income	**15,338.37**	**11,740.07**	**3,598.30**

PREPARED WITHOUT AUDIT

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Profit & Loss Prev Year Comparison
July through December 2017

	Jul - Dec 17	Jul - Dec 16	$ Change
Income			
Donations/Contributions			
Churches, Businesses	750.00	6,621.44	-5,871.44
Individuals	985.70	1,145.00	-159.30
Donations/Contributions - Other	0.00	1,000.00	-1,000.00
Total Donations/Contributions	1,735.70	8,766.44	-7,030.74
Grants			
Geneva 708	11,750.00	0.00	11,750.00
INC Board	2,294.00	2,750.00	-456.00
St. Charles 708	4,500.00	1,000.00	3,500.00
Grants - Other	0.00	7,044.00	-7,044.00
Total Grants	18,544.00	10,794.00	7,750.00
Interest Income	8.90	3.22	5.68
Membership Dues	244.33	272.67	-28.34
Special Events			
5 K Walk/Run Income	17,231.62	29,012.03	-11,780.41
Benefit Dinner Income			
Book Income	0.00	300.00	-300.00
Total Benefit Dinner Income	0.00	300.00	-300.00
Total Special Events	17,231.62	29,312.03	-12,080.41
Total Income	37,764.55	49,148.36	-11,383.81
Gross Profit	37,764.55	49,148.36	-11,383.81
Expense			
Fundraising Expenses			
5 K Walk/Run Expenses	4,640.39	7,206.10	-2,565.71
Benefit Dinner / Auction Exp.	500.00	0.00	500.00
Total Fundraising Expenses	5,140.39	7,206.10	-2,065.71
Operating Expenses			
Bank Fees	29.75	33.50	-3.75
Computer Expenses	0.00	1,160.00	-1,160.00
Conference Expense	200.00	0.00	200.00
Insurance	2,893.00	0.00	2,893.00
Internet &Telephone Expense	1,006.35	1,294.52	-288.17
Miscellaneous Expense	0.00	385.23	-385.23
Office Supplies	142.76	166.51	-23.75
Other Fees and Dues	525.00	28.00	497.00
Postage	0.00	147.45	-147.45
Software Expense	20.17	0.00	20.17
State & National Member Dues	84.88	277.00	-192.12
Travel Expense	234.95	0.00	234.95
Total Operating Expenses	5,136.86	3,492.21	1,644.65
Personnel Expenses			
Compensation			
Administrative Compensation	7,516.35	0.00	7,516.35
Compensation General	0.00	10,952.21	-10,952.21
Direct Service Compensation	835.15	0.00	835.15
Total Compensation	8,351.50	10,952.21	-2,600.71
Payroll Tax Expenses	638.90	806.87	-167.97
Total Personnel Expenses	8,990.40	11,759.08	-2,768.68
Professional Fees			
Legal/Accounting	850.00	1,050.00	-200.00
Total Professional Fees	850.00	1,050.00	-200.00
Program Expenses			
Advocacy Program Expenses	405.60	219.72	185.88
Education Compensation			
Payroll Tax Expense	0.00	626.35	-626.35
Education Compensation - Other	0.00	6,459.82	-6,459.82
Total Education Compensation	0.00	7,086.17	-7,086.17
Family Educational Expense	545.32	1,029.18	-483.86
Meetings (Gen & Coffee)	193.91	0.00	193.91
Publications	0.00	79.68	-79.68

NAMI KANE-SOUTH, DEKALB AND KENDALL COUNTIES, INC.
Profit & Loss Prev Year Comparison
July through December 2017

	Jul - Dec 17	Jul - Dec 16	$ Change
School Education Expense	0.00	610.85	-610.85
Speakers Bureau & Presenters	720.00	90.00	630.00
Support Groups	307.70	0.00	307.70
TAC Expense	136.00	744.00	-608.00
Total Program Expenses	2,308.53	9,859.60	-7,551.07
Total Expense	22,426.18	33,366.99	-10,940.81
Net Income	**15,338.37**	**15,781.37**	**-443.00**

NAMI KDK FY 2018 Budget - APPROVED 6-19-17

INCOME										
Acct No		Item	FY 15 Actual	FY15 Budget	FY 16 Actual	FY 16 Budget	FY 17 Budget	FY 17 Actual	FY 18 Budget
					(11 mo)			As of May 2017	
400		Membership Dues	$ 948.00	$ 3,000.00	$ 1,329.67	$ 1,500.00	$ 1,500.00	$ 724.00	$ 2,000.00
411		Donations and Memorials	$ 2,293.49	$ 5,500.00	$ 2,656.00	$ 4,500.00	$ 4,000.00	$ 11,317.29	$ 8,000.00
415		Grants	$ 37,291.00	$ 45,000.00	$ 14,035.29	$ 42,000.00	$ 26,500.00	$ 17,118.00	$ 15,000.00
450		Run/Walk Proceeds	$ 45,780.22	$ 43,000.00	$ 34,078.24	$ 48,000.00	$ 35,000.00	$ 29,012.03	$ 30,000.00
460		Dinner Proceeds	$ 20,612.00	$ 21,000.00	$ 21,312.08	$ 21,000.00	$ 23,500.00	$ 18,462.62	$ 19,000.00
475		Other Fundraisers	$ -	$ 1,400.00	$ -	$ -	$ 300.00	$ -	$ -
		Interest Income	$ 11.95	$ -	$ 14.43	$ -	$ 15.00	$ 9.10	$ 5.00
413		In kind donations	$ 4,983.85	$ 2,410.00	$ 2,410.00	$ 9,300.00	$ 6,360.00	$ 2,410.00	$ 2,410.00
		Released from Restrictions						$ -	
TOTAL INCOME			**$ 111,920.51**	**$ 121,310.00**	**$ 75,835.71**	**$ 126,300.00**	**$ 97,175.00**	**$ 79,053.04**	**$ 76,415.00**
EXPENSES									
Acct No		Item		Dollars	Dollars	Dollars	Dollars		
501		Pins & Luncheon & Meds	$ -	$ 900.00	$ -	$ 800.00	$ 400.00	$ -	
501		TAC Court contributions	$ -	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ 2,108.00	$ 1,530.00
		TOTAL	**$ 2,416.28**	**$ 2,400.00**	**$ 587.58**	**$ 2,300.00**	**$ 1,900.00**	**$ 2,108.00**	**$ 1,530.00**
502		**Educational Expenses**							
		Family (FtF & Basics)	$ 3,161.87	$ 1,790.00	$ 951.02	$ 7,500.00	$ 1,000.00	$ 1,829.54	$ 2,000.00
		- In Kind (volunteer hours	$ -	$ -	$ -	$ -	$ 3,950.00	$ -	$ -
		Schools (ETS & PTAA)	$ 1,016.69	$ 9,000.00	$ 810.32	$ 3,000.00	$ 1,000.00	$ 707.09	$ 2,000.00
		Support Groups	$ -	$ 1,600.00	$ 150.00	$ 1,100.00	$ 300.00	$ -	$ 2,500.00
		Speakers Bureau	$ 725.32	$ 2,500.00	$ 300.00	$ 1,000.00	$ 500.00	$ 720.00	$ 1,000.00
		Outreach (handout & Mtgs)	$ 807.89	$ 1,000.00	$ 616.12	$ 1,000.00	$ 800.00	$ 379.40	$ 300.00
		Educational Admin (Comp)	$ 35,581.15	$ 32,500.00	$ 23,785.89	$ 33,500.00	$ 25,000.00	$ 9,298.04	
		Payroll Tax (0.0765)	$ -	$ -	$ 1,900.05	$ -	$ 1,915.00	$ 894.50	
		Newsletter	$ 161.86	$ 210.00	$ -	$ 500.00	$ 200.00	$ -	$ -
		TOTAL	**$ 41,454.78**	**$ 48,600.00**	**$ 28,513.40**	**$ 47,600.00**	**$ 34,665.00**	**$ 13,828.57**	**$ 7,800.00**
601		**General & Admin. Expenses**							
	605	Insurance	$ 3,241.00	$ 2,800.00	$ 3,405.00	$ 3,250.00	$ 3,500.00	$ 2,754.00	$ 3,500.00
	610	Computer Expenses/Softwa	$ 5,386.29	$ 1,700.00	$ 487.23	$ 600.00	$ 1,500.00	$ 1,160.00	$ 2,000.00
	675	Misc. Expenses	$ -	$ 200.00	$ 156.46	$ 200.00	$ 200.00	$ 461.48	$ 200.00
	700	Office Equipment	$ 1,550.64	$ 6,800.00	$ 130.08	$ 300.00	$ 500.00	$ -	$ 250.00
	750	Office Supplies	$ 984.90	$ 900.00	$ 2,258.27	$ 1,000.00	$ 2,200.00	$ 893.84	$ 1,000.00
	775	Other Fees and Dues	$ 78.00	$ 500.00	$ 128.00	$ 580.00	$ 200.00	$ 44.00	$ 50.00
	825	Postage	$ 94.21	$ 300.00	$ 109.21	$ 200.00	$ 200.00	$ 468.41	$ 500.00
	835	Accounting & Bank & Leade	$ 2,398.74	$ 2,500.00	$ 1,365.76	$ 2,200.00	$ 1,500.00	$ 2,281.25	$ 2,200.00
	850	State & Natl Member Dues	$ -	$ 2,000.00	$ 404.00	$ 2,200.00	$ 500.00	$ 835.00	$ 1,860.00
	875	Telephone & Internet	$ 1,819.41	$ 2,100.00	$ 1,758.40	$ 2,000.00	$ 2,000.00	$ 2,846.43	$ 2,355.00
		TOTAL	**$ 15,553.19**	**$ 19,800.00**	**$ 10,202.41**	**$ 12,530.00**	**$ 12,300.00**	**$ 11,744.41**	**$ 13,915.00**

FY 18 Budget

Acct No		Item	FY 15 Actual	FY15 Budget	FY 16 Actual	FY 16 Budget	FY 17 Budget	FY 17 Actual	FY 18 Budget
602		**Personnel Expenses**							
	525	Compensation	$ 12,194.46	$ 28,800.00	$ 35,708.15	$ 39,300.00	$ 29,500.00	$ 15,582.99	$ 23,400.00
		Direct Service Comp.	$ -	$ -	$ -	$ -	$ -		$ 2,340.00
		Admin. Comp.	$ -	$ -	$ -	$ -	$ -		$ 21,060.00
	560	Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	800	Payroll Tax Expenses	$ 932.97	$ 3,800.00	$ 2,322.31	$ 3,300.00	$ 2,500.00	$ 1,126.17	$ 1,790.00
		Travel Expense	$ -	$ -	$ -	$ 360.00	$ 500.00	$ -	$ 800.00
	885	Conference Expenses	$ 392.85	$ 1,500.00	$ -	$ 2,300.00	$ 500.00	$ -	$ 300.00
		TOTAL	**$ 13,520.28**	**$ 34,100.00**	**$ 38,030.46**	**$ 45,260.00**	**$ 33,000.00**	**$ 16,709.16**	**$ 26,290.00**
607		Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
608		Rent	$ 2,410.00	$ 2,410.00	$ -	$ 2,410.00	$ -	$ 2,410.00	$ 2,410.00
		TOTAL	**$ 2,410.00**	**$ 2,410.00**	**$ -**	**$ 2,410.00**	**$ 2,410.00**	**$ 2,410.00**	**$ 2,410.00**
701		**Events Expenses**							
	505	Dinner Expenses	$ 7,611.05	$ 7,000.00	$ 5,830.78	$ 7,700.00	$ 7,000.00	$ 4,238.79	$ 5,000.00
	925	5K Run/Walk Expenses	$ 8,025.42	$ 8,500.00	$ 5,554.79	$ 8,500.00	$ 5,900.00	$ 7,306.10	$ 6,000.00
		TOTAL	**$ 15,636.47**	**$ 15,500.00**	**$ 11,385.57**	**$ 16,200.00**	**$ 12,900.00**	**$ 11,544.89**	**$ 11,000.00**
TOTAL INCOME(from above)			**$ 111,920.51**	**$ 121,310.00**	**$ 75,835.71**	**$ 126,300.00**	**$ 97,175.00**	**$ 79,053.04**	**$ 76,415.00**
TOTAL EXPENSE			**$ 90,991.00**	**$ 122,810.00**	**$ 88,719.42**	**$ 126,300.00**	**$ 97,175.00**	**$ 58,345.03**	**$ 62,945.00**
NET INCOME			**$ 20,929.51**	**$ (1,500.00)**	**$ (12,883.71)**	**$ -**	**$ -**	**$ 20,708.01**	**$ 13,470.00**

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

January 11, 2018

NAMI-DEKALB, KANE-SOUTH, &
KENDALL COUNTIES, INC.
400 MERCY LANE
AURORA, IL 60506

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of NAMI-DEKALB, KANE-SOUTH, & KENDALL COUNTIES, INC. under the Illinois Charitable Laws
CO# 01025814

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of NAMI-DEKALB, KANE-SOUTH, & KENDALL COUNTIES, INC. under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 010258 4. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2017. Please let us know if you require further information.

Sincerely,

Ceretha Jackson, Compliance Officer II
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

NAMI Illinois

National Alliance on Mental Illness

NAMI ILLINOIS AFFILIATES

Barrington Area

Champaign County

- U of I Champaign Campus Club

Cook County North Suburban

DeKalb, Kane So. & Kendall Counties

DuPage County

Chicago

Jackson County

Kane County North

Lake County

Livingston/McLean Counties

McHenry County

Metro Suburban (Oak Park)

Northern Illinois (Rockford)

Northwest Suburban (Arlington Heights)

Sauk Area (Dixon)

Schaumburg Area

South Suburbs of Chicago

Southwest Suburban (Oak Lawn)

Southwestern Illinois

Springfield

Tri-County Illinois (Peoria)

Will Grundy Counties

January 10, 2018

Federal Identification Number: 36-3868548
Group Exemption Number: 9512

To whom it may concern:

NAMI Kane-So, DeKalb and Kendall Counties is exempt under section 501(c)(3) Internal Revenue Service Code because it is included in a group ruling issued to NAMI Illinois, Inc., located in Springfield, Illinois.

If you have any questions, please call us at the telephone number shown in this letter.

Sincerely,

Mary Colleran
Executive Director

Proud Member of Community Health Charities

218 W. Lawrence Springfield, IL 62704
(217) 522-1403 (800) 346-4572 (217) 522-3598 fax
namiil@sbcglobal.net http://www.namiillinois.org

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248219434
Nov. 07, 2013 LTR 4168C 0
36-3305804 000000 00
00018975
BODC: TE

NAMI ILLINOIS INC
218 W LAWRENCE AVE
SPRINGFIELD IL 62704-2612

027822

Employer Identification Number: 36-3305804
Person to Contact: Ms. Benson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 29, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1985.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Verify that all of your Illinois Sales Tax Exemption Certificate information is c

- ✓ **If not,** contact us immediately.
- ✓ ***Do not discard*** **-** your Illinois Sales Tax Exemption Certificate is an important ta document that authorizes you to purchase tangible personal property for use or consumption tax-free.

Illinois Sales Tax Exemption Certificate

NAMI KANE, SOUTH DEKALB & KENDALL COUNTIES, INC

400 MERCY LANE
AURORA IL 60506-2447

Sales Tax Exemption Certificate

Issue date:
02/28/2017
Expiration date:
03/01/2022

Sales Tax Exemption: **E99443392**

Organization type: **Charitable**

This entity is authorized under the Retailers' Occupation Tax Act to purchase tangible personal property for use or consumption tax-free.

Director
DEPARTMENT OF REVENUE

STAX-70 (R-05/16)

P-000(

NAMI Kane-South, DeKalb, and Kendall Counties
Board of Directors

Regina Harris, *President*
Attorney, Private Practice
513 W. State St., Sycamore, IL 60178
Term: 2nd Term, 5.17-5.20
Phone: 815-761-3451
Email: rmh@yourlawsmith.com

Liz Eakins, *Vice President*
Executive Director, Lazarus House
214 Walnut Street, St. Charles, IL 60174
Term: 2nd Term, 4.16-4.19
Phone: 630-587-2144
Cell: 630-336-9189
Email: eeakins74@att.net

Dianne McLaughlin, *Treasurer*
Clinical Director, Presence Mercy BH
1325 N. Highland Ave., Aurora, IL 60506
Term: 2nd Term, 5.17-5.20
Phone: 630-801-2726
Email: Dianne.mclaughlin@presencehealth.org

Hon. Judith M. Brawka, ret., *Secretary*
Judge, Kane Co. 16th Circuit- Retired
890 Schomer Road, Aurora, IL 60505
Term: 1st Term, 5.17-5.18
Cell: 630-280-3652
Email: portiajmb@comcast.net

Phyllis Graeser
Hubble Middle School Teacher, Retired
1 Bedford Lane, Geneva, IL 601343
Term: 2nd Term 4.15-4.18
Phone: 630-232-4573
Email: phyllisgraeser1@gmail.com

Karen Beyer
Executive Director, Ecker Center
1845 Grandstand Pl, Elgin, IL 60123
Term: 2nd Term, 5.17-5.20
Email: kbeyer@eckercenter.org

Joanne Furnas
V.P. Behavioral Health, AID
1630 Plum Street, Aurora, IL 60506
Term: 1st Term, 5.17-5.18
Phone: 630-966-4480
Email: jfurnas@the-association.org

Jim McNish
CEO and President, McNish Corp.
132 S. Bennett St., Geneva, IL 60134
Term: 2nd Term 4.15-4.18
Phone: 630-232-2374
Email: jim@mcnishcorp.com

Doug Rashkow
Aurora Police Officer and CIT Leader
1200 E. Indian Trail Rd., Aurora, IL 60505
Term: 1st Term, 5.17-5.20
Cell: 630-921-1533
Office: 630-256-5293
Email: rashkowd@apd.aurora.il.us

Bette Schoenholtz
Executive Director, Senior Services, Northern IL
908 Game Farm Rd., Yorkville, IL 60560
Term: 2nd Term 4.16-4.19
Phone: 847-975-0113
Email: bschoenholtz@aol.com

Antonita King
Community Representative
311 S. Lincolnway, North Aurora, IL 60542
Term: 1st Term, 5.17-5.18
Phone: 331-302-1603 (text only)
Email: toniking3303@yahoo.com

Carol Speckmann
NAMI KDK Executive Director
400 Mercy Lane, Aurora, IL 60506
Phone: 630-896-6264
Cell: 630-943-1221
Email: executivedirector@namikdk.org
Office Hours: Tues. 8-2 & Wed. 9:30 – 1:30

Legal Advisor:
Gretta Beiber
Alschuler, Simantz & Hem, LLC
1961 W. Downer's Place, Aurora, IL 60506
Phone: 630-892-7021

Accountant:
Leslie Martin, CPA
6N225 Woodland Drive, St. Charles, IL 60175
Phone: 630-443-0143

Updated: January 11, 2018

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: **Fox Valley Hands of Hope**	Executive Director/Responsible Administrator: **Greg Weider**
Designated Contact Name: **Greg Weider** *(A new development director will begin her duties beginning February 2018)*	Contact Phone and Email Address: **630-232-2233 x212** **gweider@fvhh.net**
Organization Address: **200 Whitfield Drive Geneva, IL 60134**	Organization Phone and Website: **630-232-2233** **www.fvhh.net**
Number of Individuals Served Annually by the Organization: **1,355**	Number of St. Charles Residents Served Annually by the Organization: **Program: 132** *Equipment Loans: 119* *Volunteers: 67*
Amount of Request: **$22,000**	Date of Application: **January 10, 2018**
Signature of Responsible Administrator:	Signature of Application Author:

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

X Dedicated, specific program support. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand- alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
Bereavement Care	☐ Full X Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program: **Bereavement Care**
1. The general purpose of the priority or program **Bereavement care offered by FVHH is a philosophy of care which attempts to put control back into an individual's life by providing support and assistance with immediate needs once a loved one has died.**
2. The need that is to be addressed; the type of individuals to be served **The FVHH Bereavement Care program offer support to those experience difficulties coping with the loss of a significant person in their life. The program serves adults, children and families.**
3. Specific activities **The bereavement care program resources include support groups led by trained facilitators, support by a volunteer with special training in grief work, and one-on-one short term grief counseling with one of our social workers. Support groups are available for adults and children covering a wide variety of loss.**
4. The implementation timeline or schedule of activities **Programs are offered year round.**
5. The goal(s) with a description of the anticipated major outcomes **Clients have improved knowledge of:** • **Grief issues and coping strategies** • **Stress management strategies** • **Community resources** **Clients have:** • **Support** • **Enhanced ability to cope with stress** • **Opportunities for group and/or individual counseling** • **Guidance to resolve interpersonal issues** • **Opportunities to talk about spiritual beliefs and values to support their mental health** • **Improved ability to find peace and the ability to move on** **Each client will benefit from staff and volunteer's compassionate caring, knowledge of resources, listening skills, practical help and willingness to support them as they deal with grief. Clients will report that the FVHH team has enhanced their quality of life and mental/emotional health. Individuals in the community are more aware of FVHH services and better informed on grief issues.**
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization **Projected Bereavement Care total served: 675. Projected total clients served: 1,400.** (48.1%)

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program **Projected St. Charles residents served in Bereavement Care: 115. Projected Bereavement Care total served: 675** (17%)
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) **Service hours are calculates by the actual time participants spend in programs or receiving one-on-one support. Anticipated service hours: 1,500.**
9. Include information about the number of staff assigned and training or credentials relative to the program or priority **Christy Pitol, Licensed Clinical Social Worker** **Jill Thorson, Licensed Clinical Social Worker** **Pam Bills, LCP** **Adriana Torres, BA** **All clinical staff receives opportunities for continuing education and program related workshops.**

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program: **Bereavement Care**
☐ Full funding X Partial funding
1. Describe how the 708 Board funds will be used. **The majority of the funds from the City of St. Charles will be used to fund the salaries of our social workers who work in our Youth and Adult Bereavement programming. A small portion of the funds will be allocated to support the salary associated with the Cuenta Conmigo (Spanish Interpretation) program.**
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? **2.85%**
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? **10.6%**
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. **All programs and service offered by FVHH are provided free of charge. FVHH receives no Insurance payments, State or Federal funding. To accomplish our mission requires an annual fundraising plan that includes individual donations, revenues from special events, grant awards, United Way funding and 708 community support.**
5. Describe any other funding issues that you would like the Board to consider regarding this request. **Because FVHH provides all programs and services free of charge we rely on the generosity of the communities we serves to help us achieve our mission of providing hope to those in need.**

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification. **Attached**
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year). **The FVHH letter was out of date. New letter requested. Attached: Request letter and Illinois Attorney General report summary. The Attorney General letter will be forwarded upon arrival to our office.**
3. A list of current Board of Directors for your agency. **Attached**
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents. **Attached: FVHH Budget and Audit Reports**

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077567774
Oct. 30, 2015 LTR 4168C 0
36-3111451 000000 00
00029429
BODC: TE

FOX VALLEY HANDS OF HOPE
200 WHITFIELD DR
GENEVA IL 60134-1648

026248

Employer Identification Number: 36-3111451
Person to Contact: K GLEASON
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 08, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in MARCH 1981.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Fox Valley Hands of Hope
Board of Directors – 2018-19

Class A
Term Ending
(February 1, 2021)

Brandon Hoeft (15)**
North Central College
Resource Development Committee
30 N. Brainard Street
Naperville, IL 60540
Cell: 630-667-6267
Work: 630-637-5205
Email: bdhoeft@gmail.com

Joseph Baron (15)**
President
Strategic Planning Committee (chair)
Executive Committee
1406 Keim Trail
St. Charles, IL 60174
Home: 630-513-6971
Cell: 630-940-8350
Email: joe.baron@me.com

Jim Diorio (18)*
Yurs Funeral Home
_____ *Committee*
405 East Main Street
St. Charles, IL 60174
Cell: 630-247-1905
Email: jim@yursfuneralhomes.com

Sherri Dublin (18)*
Nielsen
_____ *Committee*
Carpentersvill, IL
Cell: 224-828-2551
Email: smdublin@comcast.net

Greg Weider
Executive Director
Work: 630-232-2233 x212
Cell: 847-913-3575
gweider@fvhh.net

Class B
Term Ending
(February 1, 2019)

Carolyn Jansons (12)**
Drendel & Jansons Law Group
Board Affairs Committee
111 Flinn Street
Batavia, IL 60510
Work: (630) 406-5440
Fax: (630) 406-6179
Email: cdj@batavialaw.com

Geary Axen (13)**
Timberland Financial Group
Finance Committee
115 Flinn Street
Suite B
Batavia, IL 60510
Work: 630-406-9977 x1
Email: gearya@timberlandfinancial.com

Jack Saylors (17)*
Vice-President/ Secretary
Resource Development Committee
Executive Committee
29 Stirrup Cup Court
St. Charles, IL 60174
Home: 630-584-9737
Cell: 630-334-9737
Email: jack.saylors@sbcglobal.net

Ed Hunter (17)*
Presence Health Saint Joseph/ Presence Mercy Center
Strategic Planning Committee
77 N. Airlite
Elgin, IL 60123
Work: 947-888-3256
Cell: 847-951-3256
Email: Edward.Hunter@presencehealth.org

Bev DeJovine (17)*
Strategic Frameworks
Resource Development Committee
8N211 Naperville Road
Bartlett, Il 60103
Phone:: 630-222-3902
Email: bevdejovine@gmail.com

Class C
Term Ending
(February 1, 2020)

Dr. Christine Mueller (16)*
High Touch Medicine
Board Affairs Committee
1482 Merchant
Algonquin, IL 60102
Cell: 847-343-0632
Email: cmueller@hightouchmedicine.com

David Weisman (16)*
The Partnering Group
Treasurer
Executive Committee
Finance Committee (chair)
3200 N. Lakeshore Drive #802
Chicago, IL 60657
Cell: 224-234-5387
Email: David.L.Weisman@gmail.con

John Mason (16)*
Dickens, Mason & Kissell, DDS, LTD
Strategic Planning Committee
2035 Foxfield
St. Charles, IL 60174
Cell: 630-518-8333
Email: jcmason41358@sbcglobal.net

Investment Committee
Jim Devlin
Cell: 708-363-0983
devlinchgo@sbcglobal.net

Roger Albrecht
Cell: 630-464-5545
ralbrecht@mccllc.com

Michael Rullman
mike_rullman@yahoo.com

Hands of Hope
Compassionate care for those experiencing loss

FOX VALLEY
Hands of
Hope
Compassionate care for those experiencing loss

January 11, 2018

COPY

Attorney General
State of Illinois
Charitable Trust Bureau
100 W. Randolph Street
11Th Floor
Chicago, IL 60601-3175

Attention: Ceretha Jackson

We are requesting a Letter of Good Standing from the Attorney General. Please mail the letter to the above address.

Thank you.

Yours truly,

Greg Weider
Executive Director

200 Whitfield Drive
Geneva, IL 60134
P. 630.232.2233
F. 630.232.0023
www.FVHH.net

Return to Illinois Attorney General Home Page

Illinois Attorney General Lisa Madigan

fox valley hands of hope

Address

City Any State Zip

County EIN Reg.

Sort

Search

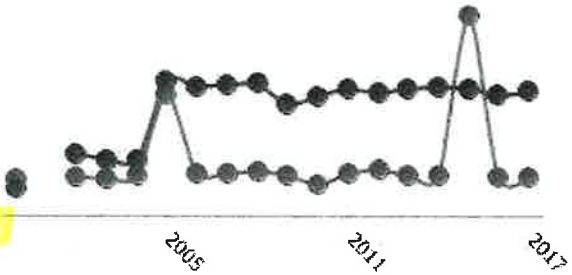
Found: 1

Fox Valley Hands Of Hope

200 Whitfield Dr.
Geneva IL 60134
Kane County

Illinois No: IL025148
Registration No: 01011590
Federal Tax No: 363111451

Org Registration Date: 06/30/1981
Report Next Due Date: 07/31/2018



Solicitors Information

FOX VALLEY HANDS OF HOPE
200 WHITFIELD DR.
GENEVA, IL 60134
REGNUM: 01011590

FYE	Assets	Income
1/31/2017	$4,368,869.00	$642,573.00
1/31/2016	$4,127,567.00	$630,925.00

File Number 5202-954-6

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FOX VALLEY HANDS OF HOPE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 09, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* JANUARY *A.D.* 2018 .

Authentication #: 1801003328 verifiable until 01/10/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Fox Valley Hands of Hope Budget FY' 2018/19

Income			
403 · Special Events Income			
403.1 · Garden Party			235,000.00
403.2 · Walk to Remember			16,000.00
403.3 · Third Party Events			14,000.00
403 · Special Events Income - Other			0.00
Total 403 · Special Events Income			**265,000.00**
405 · Donations			60,000.00
407 · Foundations/ Grants			125,000.00
408 · Mental Health Funds/ 708			45,000.00
408.1 St. Charles 708 Funds	$22,000.00		
408.2 All other 708 Funds	$23,000.00		
409 · Trust/ Interest Income			0.00
412 · Community Chest/ UW Income/CIS			16,000.00
413 · Bequest			0.00
414 · Investment Spending Rate			260,000.00
Total Income			**771,000.00**
Expense			
600 · Wages			475,874.00
610 · A.D. & D-Group Life Insur.			3,700.00
611 · Health Insurance			5,540.00
612 · Worker's Compensation			2,500.00
613 · Payroll Taxes			41,400.00
614 · Technology Fees			8,870.00
615 · Accounting Fees			8,500.00
616 · 403(b)			0.00
617 · Professional Fees			9,000.00
621 · Staff Education			2,500.00
633 · Community Education			3,700.00
633.1 GTAH			12,300.00
700 · General Office Expense			7,000.00
703 · Telephone			11,000.00
704 · Postage			6,000.00
707 · Utilities			6,500.00
709 · Building Maint. - Repair			21,000.00
713 · Printing			1,000.00
714 · Business Travel			6,500.00
715 · Dues and Subscriptions			4,166.00
716 · Copying			4,500.00
718 · Volunteer Support			1,600.00
723 · Miscellaneous			0.00
725 · Liab. D&O Content Insur.			11,000.00
733 · Special Events			
733.1 · Garden Party			67,500.00
733.2 · A Walk to Remember			3,000.00
733.3 · Third Party Event			3,500.00
Total 733 · Special Events			**74,000.00**
734 · Bank Charges			2,000.00
735 · Investment Management Fees			14,000.00
736 · Real Estate Taxes			350.00
737 · Marketing			26,500.00
Total Expense			**771,000.00**
Net Ordinary Income			**0.00**

Budget approved by FVHH Board od Directors on 01-08-18

FOX VALLEY HANDS OF HOPE

STATEMENTS OF FINANCIAL POSITION

January 31, 2017 and 2016

ASSETS

	2017	2016
ASSETS:		
Cash	$ 200,514	$ 198,966
Unconditional Promises to Give, Temporarily Restricted	22,500	22,500
Prepaid Expenses	6,297	7,597
Investments	3,571,328	3,309,647
Property and Equipment:		
Land	320,684	320,684
Buildings and Improvements	642,718	642,718
Furniture and Equipment	342,521	341,243
	1,305,923	1,304,645
Accumulated depreciation	(737,693)	(715,788)
Net Property and Equipment	568,230	588,857
TOTAL ASSETS	$ 4,368,869	$ 4,127,567

LIABILITIES AND NET ASSETS

LIABILITIES:		
Accounts Payable and Accrued Expenses	$ 33,222	$ 50,076
Deferred Revenue	25,230	14,383
TOTAL LIABILITIES	58,452	64,459
NET ASSETS:		
Unrestricted:		
Operating	684,058	638,551
Quasi Endowment	3,035,629	2,813,200
Net Investment in Property and Equipment	568,230	588,857
Total Unrestricted Net Assets	4,287,917	4,040,608
Temporarily Restricted	22,500	22,500
TOTAL NET ASSETS	4,310,417	4,063,108
TOTAL LIABILITIES AND NET ASSETS	$ 4,368,869	$ 4,127,567

See Accompanying Notes to Financial Statements.

FOX VALLEY HANDS OF HOPE, INC.

STATEMENTS OF ACTIVITIES

Year Ended January 31, 2017
(With Summarized Financial Information for the Year Ended January 31, 2016)

	Year Ended January 31, 2017			
	Unrestricted	Temporarily Restricted	2017 Total	2016 Total
SUPPORT AND REVENUES:				
Contributions	$ 68,624	$ –	$ 68,624	$ 76,227
Grants	151,122	22,500	173,622	172,772
United Way	20,707	–	20,707	16,370
Special Events:				
Sponsorships and Donations	76,190	–	76,190	61,805
Event Revenues	176,252	–	176,252	217,079
Interest Income	5,184	–	5,184	16
Investment Return Designated for Operations	188,497	–	188,497	208,121
Net Assets Released from Restrictions	22,500	(22,500)	–	–
TOTAL SUPPORT AND REVENUES	709,076	–	709,076	752,390
EXPENSES:				
Program	496,724	–	496,724	512,359
Supporting Services	104,342	–	104,342	117,387
Cost of Special Events	82,493	–	82,493	78,330
Fund-Raising	39,889	–	39,889	43,860
TOTAL EXPENSES	723,448	–	723,448	751,936
INCREASE (DECREASE) IN NET ASSETS BEFORE OTHER CHANGES	(14,372)	–	(14,372)	454
OTHER CHANGES:				
Investment Return (Loss), Net of Amount Designated for Operations Above	261,681	–	261,681	(320,812)
INCREASE (DECREASE) IN NET ASSETS	247,309	–	247,309	(320,358)
NET ASSETS, BEGINNING OF YEAR	4,040,608	22,500	4,063,108	4,383,466
NET ASSETS, END OF YEAR	$ 4,287,917	$ 22,500	$ 4,310,417	$ 4,063,108

See Accompanying Notes to Financial Statements.

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Community Crisis Center, Inc.	Executive Director/Responsible Administrator: Gretchen S. Vapnar
Designated Contact Name: Lisa Winchel	Contact Phone and Email Address: 847-742-4088 x130 lwinchel@crisiscenter.org
Organization Address: 37 S. Geneva Street Elgin, IL 60120	Organization Phone and Website: 847-742-4088 www.crisiscenter.org
Number of Individuals Served Annually by the Organization: 4,861	Number of St. Charles Residents Served Annually by the Organization: 67
Amount of Request: $16,500	Date of Application: 1/12/18
Signature of Responsible Administrator: Gretchen S. Vapnar	Signature of Application Author: Lisa S. Winchel

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

X Dedicated, specific program support. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand- alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
Domestic Violence/Sexual Assault Program	☐ Full X Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program: Domestic Violence/Sexual Assault Program
1. **The general purpose of the priority or program.** The purpose of The Domestic Violence / Sexual Assault Program is to first respond to the safety needs of a victim and her children and then to provide the support, education, and information needed to help individuals move toward a life without violence with the freedom to make positive and permanent change in their lives. And to contribute to the safety of domestic violence victims and their children by addressing issues of domestic violence with those who perpetrate it by assisting perpetrators to unlearn violence, learn to express anger in non-violent ways, and learn to resolve conflict without being abusive.
2. **The need that is to be addressed; the type of individuals to be served.** The need to be addressed is the imminent safety of a domestic violence/sexual assault victim and her children. Once safety has been secured support, advocacy, education and resources are available. Services are available to any victim of domestic violence/sexual assault at no cost; a sliding scale fee is charged to perpetrators.
3. **Specific activities.** • Emergency shelter, 24-hour crisis line availability, counseling, court advocacy, hospital advocacy, and support groups for victims of domestic violence/sexual assault and their children (child witnesses). 24-hour crisis line availability and group counseling is available to perpetrators. • Education to the general community, students and other professionals about domestic violence/sexual assault. • Networking with local, statewide, and national agencies that provide services to domestic violence/sexual assault victims, their children and perpetrators.
4. **The implementation timeline or schedule of activities.** The funding period will be 7/1/2018 – 6/30/2019
5. **The goal(s) with a description of the anticipated major outcomes.** The primary goal of the DV/SA Program is to ensure the immediate safety of all victims and their children followed by crisis counseling, case management/support, advocacy, education and resources so that they can work towards the changes that will allow them to live a more non-violent life. Specific goals or objectives and outcomes are as follows: **Goal:** Clients receiving shelter will learn ways to plan for safety; feel supported; increase DV/SA education; and learn more about community resources available to them. **Anticipated Outcome:** 85% of shelter clients will report increased knowledge in ability to make a safety plan; increased feeling of hope; increased understanding of domestic violence/sexual

	assault for self; increased understanding of violence on children; increased knowledge of legal rights of a DV/SA victim; increased understanding that victim can report violation of an Order of Protection; and increased knowledge of community resources. **Goal:** Clients receiving advocacy and counseling will learn ways to plan for safety; feel supported; increase DV/SA education; and learn more about community resources available to them. **Anticipated Outcome:** 85% of DV/SA clients receiving advocacy and counseling will report increased knowledge increased knowledge in ability to make a safety plan; increased feeling of hope; increased understanding of domestic violence/sexual assault for self; increased understanding of violence on children; increased knowledge of legal rights of a DV/SA victim; increased understanding that victim can report violation of an Order of Protection; and increased knowledge of community resources.
6.	**The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization.** During FY 17 4,861 individuals received services from the Crisis Center; 2,671 individuals or 55% received domestic violence/sexual assault services. In the first 2 quarters of FY 18 we have provided services to 3,446 individuals; 1,664 individuals (48%) have received DV/SA services. We anticipate providing services to a similar number of people in FY 19.
7.	**The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program.** During FY 17 2,671 individuals received DV/SA services; 53 (2%) were St. Charles residents. In the first 2 quarters of FY 18 1,664 individuals received DV/SA services and 54 (3%) were St. Charles residents. Since in the first half of FY 18 we have surpassed the number served in all of FY 17 we anticipate providing services to approximately 68 people in FY 19.
8.	**Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale).** We anticipate providing 1,200 hours of services to St. Charles residents. The statistics for the past 3 years of services to St. Charles residents were averaged; 68 St. Charles clients received 1,198 hours of service in those 3 years.
9.	**Include information about the number of staff assigned and training or credentials relative to the program or priority.** There are 13 DV/SA Program staff that includes 2 coordinators, one with a PhD, the other with a master's degree; 6 master's level counselors, 2 court advocates and 3 community educators. Other staff who work with DV/SA victims include Children's Program Coordinator with a master's degree, a master's level counselor and a case manager; 15 general case managers; and Abuse Intervention Program Coordinator with a master's degree and a master's level counselor and . All staff are 50 hour Illinois State DV/SA trained and certified and all employees have at minimum of a bachelor's degree in a related field of counseling, psychology or social work.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #___ or Designated Program: Domestic Violence/Sexual Assault Program
☐ Full funding X Partial funding
1. **Describe how the 708 Board funds will be used.** Funds from the City of St. Charles 708 Board will support our Domestic Violence / Sexual Assault Program services that include 24 hour hotline, shelter, individual and group counseling, hospital & court advocacy and community education. All services provided by the Crisis Center are available 24/7 to St. Charles' citizens.
2. **For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget?** Our request of $16,500 is .006% or about ½ of 1% of our FY 18 annual budget of $2,803,436.
3. **For each priority or designated program, what percentage of this request is compared to this specific priority or designated program?** Our request of $16,500 is just shy of 1% (.009%) of our FY 18 annual DV/SA budget of $1,792,471.
4. **Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets.** IL Dept. of Human Services IL Coalition Against Sexual Assault Hanover Township MHB United Way of Fox Valley Fundraising IL Coalition Against Domestic Violence Attorney General United Way of Elgin Donations
5. **Describe any other funding issues that you would like the Board to consider regarding this request.** The Crisis Center contracts with the State of Illinois for significant funding. As of this date all of the FY 17 contracts were honored and we have received a majority of FY 18 payments. However, the future for State funding in FY 19 remains uncertain.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1.	**A copy of current 501 c (3) or tax-exempt certification.** Attached
2.	**A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).** Attached
3.	**A list of current Board of Directors for your agency.** Attached
4.	**An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.** FY 18 organization budget attached; FY 17 annual report is not available at this time.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248188033
Feb. 13, 2017 LTR 4168C 0
36-2855797 000000 00
00017241
BODC: TE

COMMUNITY CRISIS CENTER INC
PO BOX 1390
ELGIN IL 60121

053634

Employer ID Number: 36-2855797
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Feb. 02, 2017, regarding your tax-exempt status.

We issued you a determination letter in June 1976, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248188033
Feb. 13, 2017 LTR 4168C 0
36-2855797 000000 00
00017242

COMMUNITY CRISIS CENTER INC
PO BOX 1390
ELGIN IL 60121

Sincerely yours,

Kim A. Billups, Operations Manager
Accounts Management Operations 1

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

July 19, 2017

Lisa Madigan
ATTORNEY GENERAL

COMMUNITY CRISIS CENTER INC
P. O. BOX 1390
ELGIN, IL 60121

RE: RE: Status of COMMUNITY CRISIS CENTER INC under the Illinois Charitable Laws
CO# 01009341

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of COMMUNITY CRISIS CENTER INC under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01009341. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2016. Please let us know if you require further information.

Sincerely,

Ceretha Jackson, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

Community CRISIS CENTER always hope

Community Crisis Center, Inc.
BOARD OF DIRECTORS
FY 2018

The Board of Directors is responsible for program review, and policy-setting, and long-term planning of the organization. They also hire and evaluate the performance of the Executive Director. Meetings are held the 4th Monday of the month except for July and December.

Keith Brill, President
Comptroller
Clad-Rex, Inc.
Elgin, IL

Marios Karayannis, Treasurer
Attorney
Karayannis Law
St. Charles, IL

Chathia Johnson, Past President
Store Analyst
Claire's North America
Huntley, IL

Mariana Barriga
Community Leader
Bartlett, IL

Darlene Burnap
Customer Service Rep
Christian Liberty Academy
Elgin, IL

Rick Demierre
Sergeant
Elgin Police Department
Elgin, IL

Fr. Donald Jay Frye
Pastor
Saint James Episcopal Church
West Dundee, IL

Rachel Hernandez
Attorney
Kane County Family Law
St. Charles, IL

Cathy Olson
Director, Institute for Quality, Safety & Injury Prevention
Emergency Nurses Association
Elgin, IL

Carol Payson
Healthcare Consultant
Payson & Associates, Inc.
Hampshire, IL

Sherry Totzke
Legal Collection Specialist
Zurich North America
Streamwood, IL

Lisa West
Nursing Instructor
Elgin Community College
Elgin, IL

The Board of Directors respectfully requests that you contact them at:

Community Crisis Center, Inc.
P.O. Box 1390
Elgin, IL 60121-1390
847-742-4088

Mission Statement: *We provide **S**afety, **H**ope, **A**dvocacy, **R**espite and **E**ducation for those impacted by crisis and violence in Elgin, the Fox Valley Region and Illinois.*

1/4/2018

United Way

COMMUNITY CRISIS CENTER, INC.
FY18 Budget

Revenue	
United Way	$72,650
Donations	$433,361
Fundraising	$215,938
Federal Grants	$85,721
State Grants	$1,320,437
Local Government Grants	$160,500
City of St. Charles 708 MHB	$16,500
Other/Foundation Grants	$178,911
Telephone Contracts	$8,500
Group Fees/Other	$198,000
Training Academy	$8,400
Interest/Dividend	$45,320
Unrealized Gain/Loss	$51,698
Toy Donations	$5,600
Miscellaneous Income	$1,900
Total Revenue	**$2,803,436**

Expense	
Personnel Expenses	$2,183,907
Occupancy	$227,000
General Expenses	$58,821
Travel	$13,990
Program Expenses	$73,882
Miscellaneous Expenses	$8,050
Fundraising Expenses	$45,693
Client Assistance	$99,069
Depreciation	$93,024
Total Expense	**$2,803,436**

Ecker Center
for Mental Health

1845 Grandstand Place Elgin, Illinois 60123-4983

January 10, 2018

City of St. Charles
708 Mental Health Board
2 E. Main St.
St. Charles, IL 60174

Dear 708 Mental Health Board Members:

Enclosed is Ecker Center's application for funding. Ecker Center's mission is to empower our clients in creating their highest quality of life by providing timely and effective behavioral health services. We continually strive to provide services that meet the needs of citizens of the City of St. Charles.

We believe that Ecker Center's comprehensive array and delivery of high quality mental health services very much align with the City of St. Charles' vision and mission.

We appreciate your consideration of our 2018 funding application.

Sincerely,

Karen Beyer

Karen Beyer
CEO

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Ecker Center for Mental Health	Executive Director/Responsible Administrator: Karen Beyer
Designated Contact Name: Daphne Sandouka	Contact Phone and Email Address: 857-695-0484 ext. 1925 dsandouka@eckercenter.org
Organization Address: 1845 Grandstand Place Elgin, IL 60123	Organization Phone and Website: 847-695-0484 www.eckercenter.org
Number of Individuals Served Annually by the Organization: 3,159	Number of St. Charles Residents Served Annually by the Organization: 146
Amount of Request: $67,000	Date of Application: 1/10/2018
Signature of Responsible Administrator: Karen Beyer	Signature of Application Author: Daphne

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☐ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
	☐ Full ☐ Partial

☑ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1. Psychiatry	☐ Full ☑ Partial
2. Case Management	☐ Full ☑ Partial
3. Therapy	☐ Full ☑ Partial
4. Psychiatric Emergency Program	☐ Full ☑ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1__ or Designated Program: Psychiatry
1. The general purpose of the priority or program Psychiatrists and an Advanced Practice Nurse provide high quality diagnostic assessment, consultation and prescriptions for medications. In addition, psychiatric nurses help clients follow treatment plans and and obtain psychotropic medications to help with symptom management. Priority of the program is to provide stabilizing with medication support and ongoing medication management and education.
2. The need that is to be addressed; the type of individuals to be served Our high quality Psychiatric Services are for people with serious mental illnesses. These individuals have the need of medication to help manage symptoms and return to a level of functioning that enables them to be a part of the community. These individuals also need to be educated regarding their symptoms and how their illnesses interfere with their daily functioning. Many of these individuals need consistent monitoring to ensure their highest level of functioning. They also need to be educated on how to correctly take medication and how to understand and manage side effects. Half of the people using these services have incomes at or below poverty level.
3. Specific activities Assessments are used to diagnose patients to determine the appropriateness for medication. Consultation with the patient regarding diagnosis and symptoms are provided including possible side effects and how to manage negative reactions to medicine. Treatment plan development is done with the patient to guarantee that each individual becomes a part of their treatment and progress. Ongoing monitoring of treatment goals are enforced to ascertain that each patient is progressing to their highest quality of life.
4. The implementation timeline or schedule of activities Activities are based on medical necessity. We provide appointments and walk in hours to meet the client's prescription needs.
5. The goal(s) with a description of the anticipated major outcomes The goal of the Psychiatry Services program is to provide excellent diagnostic and medication services that provide patients with optimal symptom control in order to facilitate their highest level of functioning. Our psychiatrists provide diagnoses and work closely with their patients to find the medications that work best for each individual. Psychiatric nurses provide assistance to our psychiatrists and patients by ensuring that patients have their medications and understand how to take them. Our psychiatry outcomes have an objective and a subjective measurement. The objective measure is the Medication Possession Ratio (MPR). The MPR is calculated by dividing the number of days' supply of medication the client received by the number of days' supply that is needed if the client is taking the medication as prescribed. This measure is used to identify how regularly clients are taking their medication. Not taking medications regularly has been shown to have a direct correlation with higher

hospital re-admission rates. We evaluate each client's monthly medication adherence using the MPR numbers as provided by Genoa/QoL, our on-site pharmacy. A measure of 1.0 indicates 100% MPR. Another measure we track is the Maximum Gap Report (MGR), which is the number of days that occur between a client's prescription refills. Psychotropic medications must be taken regularly to control symptoms of mental illness.

The subjective outcome measure for this program is clients' symptom improvement as a result of psychiatric services provided. Symptom improvement is determined using a client's self-reported assessment of their medications' efficacy via a questionnaire.

Our outcome goal is that 90% of psychiatry clients will fill consistently as prescribed and 90% will report improvement in medication efficacy. In our last measurement period, 91% of clients filled their prescriptions on time having an MPR of .91 and 92% of clients' self- reported moderate to complete symptom control. The Maximum Gap Report showed that 75% of clients who failed to fill their prescriptions were without medications for periods of less than 10 days.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization
1,025 individuals or 1025/3159 = 32.4%

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program
51 individuals or 51/1025 = 5.0%

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale):
902 hours of outpatient service (same as fy17) x 10% growth rate = 992 hours
On average this is 17 2/3 hours per St. Charles resident served

9. Include information about the number of staff assigned and training or credentials relative to the program or priority
The Psychiatry program providers are: Syed Anwar, M.D.; Faiza Kareemi, M.D.; Usha Kartan, M.D., Syed Waliuddin, M.D.; Heidi Napolitano, APN; Melissa Welch, RN, MSN; Brenda Reilly, RN

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_2__ or Designated Program: Case Management
1. The general purpose of the priority or program The goals of Case Management are to provide skill building activities to assist consumer development of functional, interpersonal, family, coping, and community living skills to achieve personal goals, to advocate to link to public agencies, outreach, supportive counseling, and to coordinate these services on an individual basis.
2. The need that is to be addressed; the type of individuals to be served Individuals' symptoms would indicate a need for supports in order to maintain them in the community. All of the consumers have serious and persistent mental illness. Their progress tends to be moderate to minimal. Most consumers are maintained within the community and if there were no Case Management supports (linking, monitoring, support, and advocacy) their symptoms would cause a regression of their functioning in the community. The intensity of services provided is based on the consumer's level of functioning in the community & identified need, severity of their symptoms and their desire/commitment to mental health treatment.
3. Specific activities Our high quality Case Management client centered consultation and community support services include: - Independent living skills such as home management, money management, meal preparation, personal hygiene, transportation, obtaining and maintaining housing -Symptom management such as, understanding what symptoms they have, understanding their medication (what it's for, dosage, and side effects), stress management, self-esteem skills, symptom relapse prevention skills, anger management, and conflict resolution skills -Vocational/educational such as education on obtaining and maintaining employment and how to access supports to get additional education -No insurance or income for example how to apply and fill out entitlement forms (i.e. Public Aid, Social Security Income, and Social Security Disability Income) -Limited community supports such as how to find or maintain supports from family, friends, religious organizations, and/or clubs -Behavioral difficulties such as impulse control skills and alternative coping mechanisms -Legal issues related to mental health court, drug court, or re-entry into the community after being incarcerated -Transition coordination with nursing homes to assist individuals returning to the community
4. The implementation timeline or schedule of activities Consumers are referred with an internal referral or through our intake system. Individuals are then assessed to determine the need for case management services. Consumers are assessed after their initial appointment with a Comprehensive Mental Health Assessment and on an annual basis thereafter. After the referral is made, the Supervisor of Case Management services assigns the consumer to a Case Coordinator and Case Manager.

The Case Coordinator and Case Manager use the assessments to identify needs, strengths, goals, objectives, and interventions. They also determine discharge criteria based on consumer's desired treatment outcomes.

The consumer's progress towards their desired treatment outcomes is continually evaluated. The Individual Treatment Plan (ITP) is reviewed and case management staff determine on the reassessment if the consumer continues to need services or if they need to be transferred or discharged. If they are to be transferred or discharged from the program the internal referral or discharge summary will indicate any continued consumer needs.

5. The goal(s) with a description of the anticipated major outcomes

Goals of the Case Management program include assisting consumers in developing skills in order to address self-identified needs. Goals also include reconnecting the individual to community resources, natural supports, development of independent living skills, and management of public entitlements and legal issues.

For outcomes, we evaluate our clients' ability to function in the community using a normed instrument, the Daily Living Assessment (DLA) at intake and periodically thereafter. Clients are scored on their functioning in multiple areas: health/mental health, time management, money management, nutrition, grooming and dress, problem solving, family relationships, alcohol/drug use, leisure activities, use of community resources, productivity, coping skills and others. Their DLA scores are converted into Global Assessment of Functioning (GAF) scores, which are recorded and stored to track individual clients' progress and aggregated to yield program outcomes. Our outcome goal is that 60% of case management clients will improved their GAF scores. In our last measurement period, 62% of clients improved their GAF scores, 35% of clients maintained their GAF scores, and 3% of clients decreased their GAF scores.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

1,462 individuals or 1462/3159 = 46.3%

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

75 individuals or 75/1462 = 5.1%

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

174 hours of outpatient service; average 2 1/3 hours per St. Charles resident served

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

The Case Management staff is comprised of 5 Masters degreed clinicians who provide supervision and coordination in addition to case management services and 4 Bachelors level case managers and assessment specialists.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_3__ or Designated Program: Therapy
1. The general purpose of the priority or program The purpose of our high quality Therapy Services program is to promote the mental health and well-being of children, adolescents, adults, and families while maximizing their physical, emotional and psychological functioning in all areas of life. It is to help individuals understand their diagnoses and learn how to adapt healthier coping mechanisms so that they can operate effectively in the community and continue to live healthy and productive lives.
2. The need that is to be addressed; the type of individuals to be served Needs that are addressed include but are not limited to symptom management, stress management, self-esteem skills, anger management, depression, anxiety, conflict resolution skills, coping skills, grief, trauma. Any need that involves a disruption in the functioning in the home, school, or community. Individuals served include persons 5 years of age or older and who are in need of therapy services regardless of age, sex, race, sexual orientation, religion, and ethnicity.
3. Specific activities The scope of services provided for Therapy Services includes diagnostic assessment; short term: individual, marital, family and group therapy; treatment plan development; discharge planning and maintenance of clinical record for each client. Our high quality services strive to address the whole person, i.e., physical, spiritual, cultural, psychosocial, and educational. When appropriate family involvement, and referrals for psychiatric, medical and nutritional evaluation, other supportive services, are made to provide for a continuum of care.
4. The implementation timeline or schedule of activities Once assigned, the therapist uses the assessment materials to identify problem areas, strengths, goals, objectives, and interventions. They also determine discharge criteria based on what the client will accomplish on the treatment plan. It is the expectation that therapy services are time-limited and if there is medical necessity to extend beyond 15 sessions, Director's approval is necessary. The client's progress is reviewed and assessed at minimum every 6 months.
5. The goal(s) with a description of the anticipated major outcomes The goal of the Therapy program is to help people of all ages including children, adolescents and their families manage the symptoms of mental illness, such as depression, mania and anxiety, and help them function better as family members, students and community members. Progress towards goals are assessed by method of treatment plan review. In addition, the Individuals' Global Assessment functioning scores are measured every 5th session to determine improvements in daily functioning. Major outcomes include an achievement of a satisfactory level of functioning coupled with a decrease in the individual's level of distress.

For outcomes, we evaluate our clients' ability to function in the community using a normed instrument, the Daily Living Assessment (DLA) at intake and periodically thereafter. Clients are scored on their functioning in multiple areas: health/mental health, time management, money management, nutrition, grooming and dress, problem solving, family relationships, alcohol/drug use, leisure activities, use of community resources, productivity, coping skills and others. Their DLA scores are converted into Global Assessment of Functioning (GAF) scores, which are recorded and stored to track individual clients' progress and aggregated to yield program outcomes. Our outcome goal is that 80% of therapy clients will improved their GAF scores. In our last measurement period, 80% of clients improved their GAF scores, 16% of clients maintained their GAF scores, and 4% of clients decreased their GAF scores.
6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization 889 individuals or 889/3159 = 28.1%
7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program 59 individuals or 59/889 = 6.6%
8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale) 668.5 hours of outpatient service; average 11 1/3 hours per St. Charles resident served
9. Include information about the number of staff assigned and training or credentials relative to the program or priority The Therapy program is staffed with 11 full and part time Masters degreed therapists, most of them are licensed. Current staff licensures are: 3 LPCs, 4 LCPCs, and 3 LCSWs. In addition one therapist is a certified Registered Dual Disorder Professional (RDDP).

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_4__ or Designated Program: Psychiatric Emergency Program
1. The general purpose of the priority or program The purpose of the Psychiatric Emergency Program is to provide high quality assessment to children, adolescents, and adults seeking immediate mental health services and to determine the type and level of care needed. Once that Is determined, staff at PEP provide linkage services in order to get the client the care that they need. Finally, PEP staff provides emergency intervention when indicated.
2. The need that is to be addressed; the type of individuals to be served The following are the types of individuals served: 1) Any individual that calls or arrives at the Psychiatric Emergency Program in crisis seeking support, 2) Any individual in a psychiatric crisis who is treated in the emergency department at Advocate Sherman Hospital and 3) Any individual in the emergency department of Presence St. Joseph Hospital between 12:00 am and 8:00 am where the medical staff of that Hospital requests an evaluation. All cases are assessed by PEP staff, support plans are put in place, and referrals are made to assist the client. All needs involve a serious mental health crisis that can include suicidal ideation, homicidal ideation, the inability to care for one self, or thoughts of injury to self or others.
3. Specific activities Following a preliminary assessment that involves an in depth review of past psychological history, hospitalizations, risk factors, support factors and current stressors, face to face crisis intervention services will be provided. Appropriate referrals will be provided in order to address the ongoing needs of the individual.
4. The implementation timeline or schedule of activities -Face to face screenings for state funded hospitalization at Advocate Sherman Hospital Emergency Department in Elgin, 24 hours per day -Face to face screenings at Presence St. Joseph Hospital in Elgin between 12:00 am and 8:00 am daily -Telephonic screenings for Presence St. Joseph Hospital between the hours of 8:00 am and 12:00 am -Telephonic screenings for Northwestern Delnor Hospital in Geneva 24 hours a day
5. The goal(s) with a description of the anticipated major outcomes The following criteria determines when Psychiatric Emergency Program goals have been met: -The crisis has been resolved and the client shows positive change toward restoration to a previous level of functioning and/or decrease in personal distress and is not in need of further mental health services -Individual has been stabilized but requires a transfer or referral to a less intensive mental health service Because the PEP program provides brief, usually one time, services we are not able to measure client change. Instead, for our outcomes, we use the client's evaluation of whether we met the objectives of the program as the measure of success. Clients are asked to do a pre and post service report of their

level of emotional distress. After the service is provided they are asked to rate whether staff have provided a crisis care plan, and whether they were educated about their crisis and given referrals for support.

Our outcome goal is that 80% of PEP clients will provide positive ratings for distress reduction and receiving a care plan, education and referrals in the PEP program. In the last measurement period, the average change in the clients' self reported distress on a 1 – 10 point scale was on average a 2.4 point decrease of emotional distress. 81% of the clients surveyed stated that staff helped the client develop a plan to manage their distress. 92% of the clients surveyed stated they were given referral and resource information.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

1,395 individuals or 1395/3159 = 44.2%

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

33 individuals or 33/1395 = 2.4%

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

58 hours of outpatient service; average 1 3/4 hours per St. Charles resident served

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

The PEP program is staffed with 8 full and part time Masters degreed therapists, most of them are licensed. Current staff licensures are: 1 LPC, 1 LSW, 1 LCPC, and 2 LCSWs. In addition, one therapist is a Certified AODA Counselor (CADC).

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1__ or Designated Program: Psychiatry
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. St. Charles mental health funds will be used to provide high quality psychiatry services to St. Charles residents.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 0.3% of budgeted revenue.
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 6.7%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, we also receive funding from: Illinois Department of Human Services – fee for service, Elgin Township, Fox Valley United Way, United Way of Metropolitan Chicago, AMITA Health, Northwestern Medicine, and Harvey and Ethel Daeumer Foundation.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Our state psychiatry grant was eliminated in July, 2015. Our Medicaid hourly rate for psychiatry has been raised to $138 an hour but the service costs us almost 3 times that amount to provide (for salaries, benefits, dictation expenses, e-prescribe, failed non-billable appointments, etc.) We had relied upon the extra state contract revenue to cover these expenses in the past but now we have to rely on local funders to help make up the difference.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_2__ or Designated Program: Case Management
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. St. Charles mental health funds will be used to provide high quality case management to St. Charles residents.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 0.3% of budgeted revenue
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 6.5%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, we also receive funding from: Illinois Department of Human Services – grant and fee for service, Elgin Township, and United Way of Metropolitan Chicago.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Some local funders have decreased current year's donations due to economic conditions. With other costs rising this leaves less funds available for the provision of direct services.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_3__ or Designated Program: Therapy
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. St. Charles mental health funds will be used to provide high quality individual and group therapy to St. Charles residents.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 0.3% of budgeted revenue
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 2.7%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, we also receive funding from: Illinois Department of Human Services – fee for service, Elgin Township, Hanover Township Mental Health Board, Fox Valley United Way, United Way of Metropolitan Chicago, and United Way of Elgin.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Some local funders have decreased current year's donations due to economic conditions. With other costs rising this leaves less funds available for the provision of direct services

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_4__ or Designated Program: Psychiatric Emergency Program
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. St. Charles mental health funds will be used to provide high quality psychiatric emergency services (PEP) to St. Charles residents.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? 0.3% of budgeted revenue
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? 5.8%
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. No, we also receive funding from: Illinois Department of Human Services – grant and fee for service, Elgin Township, Hanover Township Mental Health Board, United Way of Metropolitan Chicago, Geneva Community Chest, Gordon Flesch Charitable Foundation and St. Charles Noon Kiwanis Foundation.
5. Describe any other funding issues that you would like the Board to consider regarding this request. Some local funders have decreased current year's donations due to economic conditions. With other costs rising this leaves less funds available for the provision of direct services

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

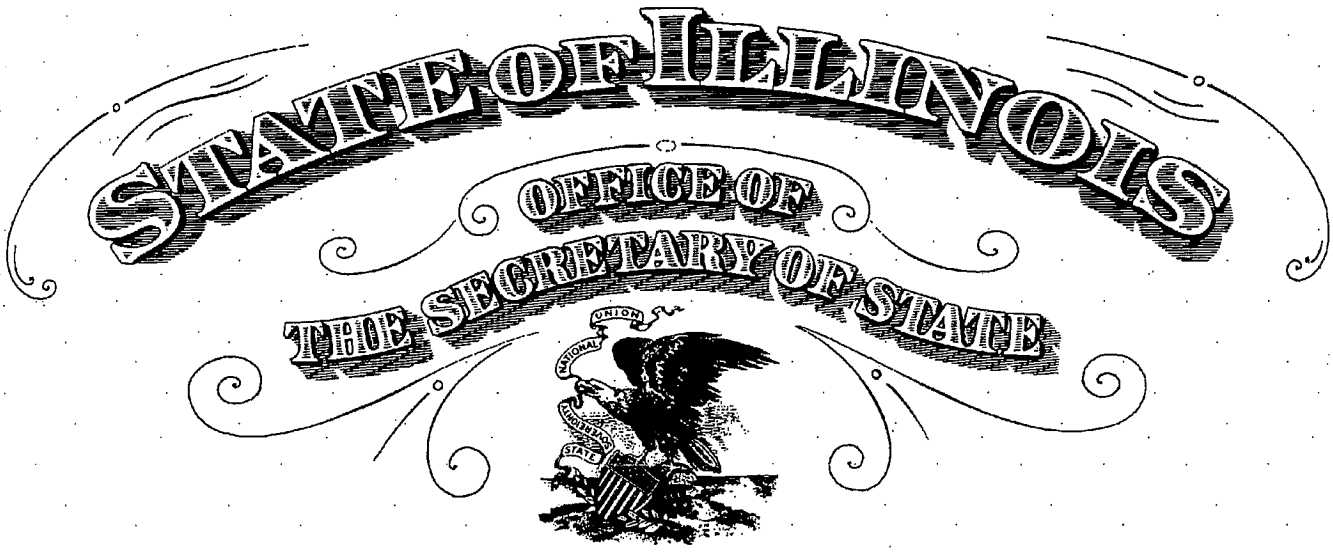
SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

File Number 3503-746-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ECKER CENTER FOR MENTAL HEALTH, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 23, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* MARCH *A.D.* 2017 .

Authentication #: 1706700377 verifiable until 03/08/2018.
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Ecker Center for Mental Health Board Members

Officers:

Aaron Sellers Chairman	CEO Comprehensive Training Solutions, Inc.
Alan Kirk Vice Chairman	Chief Operating Officer Results Medical Consulting, LLC
Stephen Tousey Treasurer	Attorney at Law Early, Tousey, Regan, Wlodek & Wong
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Dave Conroy	Sales Manager Gordon Flesch Co.
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Jack Hein	Associate Thrivent Financial
Russell Matson	Director of Administration Elgin Police Department
Dr. Alan Polse, DDS	Dentist Alan M. Polse & Associates
Timothy Sheldon	Judge, Retired Kane County Treatment Alternative Court
Robert Steffen	Attorney at Law Steffen Law, P.C.
Dr. Robert Tiballi, D.O., MBA	President & Owner Germbusters, P.C.
The Honorable Robert K. Villa	Associate Judge 16th Judicial Circuit

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248206044
Jan. 25, 2013 LTR 4168C E0
36-2312495 000000 00
00015077
BODC: TE

ECKER CENTER FOR MENTAL HEALTH INC
1845 GRANDSTAND PL
ELGIN IL 60123-6603

016350

Employer Identification Number: 36-2312495
Person to Contact: Ms. Smith
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 15, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1956.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248206044
Jan. 25, 2013 LTR 4168C E0
36-2312495 000000 00
00015078

ECKER CENTER FOR MENTAL HEALTH INC
1845 GRANDSTAND PL
ELGIN IL 60123-6603

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Richard McKee

Richard McKee, Department Manager
Accounts Management Operations

Ecker Center for Mental Health

Budget F' 2018

Statement of Activity

	F' 2018 Budget
Revenues	
Public Support	199,080
Fees & Grants - Governmental	2,917,897
St. Charles 708 Board	67,000
Fundraising	100,892
Program Service Fees	1,650,153
Other Revenue	28,228
Total Revenues	4,963,250
Expenses	
Personnel and Benefits	3,446,200
Program Expenses	210,779
Specific Assistance to Clients	15,366
Occupancy	944,750
Development & PR	38,994
Management & General	55,007
Other Expenses	177,188
Depreciation	74,966
Total Expenses	4,963,250
NET SURPLUS/(DEFICIT)	**0**

Ecker Center for Mental Health

Annual Report
F.Y. 2017

The Joint Commission accredited
United Way & Mental Health Board funded

Ecker Center for Mental Health

Annual Report

November, 2017

To ensure the best services possible to individuals with mental illnesses, we have increased service capacity over this last year. Psychiatry is our vital core service, yet our ability to provide psychiatry has been reduced by the permanent elimination of state psychiatry grants two years ago. To meet some of the urgent need for psychiatry, we have hired two additional part time psychiatrists and an Advanced Practice Nurse. We have also improved access to counseling services within this last year and have added a third Saturday each month to meet the needs of working families. In addition, we have started offering a new evidence based group therapy service, Moral Reconation Therapy, and have successfully established two active groups. We have also revised the curriculum used for our Intensive Outpatient Crisis Program.

To further improve client services we created a comprehensive cultural competency plan and two evidence based practices. Staff cultural sensitivity trainings were held, which have helped our providers understand the culture/ethnic values, challenges and behavior norms among people who identify as Latino, African American, Asian and/or LGBQ. Also, to ensure that all direct services providers understand and can utilize evidence based practices that are key to our service provision, we have trained all service providers in motivational interviewing and trauma informed care. We will continue to offer cultural sensitivity and evidence based training to our new service providers.

Over this last year, we have continued to reach out to other community organizations, including government and non-profit human service organizations, doctors' offices, police departments and churches, in an effort to build and strengthen working relationships and increase referrals. We have sought new funders and have applied to several new foundations. We have also secured funding to replace our roof at our main outpatient facility.

We are deeply grateful for the contributions and support of our donors and volunteers, both old and new, because it enables us to carry on our mission *of* ***empowering our clients in creating their highest quality of life.***

Sincerely,

Timothy Sheldon
Board Chairman

Karen Beyer
CEO

1845 Grandstand Place, Elgin, Illinois 60123-4983
(847) 695-0484
www.eckercenter.org

Ecker Center for Mental Health Annual Report 2017

Board of Directors (July 1, 2016 – June 30, 2017)

Officers:

Chairman Timothy Sheldon	Judge, Retired
Vice Chairman Russell Matson	Public Safety Officer, Elgin Police Dept.
Secretary Sandy Kaptain, RN	Registered Nurse
Treasurer Stephen Tousey	Attorney at Law Early, Tousey, Regan, Wlodek & Wong

Directors:

Dave Conroy	Sales Manager, Gordon Flesch Co.
Jack Hein	Associate, Thrivent Financial
Alan Kirk	COO, Results Medical Consulting, LLC
Dr. Alan Polse	Dentist, Alan M. Polse & Associate
Aaron Sellers	CEO, Comprehensive Training Solutions, Inc
Dr. Robert Tiballi, D.O., MBA	President & CEO, Germbusters
Hon. Robert Villa	Associate Judge, 16th Judicial District

Committee Members:

Susan Angell-Case
Meghan Early
Robert Gorski
Laurie Huske
John Ostrem
Tim Schmitz
Robert Steffen

Management Team:

Karen Beyer, MSW, MPA, MBA, LCSW, CSWM
Executive Director

Caroline Bailey, MSW, LCSW
Director of PEP & Crisis Residential Services

Tim Bates, BS
Director of Finance

Victoria Gesinger, MA, LCPC
Director of Residential Services

Ramona Grauzinis, MBA, SPHR, SHRM-SCP
Director of Resource Development

Heidi Napolitano, MSN, FNP-BC
Director of Medical Services

Daphne Sandouka, Ed.D., LCPC
Director of Therapy Services

Rick Vander Forest, MS
Director of Social Services & Facilities

Categorization of Recipients by Service

Total number of People Served FY 2017 **3,159**

The Ecker Center is a comprehensive community mental health center where clients often receive multiple services.

Service	Recipients of Service
Psychiatric Emergency Program	1,395
Crisis Residential Program	101
Therapy	889
Psychosocial Rehabilitation Program	211
Case Managers	1,462
Psychiatric Nurses	693
Psychiatric Evaluations & Psychiatric Services	1,025
Residential	181

Ecker Center for Mental Health

Crisis Services (847) 888-2211 Intake (874)-695-0484 ext. 1898
All Other Services (847) 695-0484

The Ecker Center, a nonprofit community mental health center, has served the community since 1955. For many years it has had an array of outpatient mental health services to help people with mental illness and those who support them.

Our Elgin office at 1845 Grandstand Place is home to all outpatient services, and our satellite offices in St. Charles and Streamwood provide therapy services. Twenty four hour psychiatric emergency services are available at Ecker's PEP Program at Advocate Sherman Hospital on Randall Road in Elgin. Services are provided in English and Spanish and all programs are accredited by the Joint Commission. In FY 2017 we served 3,159 individuals.

Services for our current and new clients of all ages (children aged 5 and older, adolescents and adults)

- The Psychiatric Emergency Program (PEP) provides walk in psychiatric crisis services at the Advocate Sherman Hospital Emergency Department and by phone 24 hours a day
- Therapists provide problem focused individual and group therapy for
- Psychiatrists provide diagnostic assessment, consultation and prescriptions for medications for children, teens and adults
- Psychiatric nurses help adult clients follow treatment plans and obtain the psychotropic medications
- Our intake specialist provides information and referral to other resources

Services for our current and new adult clients only

- The Crisis Residential Program provides short term 24 hour treatment and support services during psychiatric crisis
- Our Intensive Outpatient Program provides treatment and support services for individuals in need of daily short term stabilization services
- Case managers help people establish incomes, apply for benefits and obtain housing, dental and general healthcare
- The Psychosocial Rehabilitation Program (PSR) helps people manage symptoms of mental illness and improve their daily living skills
- Longer term residential options provide support and skill building
- A Community Support Team brings crisis management services to clients in their homes and other locations in the community

Additional Services for Ecker Clients of All Ages

- Pharmacy provided by Genoa Healthcare
- Primary healthcare provided by VNA Health Care

Forms of payment accepted:

- Medicaid, with co-payment, is accepted for all our medically necessary covered services
- Medicare assignment and some private insurance is accepted for covered therapy services, co-payments apply
- Outpatient services can be purchased at the Center's full costs.

Services funded by the State of Illinois, the United Ways of Elgin, Barrington, Fox Valley, Metropolitan Chicago and Geneva Community Chest; the Hanover Township, Geneva and St. Charles Mental Health Boards; Elgin, St. Charles and Barrington Townships, and donations from individuals and foundations.

STATEMENT OF REVENUE AND EXPENSES
FISCAL YEAR 2017 AUDITED

Community Revenue		
Fundraising	$	100,893
United Way and Community Chest, Municipalities and Townships		40,028
Other		222,209
Total Community Revenue	**$**	**363,130**
Government Revenue		
Illinois Department of Human Services	$	2,169,489
Department of Housing and Urban Development		698,198
Other		298,055
Total Government Revenue	**$**	**3,165,742**
Agency General Revenue		
Program Service Fees	$	1,596,615
Investment and Other Income		72,818
Total Agency Generated Revenue	**$**	**1,669,433**
TOTAL REVENUE	**$**	**5,198,305**
Direct Program Expenses		
Therapy Programs	$	602,610
Intake		40,043
Nursing		161,115
Psycho-social Rehabilitation		270,575
Psychiatric Services		269,758
Case Management		461,974
Psychiatric Emergency Program		376,046
Community Integrated Living Arrangement		12
Transition Coordination		15,444
Preadmission Assessment Screening		73,951
Supported Residential Program		584,174
HUD On-Site Staff		242,854
Grandstand HUD Leasing		236,599
Hunter's Ridge HUD Leasing		355,744
Supervised Residential		376,932
Crisis Residential		384,555
Total Program Expenses	**$**	**4,452,386**
Support Services		
Administration	$	419,221
Fundraising		56,463
Total Support Services	**$**	**475,684**
TOTAL EXPENSES	**$**	**4,928,070**

We are pleased to acknowledge gifts to the Ecker Center that we received from the following friends & supporters between July 1, 2016 and June 30, 2017

100 WOMEN WHO CARE
Akins, Diane
Alden, Dr. Vicki
Alexian Brothers Health System
Alfred Bersted Foundation, Bank of America, N.A. Trustee
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Alm, Dr. Walter
Althoff Industries
Althoff, Myra
American Girl
Anderson, Amanda & Jason
Anderson, Tom
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Artistic Carton Company
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Bailey, Caroline
Baird & Warner
Barbezat, Michel & Mary
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Barrington Motor Sales RV
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Brunsting, Josh
Bulldog's
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City of Geneva Community Mental Health Board
City of St. Charles Community Mental Health Board
Coalition of Elgin Religious Leaders
Colley Elevator
Collins, Kelly
Colonial Café & Ice Cream
Community Crisis Center
Community Foundation of the Fox River Valley
Conroy, Dave & Lori
Cosmopolitan International Club of Elgin
Coulson, Milton & Constance
Covich, Wendy
Crinigan, James & Linda
Cryer, Ellen Ada
Cuisine America
Dahlstrom, Aaron
Dairy Queen-Orange Julius
Danny's Pizza on Douglas
Daubert, Marlene
Davids, Mary

Contributors continued:

DeBack, Karen
Delnor Health System
DeMoss, Cheri
Diamond, Lynne
Dickerson, Kathryn
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Forever Yogurt
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Fox Valley United Way
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Jacobs, Rich
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Jeans and a Cute Top Shop
Jensen, Tom
Jester's
Jewel - Osco, Elgin

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Joseph's Hair Fashion Salon
Jostes, Daniel & Catherine
Kane County
Kane County Cougars
Kaptain, Dave & Sandra
Kararo, Bonnie
Kenyon, Mike
Kilbourne, Michelle & Mike
Kirk, Aaron
Kirk, Alan & Sandra
Kirkpatrick, Robert
Kiwanis Club of Elgin
Klein, Simon & Margaret
Knight, Linda
Knight, Ryan
Kosnoff, Gary & Connie
Kramer, Donald
Kruger, Elizabeth
Kut, Marnie
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Lagunitas Brewery
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Lytle, Miriam
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Mapes, Terri
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Martinez, Nereyda
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McClendon, Julia
McGuire, Deborah
McMahan, Bryan & Debby
McMahon, Joe
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Mecum, Dolonna
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PapaNicholas Coffee Co.
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Penny, Elizabeth
Peterson, Ruth
Pfaff, Suzanne
Piper Golden, Patricia
Platt Hill Nursery
Pokoj, Frank & Rhonda
Polse, DDS, Dr. Alan
Pottawatomie Golf Course
Presence Health
Presence St. Joseph Hospital

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Rakow, Thomas & Susan
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Rauschenberger, Keith & Cindy
Rauschenberger, Steve
Rawlinson, George
Razowsky, Ronald & Barbara
Regan, John & Flicka
Renz Center
Responsive Mailroom (The)
Riordam, Judith
Robertson, Ken & Julie
Rogina, Raymond
Rotary Charitable Projects Foundation
Rothbardt, Carey
Royal Coach
Sajdak, Peggy
Salon Agape
Sam, Dr. David
Sammy's Mexican Grill & Bar
Sandouka, Daphne
Scheflow, Florence (Estate of)
Schueneman, Nancy
Scown, William
Sellers, Aaron
Shales McNutt, LLC
Shales, Jack & Marlene
Shales, Michael
Sheldon, Timothy & Kathleen
Sherwin, Marilyn
Shoemaker, Lisa
Shop & Share, Inc.
Sinnett, Jr., Richard & Karen
Sitz, Gareth
Sloniger, Elizabeth
Smith, Barbara
Smith, Tyler
Smitty's on the Corner
Sotelo, Leticia
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St. Charles Noon Kiwanis Foundation
Stanczak, Joseph & Bonnie
Starbucks, Geneva
Steffen, Robert
Super Target, South Elgin
Suvagia, Kiyara
Tabernacki, Donna
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Thavonesiri, Khamla
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Trapani, Andrew & Pamela
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Turner, Jeff
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Walsh, Mary Catherine
Walt Disney World
Walters, John & Deborah
Warren, Mike
Watanabe, Doug & Janelle
Watanabe, Gary & Mary
Weiner, Barbara
Wendrow, Jennifer Ann
Wienerville III, Elgin
Wiese, Dorothy
Wilharm, Marilyn
Wire, Hanguyen
Withers, Wendy Caroline (estate of)
Wong, Jennifer
Yung , Florence
Ziegler's Ace Hardware
Zywanski, Michael & Suzanne

Memorials:

In Memory of Mary Donahue
Erickson, Beverly

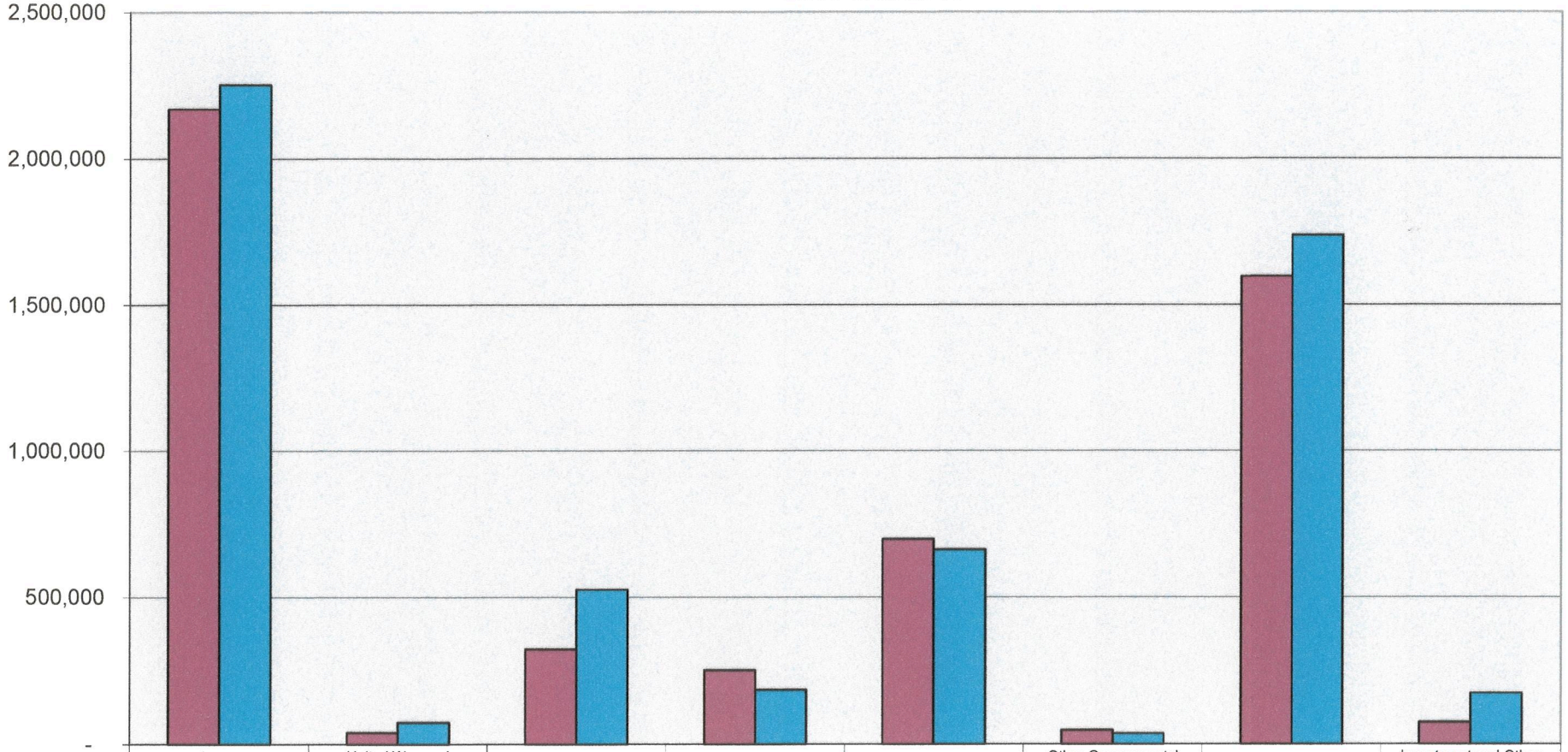
In Memory of Barb Gardon
Shop & Share, Inc.

In Memroy of Roberta Nauman
Burnidge, Nancy

In Memory of Mr. & Mrs. Phillip Asplund
Beck, Jeff

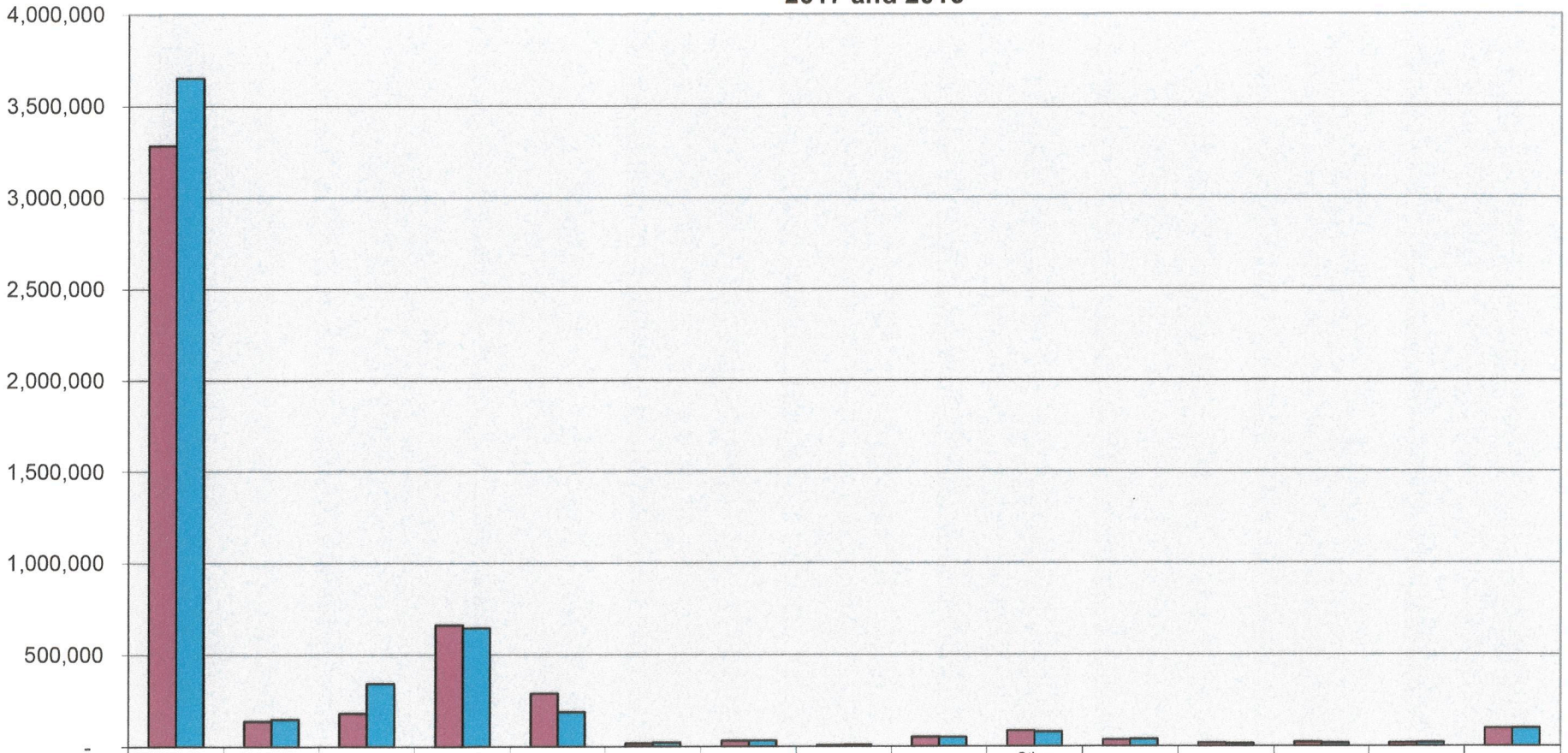
In Memory Anthony DeBellis
Benezra, Phillip
Benezra, Barbara
Corona, Lynn
Falkenberg, Dave
Petz, Roberta
PepsiCo Foundation
Saletta, Katherine
Rosen, Patricia Stack

Ecker Center for Mental Health, Inc.
Revenue by Source
2017 and 2016



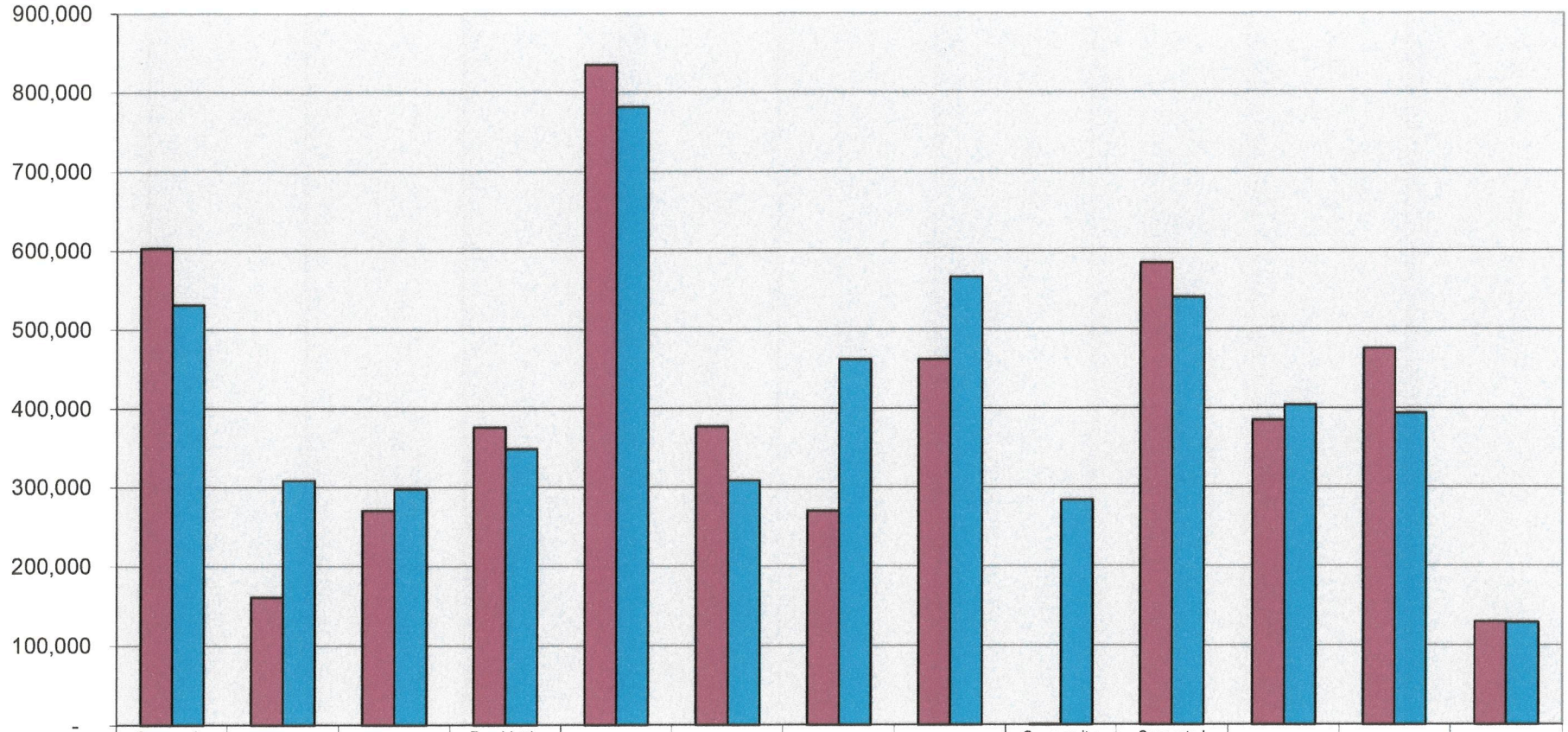
	DHS	United Way and Community Chest	Other Contributions	708 Funds	HUD	Other Governmental Grants	Program Service Fees	Investment and Other Revenues
2017	2,169,489	40,028	323,102	251,265	698,198	46,790	1,596,615	72,818
2016	2,252,048	73,274	525,379	183,717	661,445	35,016	1,737,414	172,447

Ecker Center for Mental Health, Inc.
Functional Expenses
2017 and 2016



	Personnel	Commodities	Consultation	Occupancy	Repairs and maintenance	Specific assistance to individuals	Professional services	Outside services	Insurance	Other contractual service expenses	Interest	Travel	Special events	Other expenses	Depreciation
2017	3,282,216	138,337	180,477	661,637	288,574	15,547	30,918	6,751	51,400	84,085	34,650	16,971	21,613	17,002	97,892
2016	3,653,457	147,507	343,199	645,098	187,449	22,080	31,783	8,294	49,848	78,316	37,122	15,155	16,134	19,440	99,142

Ecker Center for Mental Health, Inc.
Program Expenses
2017 and 2016



	Community Counsel Services	Nursing	Psycho-social rehabilitation	Psychiatric Emergency Program	HUD	Supervised residential	Psychiatric services	Case Management	Community integrated living arrangement	Supported Residential Screening	Crisis Residential	Supportive Services	Other Program Expenses
2017	602,610	161,115	270,575	376,046	835,197	376,932	269,758	461,974	12	584,174	384,555	475,684	129,438
2016	531,289	308,477	297,747	348,371	781,785	308,572	461,770	566,529	283,380	540,651	403,772	393,270	128,411

St. Charles 708 Mental Health Board
Initial Application for Funding
Revised November 2, 1017

APPLICATION DUE: JANUARY 12, 2018 (12:00 PM)

Instructions: *Beginning in January 2018, all applicants will be required to complete an Initial Application for Funding, even if your organization has been a grant recipient in the past. Should your organization request funding in subsequent years, a Continuation Application for Funding will be required.*

Please complete all portions of the application. The application is in Word format; all required fields are in an extended format. Also, this year, we will be accepting the applications electronically. The application is in Word format; all required fields are in an extended format. The form may be submitted electronically by noon on January 12 to Tracey Conti (tconti@stcharlesil.gov; 630-377-4422). If you have a technical question, please contact Tracey. You may also submit the application in paper format. If so, please make 10 copies and bring them to Tracey Conti at St. Charles City Hall by 12:00 noon on January 12. If you have questions about content of the application, please contact Ron Weddell via Tracey.

SECTION 1: CONTACT INFORMATION

Organization Name: Easter Seals DuPage & Fox Valley	Executive Director/Responsible Administrator: Theresa Forthofer, President & CEO
Designated Contact Name: Erik Johnson	Contact Phone and Email Address: 630-282-2032 ejohnson@EasterSealsDFVR.org
Organization Address: 830 South Addison Avenue, Villa Park, IL 60181	Organization Phone and Website: 630-282-2032 http://www.EasterSealsDFVR.org
Number of Individuals Served Annually by the Organization: 3,200	Number of St. Charles Residents Served Annually by the Organization: 38 individuals in FY17
Amount of Request: $7,500.00	Date of Application: January 12, 2017
Signature of Responsible Administrator:	Signature of Application Author:

SECTION 2: SELECTION OF DESIGNATED PROGRAM SUPPORT OR ORGANIZATIONAL SUPPORT

Instructions: From the two categories below, select one that best describes your organization's application for funding.

Definitions:

☑ **Dedicated, specific program support**. Select this option if your organization is requesting funding for a single initiative, activity or program dedicated to a single purpose. The program may stand-alone or it may be a part of a larger organization. Your organization may request either full or partial funding for the designated. It is preferred that your organization does not use these funds solely to offset administrative costs.

- This designated program information will be used throughout the application.

Designated Program	Funding
Outpatient Medical Rehabilitation Therapy for Children with Developmental Disabilities	☐ Full ☑ Partial

☐ **Organizational level funding support**. Select this option if your organization has multiple programs where the requested funding will be used to offset multiple initiatives/activities. Your organization may request either full or partial funding for the priorities defined. It is preferred that your organization does not use these funds solely to offset administrative costs.

- If organizational support is selected, indicate up to five priorities (below) for which funding will be allocated.
- These numbered priorities will be used throughout the application.

Priority	Funding
1.	☐ Full ☐ Partial
2.	☐ Full ☐ Partial
3.	☐ Full ☐ Partial
4.	☐ Full ☐ Partial
5.	☐ Full ☐ Partial

SECTION 3: PROGRAM DESCRIPTION

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1_ or Designated Program: Pediatric Outpatient Medical Rehabilitation Services
1. **The general purpose of the priority or program:** Easter Seals DuPage & Fox Valley's Pediatric Outpatient Medical Rehabilitation Services program provides rehabilitation therapy to children with developmental delays and disabilities, such as Autism, cerebral palsy, Down syndrome and many others. Individualized, outcome-focused therapies address a child's developmental challenges and strengthen their physical, intellectual, emotional and social abilities. Our goal is to help each child to reach important developmental milestones and build a foundation for continued development. The American Academy of Pediatrics' Committee on Disabilities asserts the earlier a child with a developmental disability receives quality, consistent therapy, the better his or her prognosis is for a lifetime of independence and fulfillment.
2. **The need that is to be addressed; the type of individuals to be served:** Easter Seals DuPage & Fox Valley's Pediatric Outpatient Medical Rehabilitation Services serves infants, toddlers and children with developmental delays and disabilities. The CDC estimates that one in six U.S. children have at least one developmental disability -- that is 17% of children. Based on this estimate, there are 78,422 children with DD, birth to age 18, in the DuPage and Kane County areas we serve; 1,448 in St. Charles alone. Developmental disabilities (DD) are a diverse group of severe, chronic conditions that are due to mental and/or physical impairments, which may begin any time before age 22 years and usually last a person's lifetime. Children with DD may have problems with language, mobility, learning, self-help and functional independence. Lower income children are disproportionately affected compared to middle-income peers; a nearly twofold higher prevalence. The early years of a child's life are critical as they are a time of rapid brain development which provides essential building blocks for future growth, development and progress. For the typically developing child, development in the areas of sensory-motor, cognitive, communication and social-emotional areas proceeds through a series of milestones that typically involve mastering simple skills before more complex skills can be learned. Children with developmental disabilities often face difficulty achieving these milestones. Without identification and individualized services, their prognosis for maximizing independence and fulfillment is not promising. Children with disabilities can develop and achieve their full potential with assistance from rehabilitation services (Camden C, Tétreault S, Swaine B. 2010). The American Academy of Pediatrics states that the earlier a child with a developmental disability receives quality, consistent therapy the better their prognosis will be for developmental gains, independence and fulfillment. This can potentially

reduce future costs of education, medical care and other social spending and improve the lives of these children/ families who experience 1.5 times more doctor visits, 3.5 times more hospital-days and a 2.5-fold increase in the likelihood of the child repeating a grade in school than children without these conditions.

3. **Specific activities:**

Easter Seals Pediatric Outpatient Medical Rehabilitation Services provides individualized, outcome-focused rehabilitative therapies which address a child's developmental challenges and strengthen their physical, intellectual, emotional and social abilities.

The first step is identification. An in-depth evaluation provided by a multi-disciplinary team assesses a child's developmental challenges and defines individual therapy goals. Parents provide a detailed history and discuss the developmental growth they envision for their child. The evaluation is the basis for the child's individual therapy plan (ITP), which outlines a personalized course of therapy(s) that will result in reaching important developmental milestones, achieving desired goals and building a foundation for continued development and school readiness.

Step two is outpatient medical rehabilitative therapies and services. Our core therapies are:

• Physical therapy, which addresses gross motor function and challenges by enhancing or restoring a child's mobility and functional competency. Treatment utilizes therapeutic exercises, therapy regiments, assistive technology devices, and special techniques to encourage independence at home, school, and in the community.

• Occupational therapy, which addresses fine motor function and challenges. Therapists evaluate the components of motor skills, play activities and sensory processing which are vital to life skills. The therapist compares the child's abilities with what is developmentally appropriate for their age group and provides intervention and adaptations to develop age appropriate skills.

• Speech-language therapy, which enhances communication and feeding skills. Therapists work on a variety of skills to assist each child in becoming a successful and confident communicator. Therapy focuses on sound development, memory and organization, articulation, social communication and functional communicating in addition to oral motor skills to enhance swallowing and chewing.

• Nutrition therapy, which provides nutrition intervention for children whose disability inhibits proper nutrition and growth. A registered dietician provides medical nutrition evaluation, support and guidance to establish nutrition goals and action plans focused on helping children with special needs thrive through proper nutrition.

• Audiology for newborns and children, which includes diagnostic hearing evaluations, hearing monitoring and follow up, newborn testing, audiologic rehabilitation. The audiology services are specialized for children with special needs, and are not available at for-profit counterparts.

A child typically participates in one therapy appointment per week, per therapeutic discipline. Frequency is based on each child's needs and goals for therapy. During each appointment, the

therapist works with the child on therapeutic tasks that focus on their ITP goals. Our goal is to find the course of action that best meets each child's needs. Therapists pursue the optimal way to meet the child's individual needs and to discover what motivates each child, and they reassess the child's progress throughout treatment.

Pediatric therapy is a fluid process, so the therapist closely monitors the child's progress toward their goals and rate of adoption of skills; sometimes the course of therapy will change based on the child's progress, or lack thereof. A child's readiness to end a discipline of therapy is indicated when progress on goals demonstrate that the child is functioning on a level with typically-developing peers. Therapy will also conclude when parents feel they can continue therapy progress with the child on their own or when skills developed are being successfully carried over into the child's home, school and community.

Approximately 1,850 children/families benefit from this program each year throughout the organization.

4. The implementation timeline or schedule of activities

Pediatric Outpatient Medical Rehabilitation Services is Easter Seals' core program and has been in operation for more than 66 years and there does not require implementation. The typical timeline for a child initiating therapy is as follows:

1. Family submission of therapy intake packet
2. Evaluation meeting, typically scheduled within two weeks of submission of intake packet
3. First therapy appointment, typically scheduled within two to three weeks of evaluation meeting. This timeline can vary based on family schedule and therapy/therapist preferences.

The frequency of therapy is based on each child's needs and goals for therapy. Each child receiving services through this program typically participates in one therapy appointment per week, per therapeutic discipline. The child's family schedules therapy based on their individual schedule and the availability of the therapist. Most often, once a workable day and time is identified, the family "locks in" that time for their ongoing appointment.

5. The goal(s) with a description of the anticipated major outcomes

Easter Seals utilizes the following goals and outcomes to measure therapy progress and evaluate the effectiveness of the Pediatric Outpatient Medical Rehabilitation Therapy program:

- Short Term Goal: 80% of children will demonstrate progress in the course of their therapy activities.

Outcome: Children will demonstrate adoption of therapy activities and progress toward achieving goals. Parents will have a thorough understanding of their child's therapy and will be satisfied with therapy services.

- Medium Term Goal: 75% of children will demonstrate improvement on a minimum of 50% of stated goals in physical, occupational and speech-language therapies.

Outcome: Children will demonstrate greater skills in the area of therapeutic focus. Parents will reinforce their child's therapy strategy through at-home activities.

- Long Term Goal: At least 50% of all the children we serve will meet their therapy goals, which will lead to a greater quality of life and achieving their maximum independence.

Outcome: Children will achieve developmental milestones, have a solid foundation for future development, and will be able to participate in activities of their choosing. Additional positive impacts include success in school, friendships and greater independence.

6. The projected number of individuals to be served in this priority or designated program; compared to overall percentage of served population in the entire organization

We anticipate 1950 infants, toddlers and children (age 18 and under) from DuPage, Kane and portions of Cook and Lake Counties will be served through this program in the 12-month grant period. This total is 62% of the served population in the entire organization.

7. The projected number of St. Charles residents to be served in this priority or designated program; compared to overall percentage of priority/program

We anticipate 35 to 45 infants, toddlers and children, and their families, will be served by this program. This is 2.3% of the total number of children served by this program.

8. Anticipated number of units of service (or service hours) dedicated to this priority/program (Include the formula or rationale)

We anticipate that Easter Seals DuPage & Fox Valley will provide 1080 hours of therapy services in the 12-month grant period. This reflects an average of 24 hours of services to 45 infants, toddlers and children with disabilities. The total does not reflect supportive services provided to parents and families.

9. Include information about the number of staff assigned and training or credentials relative to the program or priority

Pediatric Outpatient Medical Rehabilitation Services is staffed by 74 licensed clinical therapists; licensure is issued through the State of Illinois. Many therapists seek additional accreditations from a variety of public and private accrediting bodies. This team is comprised of master degree level practitioners who are widely recognized as experts in their specific areas of practice; seven of our therapists of PhD level clinicians. The average tenure among our therapy team is 19.7 years and a number of therapists have been with the organization for over 25 years. This tenure results in a richness of experience and clinical wisdom that cannot be found among our colleague organizations.

The program is supervised by Kathy Schrock, Vice President of Clinical Services, who develops and coordinates all therapy programs including physical, occupational, speech/language and nutrition therapies and audiology. Kathy earned her B.S. in Communication Disorders from Mundelein College, her Master's in Communicative Disorders from Marquette University and Early

Intervention Specialization from the University of Illinois. Kathy was an adjunct faculty member at William Rainey Harper College for nearly ten years, teaching a variety of courses on disability issues. She has spoken at numerous state and local conferences. Kathy is the Governor-appointed chairperson of the Illinois Interagency Council on Early Intervention.

Please note: For continuation funding, the 708 Board will request summary information regarding these same projections and activities.

SECTION 4: FUNDING NARRATIVE

For each of the priorities identified or for the designated program, briefly describe the following:

(Repeat this table for each of the identified priorities.)

Priority #_1_ or Designated Program: Pediatric Outpatient Medical Rehabilitation Services
☐ Full funding ☑ Partial funding
1. Describe how the 708 Board funds will be used. City of St. Charles 708 Mental Health Board funding will support the services described above for residents of St. Charles. This funding will help to ensure that St. Charles children whose families are uninsured or under-insured receive therapy programs and services. This demographic is frequently challenged to receive pediatric therapy. Many commercial insurance policies limit coverage for pediatric rehabilitation therapies, or do not cover these services at all. This is especially true of basic insurance policies. Families who do receive coverage for therapy face two challenges – family deductible are increasing exponentially, and the number of appointments covered are decreasing. The net result for many families is that they need assistance to keep their child in services. Easter Seals is committed to addressing this through other means of support. Based on past service history, Easter Seals anticipates these funds will benefit 35 – 45 St. Charles children/ families.
2. For each priority or designated program, what percentage of this request is compared to your organization's overall, total budget? Our request of $7,500 in program support represents .009% of the total program budget (agency-wide).
3. For each priority or designated program, what percentage of this request is compared to this specific priority or designated program? Our request of $7,500 in program support represents .015% of the total program budget (agency-wide).
4. Is this your only source of funding? If no, list any other sources of revenue to offset program or priority budgets. Pediatric Outpatient Medical Rehabilitation Services are funded through a variety of public and private sources, which include: • Commercial insurance • Client co-pays (required by insurance) • Medicaid • Illinois Early Intervention Program • Individual contributions • Foundation and corporate grants • United Way

5. **Describe any other funding issues that you would like the Board to consider regarding this reques**

One of biggest challenges that Easter Seals faces -- in both outpatient pediatric therapies and other service areas -- is meeting the service needs of the growing number of lower income, uninsured and under-insured families who request our help. The prevalence of developmental delay or disability is high. Every 60 seconds, eight babies are born in the U.S., two will be at risk for a developmental delay or disability. Significant research shows that lower income children are affected by disabilities at a much higher rate than their typically developing peers, at a rate two-times higher. Several variables contribute to this including poor pre-natal care, poor post-natal care, exposure to high-risk conditions, among others.

The private insurance arena has shifted significantly over the past 8 to 10 years. For insured children and families, co-pays and annual deductibles continue to increase; Easter Seals serves a number of families who experience annual deductibles (for the services we provide) are $10,000 or greater. For the service providers, rates for services delivered are decreasing – in some cases annually. The result is that providers like Easter Seals must raise funds from a variety of sources to provide high-quality, client-centered services.

These families most-often rely on public support to receive rehabilitative therapies. Currently, approximately 35% of families we serve are low-income. The Illinois Division of Developmental Disabilities states that Illinois consistently ranks among the bottom five states in the country in terms of public support for community-based services for people with developmental disabilities (which low income families rely on for pediatric rehabilitative therapy). Public support for pediatric therapy includes Illinois' Early Intervention System and Medicaid. Early Intervention funding has increased once in the past 15 years. Medicaid pays providers extremely low rates -- less than half of our cost of providing clinical services. This creates a challenging business case for providers; many of our colleague pediatric therapy providers do not serve low-income families. ESDFV is determined to provide the medical rehabilitative therapies integral to helping children with developmental disabilities achieve important developmental milestones regardless of their income or ability to pay.

ESDFV has a strong commitment to continually seeking new ways to meet the evolving needs of those we serve. At the same time, to succeed we focus on growing our strategies to sustain the organization's long-term financial and operational health. Recent efforts:

1. To stay on top of the rapidly changing healthcare arena, we are building partnerships that focus on business and program growth with healthcare systems such as University of Chicago Medical Center, MPAS (administrator for DuPage Medical Group, Edward and Elmhurst Hospitals, and others) and others;
2. Evolving our program offerings to remain at the cutting edge of pediatric services for children with DD;
3. Launching a capital campaign to purchase the leased portion of our building, resulting in lower occupancy expenses and long-term control of our location. To date, the campaign has raised 66% of our goal;

4. Continuous growth of our relationships with area physicians and medical groups with a focus on building long-term mutually beneficial partnerships.

Please note: For continuation funding, the 708 Board will request summary information regarding these same expenditures and activities.

SECTION 5: CREDENTIALS

For your organization, include the following:

1. A copy of current 501 c (3) or tax-exempt certification.
2. A copy of the letter from the Attorney General indicating that your organization is in good standing, if applicable (within the application year).
3. A list of current Board of Directors for your agency.
4. An abbreviated version of the most recent annual budget and report. If your organization has received 708 Board funding in the past, make sure that this information is available in these documents.

Please note: For continuation funding, the 708 Board will request summary information regarding these same credentials, but only if there are major changes.

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248164841
May 08, 2015 LTR 4168C 0
36-2476388 000000 00
00022995
BODC: TE

EASTER SEALS DUPAGE AND THE FOX
VALLEY REGION
830 S ADDISON AVE
VILLA PARK IL 60181

030052

Employer Identification Number: 36-2476388
Person to Contact: B. Hall
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 29, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2001.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

File Number 3290-362-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EASTER SEALS DUPAGE AND THE FOX VALLEY REGION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 28, 1951, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* DECEMBER *A.D.* 2017 .

Authentication #: 1734603102 verifiable until 12/12/2018

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Easter Seals DuPage & Fox Valley
Board of Directors
2017-2018

OFFICERS

Board Chair: John Jostrand **Vice-Chair:** Roger McDougal
Treasurer: Jimmy Lee **Secretary**: Harry Cruz
Immediate Past Chair: Kelly Taira

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(Term: FY16-18)

Easter Seals DuPage & Fox Valley
Statement of Activities - FY18 Approved Budget
As of September 1, 2017

	Annual Totals
OPERATING REVENUE	
Program Revenue	
Therapy Services	5,592,243
Contingency	(100,000)
Child Care	681,029
Contract Write Off	(241,659)
Financial Fee Assistance	(86,426)
Lost Income	(65,907)
Net Equipment Sales	119,641
Total Program Revenue	**5,898,921**
Development Revenue	
Individual Contributions/Bequests	601,000
Corp/Foundation Contributions	353,050
Special Events, Net	509,875
Government Grants	147,026
United Way	62,850
Total Development Revenue	**1,673,801**
Other Revenue	
Continuing Education, Net	3,695
ESS Services, Net	(33,902)
Misc Revenue	10,800
Total Other Revenue	**(19,407)**
TOTAL OPERATING REVENUE	**7,553,315**
OPERATING EXPENSE	
Personnel Expense	
Salaries-Program Staff	3,357,633
Salaries-CDC Staff	492,534
Salaries-Development/Marketing Staff	278,466
Salaries-All Other Staff	1,315,990
Employee Benefits	330,204
Pyrl Taxes/Unemp/Worker's Comp	488,840
Total Personnel Expense	**6,263,667**
All Other Expense	
MIS/Raintree Fees	**117,189**
Professional Fees	**195,076**
Consumable Expense	
Office/Computer Supplies	13,385
Housekeeping/Kitchen Supplies	19,976
Food & Beverage	56,055
Program Supplies	69,729
Total Consumable Expense	**159,145**

Easter Seals DuPage & Fox Valley
Statement of Activities - FY18 Approved Budget
As of September 1, 2017

	Annual Totals
Occupancy Expense	
Property Insurance	10,980
Telecommunications	44,688
Utilities	62,480
Equipment Maintenance	25,475
Building Services/Supplies	97,844
Total Occupancy Expense	**241,467**
Lease/Rent Expense	
Building Rental	182,282
Equipment Rental	16,365
Total Lease/Rent Expense	**198,647**
Miscellaneous Expense	
Membership Dues	34,483
Postage and Shipping	16,391
Outside Printing	41,135
Advertising	11,550
Liability Insurance	30,979
Travel/Lodging Expenses	19,370
Staff Training/Conferences	18,305
Interest Expense	60,880
Bad Debt	19,947
Bank & Credit Card Fees	48,126
All Other Expenses	20,860
Total Miscellaneous Expense	**322,026**
Equipment Purchases	
Building/Prgm Equipment	12,108
Computer Equipment	12,550
Total Equipment Purchases	**24,658**
Total All Other Expense	**1,258,208**
TOTAL OPERATING EXPENSE	**7,521,875**
OPERATING SURPLUS (DEFICIT)	**31,439**
NON-OPERATING ACTIVITIES	
Building Campaign Capital Funding	640,500
Building Campaign Expenses	(39,740)
Investment Income (Loss)	15,000
Depreciation Expense	(179,298)
TOTAL NON-OPERATING ACTIVITIES	**436,462**
NET SURPLUS/(DEFICIT)	**467,902**

Easter Seals DISABILITY SERVICES

DuPage & Fox Valley

brighter futures begin here

Fiscal Year

2016

Annual Report

Our Mission

is to enable infants, children and adults with disabilities to achieve maximum independence and to provide support for the families who love and care for them.

Photo: Julie Hermes

FY16 Board of Directors

Kelly Taira, Board Chair
Director, Americas Bank Lending Group, Merrill Lynch

John Jostrand, Vice-Chair | Partner, William Blair

Roger McDougal, Treasurer
Senior Vice President, The Northern Trust

Harry Cruz, Secretary | District Security Manager, UPS

Ken Bishop, CPA | Partner, BKD, LLP

Craig Boroughf
Senior Director of Transportation & Indirect Sourcing, USG

Chad Choban
Global Director, Infrastructure Delivery,
Sensient Tehnologies Corporation

Brian Claire | Senior Partner, Deloitte Tax LLP

Bryan Hanson
COO & Senior Vice President, Exelon Nuclear

Matt Joseph
Director, Healthcare Specialty Group,
Cushman and Wakefield

Christopher Kapcar | VP Engineering, EZ Links Golf

Roger McDougal
Senior Vice President, The Northern Trust

Stephanie Moritz
Chief Communications & Marketing Officer,
American Dental Association

Jerry Morrow | Mother Parkers Tea & Coffee

Christy Noland | Attorney

Russ Paluch | Partner, Maverick Energy Consulting

Aaron Rapier | Principle, Rapier Law Firm

Rae Rupp Srch | Retired

Dr. Michael Volpe
Executive Director,
School Association for Special Education

Photo: Helena Joergenrud

Hello,

In fiscal year 2016 we renewed our fervent commitment to excellent treatment and exceptional results. As the prevalence of developmental delays and disabilities affected 1 in 6 children in our service area, our team of experts was poised to respond.

We sought opportunities to collaborate with leading medical providers and share our combined knowledge through specialized clinics.

We trained in eye gaze technology that empowers non-verbal children to communicate in new ways.

Our vital nutrition therapy services expanded to underserved areas.

We developed a postural control initiative that helped improve school readiness and transform children's learning experience.

We challenged children to target physical therapy goals that contributed to recreational and competitive success.

Our interdisciplinary approach and personalized solutions are helping children achieve transformative breakthroughs.

Backed by our dedicated Board of Directors and generous supporters, we are charged by our vision that all children receive the developmental services they need.

Theresa Forhofer

Theresa Forhofer | President & CEO

DuPage & Fox Valley
brighter futures begin here

Provided
48,000
total hours of therapy

Building Brighter Futures

In fiscal year 2016 we demonstrated our commitment to innovative solutions that build brighter futures for more than 3,200 infants, toddlers and children with special needs. We built and expanded vital collaborations with experts. We created experiences for therapists to learn, grow and teach, and shared our knowledge with other clinicians in our community. As a result, the year was full of future-focused responses to the growing needs of children with disabilities, and countless examples of the impact of our family-centered approach.

Offered treatment for more than
100
different diagnoses

10,839
hours of
speech-language therapy

2,143
hours of
assistive technology therapy

Leader in Eye Gaze Technology

Eye-gaze technology at Easter Seals DuPage & Fox Valley is revolutionizing communication for children with special needs. Selected as **one of of four locations in the country** to offer MyGaze system training, Easter Seals DuPage & Fox Valley hosted international experts, and **educated more than 60 professionals** on using eye gaze technology to replace computer touch pads. This innovation allows non-verbal children to operate devices by controlling their eye focus. Our Speech-language pathologists are **contributing to this software development** and empowering children to communicate independently.

Valued Partnerships

We partner with leading medical providers to offer specialized clinics. These relationships and clinics are continuously evolving to meet the changing needs of children with disabilities. **Offering one of only three Positioning & Mobility Clinics** in the Chicago area, the team at Easter Seals worked to **double the number of clients benefiting** from molded wheelchair seats and customized equipment in 2016.

Partnerships between Easter Seals therapists and leading physicians afford on-site dental visits, vision exams, specialized evaluations and medical consultations for children with disabilities. The team promotes **direct communication between therapists, doctors and families** that is supported by experienced parent liaisons.

Easter Seals DuPage & Fox Valley is a valued partner of The University of Chicago School of Medicine, University of Illinois Chicago, Raby Institute for Integrative Medicine at Northwestern, among many more.

188
individuals assisted by specialized clinics

Photo: Michelle Geoga

Grew nutrition services in underserved areas

Expanded Nutrition Therapy Services

Generous funding in FY2016 **expanded nutrition services in underserved areas** of Kane and Northwest Cook counties and brought another registered dietician nutritionist to the Easter Seals team. Nutrition therapists saw an increase in the number of children who improved their intake and tolerance of food. By improving nutrition, **children experience greater growth and development** and parents feel more confident at mealtime.

Dr. R. Charles Dumont of the Raby Institute for Integrative Medicine at Northwestern brought **national attention to Easter Seals DuPage & Fox Valley's feeding clinic** as a speaker at Mt. Washington Pediatric Hospital's feeding conference.

100%

of client families would recommend us to a friend*

*according to family survey

ASPIRE to Excellence® carf ACCREDITED

Photo: Manuel Alvarez

15,222
hours of occupational therapy

Occupational Therapy Improves School Readiness

Our occupational therapists are helping children **develop skills that transform their educational experience. Fine motor skills** are utilized daily for writing, drawing, using scissors and manipulating zippers.

Sensory regulation improves socialization and behavior, while **executive functioning** focuses on formulating plans to manage projects and time.

By developing postural strength children can sit stably at a desk to better attend to their teacher. **A postural control initiative culminated in a two-day course** dedicated to the importance of balance and movement.

12,997
hours of physical therapy

Photo: Jacqueline Dye

Helped children celebrate award-winning physical feats

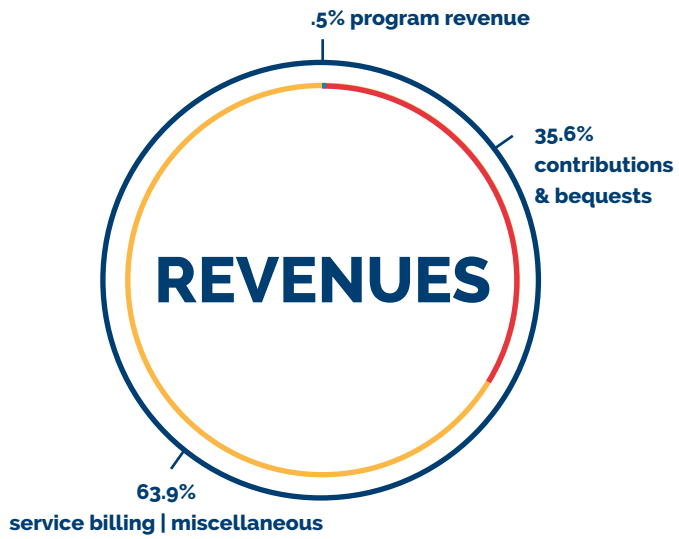
Life-Changing Success

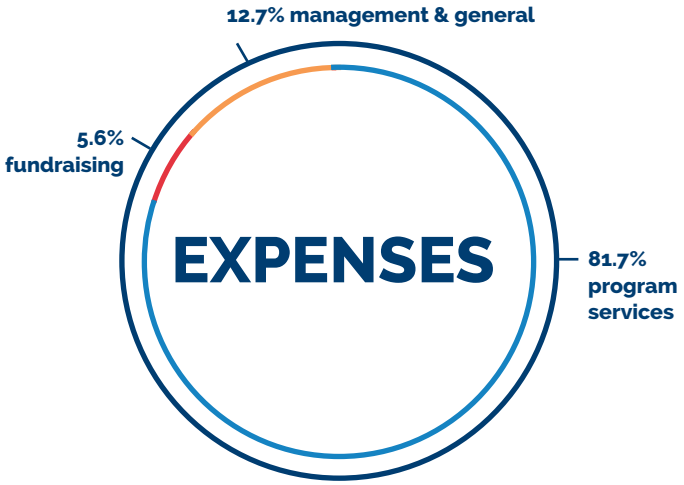
Children with special needs want to experience the same activities and recognition as their siblings and peers. **We look far beyond standard benchmarks.** Therapists challenge clients to gear their goals toward active participation and excellence in activities that interest them. In physical therapy, the **drive to develop strength, coordination and mobility** is boosted by the desire to excel in recreational and competitive settings.

This year, we celebrated an impressive list of achievements made by children in the physical therapy program including:

Sled Hockey Competitors, Little League Pitching All-Star, Junior-Varsity Competitive Diver, Award Winning Weight Lifter, Featured Vocalist, Pan Am Gold Medalist Swimmer, Para-Olympic Bocce Coach, an Assistant Play Director at Yale & more!

Revenues & Expenses





This condensed financial summary has been prepared by Easter Seals DuPage & Fox Valley. Complete financial statements, including notes and the independent auditor's report of Tighe, Kress & Orr, P.C., are available upon request.

A complete donor list is also available upon request.

Fiscal year 2016 contributions include capital campaign donations.

Statement of Financial Position 2016

	2015	2016
ASSETS		
Cash	$ 1,040,375	$ 641,798
Investments	$ 643,533	$ 905,135
Receivables, Net	$ 735,970	$ 632,861
Other Assets	$ 104,712	$ 750,168
Land, Building & Equipment, Net	$ 1,304,335	$ 3,124,024
Total Assets	**$ 3,828,925**	**$ 6,053,986**
LIABILITIES & NET ASSETS		
Liabilities	$ 877,966	$ 1,758,444
Net Assets		
Unrestricted	$ 2,054,425	$ 2,589,776
Temporarily Restricted	$ 896,534	$ 1,705,776
Total Net Assets	$ 2,950,959	$ 4,295,542
Total Liabilities & Net Assets	**$ 3,828,925**	**$ 6,053,986**

Statement of Activities 2016

	2015	2016
REVENUES		
Contributions & Bequests	$ 2,040,118	$ 3,225,455
Program Revenue	$ 5,885,380	$ 5,728,707
Service Billing Revenue	$ 173,347	$ 78,721
Miscellaneous Revenue	$ 14,833	$ 39,583
Total Revenue	**$ 8,113,678**	**$ 9,072,466**
EXPENSES		
Program Services	$ 6,159,404	$ 6326,445
Management & General	$ 946,359	$ 982,287
Fundraising	$ 399,651	$ 432,946
Total Expenses	**$ 7,505,414**	**$ 7,741,678**
Other Revenue (Expense)	$ (50,982)	$ 13,795
Change in Net Assets	$ 557,282	$ 1,344,583
Net Assets at Beginning of Year	$ 2,393,677	$ 2,950,959
Net Assets at End of Year	**$ 2,950,959**	**$ 4,295,542**

ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 6b
	Title:	Seeking direction and a Recommendation on the implementation of a Local Fuel Tax (LFT) at the rate of $.02 per gallon, and discussion, direction, and recommendations on other alternate revenue sources.
	Presenter:	Chris Minick, Finance Director

Meeting: Government Operations Committee	Date: June 18, 2018	
Proposed Cost: $ -0-	Budgeted Amount: TBD	Not Budgeted: ☐

Executive Summary (*if not budgeted please explain*)**:**

In accordance with recent discussions and Council direction, staff is presenting information and seeking feedback on the concept of implementing a new revenue source(s) to finance various projects planned over the next several years. As discussed during budget presentations earlier this spring, the current revenue structure is not sufficient to provide for anticipated infrastructure investment over the next 3 -5 years. During the budget process, the City Council requested additional analysis and discussion of a Local Fuel Tax (LFT) and potential changes to the property tax levy as two specific options to lessen the shortfall. Staff was requested specifically to provide a proposed LFT implementation ordinance for discussion and consideration of approval.

Staff will briefly review current budgeted projections for the next 3 fiscal years and then more detail will be discussed regarding the LFT and property tax levy options. A draft Ordinance to implement a Local Fuel Tax is enclosed in the packet in accordance with discussion and direction from prior meetings. Additionally, staff recently performed a basic survey of 49 area communities with regard to a Local Fuel Tax Option. 43 responses were received; 33 are from home rule communities and the responses will be summarized during the discussion. It is important to note that only a home rule community can impose a Local Fuel Tax.

The ordinance enclosed contemplates implementation of a tax of $.02 per gallon of fuel sold within City limits, however there is flexibility as to the tax rate. Preliminary estimates reflect that a $.02 rate would likely generate approximately $400,000 annually – each $.01 of tax is estimated to bring in approximately $200,000. Please note that these are preliminary estimates.

In addition to the LFT, Staff was directed to quantify the amount of revenue that could be generated by additional property tax revenue in the event that the City wished to change its practice of maintaining a frozen property tax levy of $12,055,000 (approximately) per year as has been maintained for the past 9 years. Staff will discuss those potential options and impacts.

Staff will also review other potential additional revenue sources during the discussion to provide additional choices for consideration.

Attachments (*please list*)**:**

- Survey data and results (2 pages)
- Proposed Ordinance
- Other Revenue Options Slide
- Property Tax Information (2 slides)

Recommendation/Suggested Action (*briefly explain*)**:**

Seeking Direction and a Recommendation on the Implementation of a Locally Administered Gasoline Tax at the rate of $.02 per gallon, and discussion, direction, and recommendations on other alternate revenue sources.

City of St Charles
Communities Surveyed for Local Fuel Tax Information
June, 2018

1. Algonquin
2. Aurora
3. Arlington Heights
4. Barrington
5. Bartlett
6. Batavia
7. Bloomingdale
8. Buffalo Grove
9. Carol Stream
10. DeKalb
11. Downers Grove
12. Elgin
13. Elk Grove Village
14. Elmhurst
15. Geneva
16. Glen Ellyn
17. Hanover Park
18. Hoffman Estates
19. Itasca
20. Joliet
21. Lincolnshire
22. Lisle
23. Lombard
24. Montgomery
25. Mount Prospect
26. Naperville
27. New Lenox
28. North Aurora
29. Northbrook
30. Oak Brook
31. Oak Brook Terrace
32. Oswego
33. Palatine
34. Plainfield
35. Rolling Meadows
36. Roselle
37. Rosemont
38. Schaumburg
39. South Elgin
40. Streamwood
41. Sugar Grove
42. Warrenville
43. West Chicago
44. Wheaton
45. Wheeling
46. Winnetka
47. Wood Dale
48. Woodridge
49. Yorkville

City of St Charles
Local Fuel Tax Survey
May-18

	MUNICIPALITY	HOME RULE	FUEL TAX	FUEL TAX RATE	
1	**Plainfield**	Yes	Yes	$	0.060
2	**DeKalb**	Yes	Yes	$	0.055
3	**Aurora**	Yes	Yes	$	0.040
4	**Batavia**	Yes	Yes	$	0.040
5	**Carol Stream**	Yes	Yes	$	0.040
6	**Elgin**	Yes	Yes	$	0.040
7	**Naperville**	Yes	Yes	$	0.040
8	**Oswego**	Yes	Yes	$	0.040
9	**Warrenville**	Yes	Yes	$	0.040
10	**Woodridge**	Yes	Yes	$	0.040
11	**Rolling Meadows**	Yes	Yes	$	0.040
12	**Schaumburg**	Yes	Yes	$	0.030
13	**Hoffman Estates**	Yes	Yes	$	0.025
	St Charles As Discussed	Yes	Yes	$	0.020
14	**Bloomingdale**	Yes	Yes	$	0.020
15	**Hanover Park**	Yes	Yes	$	0.020
16	**Downers Grove**	Yes	Yes	$	0.015
17	**Elmhurst**	Yes	Yes	$	0.015
18	**Joliet**	Yes	Yes	$	0.010
19	**Algonquin**	Yes	No	$	-
20	**Arlington Heights**	Yes	No	$	-
21	**Bartlett**	Yes	No	$	-
22	**Buffalo Grove**	Yes	No	$	-
23	**Elk Grove Village**	Yes	No	$	-
24	**Glen Ellyn**	Yes	No	$	-
25	**Lincolnshire**	Yes	No	$	-
26	**Lisle**	Yes	No	$	-
27	**New Lenox**	Yes	No	$	-
28	**NorthBrook**	Yes	No	$	-
29	**Palatine**	Yes	No	$	-
30	**Streamwood**	Yes	No	$	-
31	**West Chicago**	Yes	No	$	-
32	**Wheaton**	Yes	No	$	-
33	**Wheeling**	Yes	No	$	-

(Only home rule communities surveyed are listed - a non home rule community cannot impose a local fuel tax)

49 Communities surveyed
43 Responses
33 Home Rule Communities
18 Have imposed a local fuel tax

City of St. Charles, Illinois
Ordinance No. _____

AN ORDINANCE AMENDING TITLE 3 "REVENUE AND FINANCE" OF THE ST. CHARLES MUNICIPAL CODE – ADDING A NEW CHAPTER 3.54 "LOCAL FUEL TAX"

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF ST. CHARLES, KANE AND DUPAGE COUNTIES, ILLINOIS, AS FOLLOWS:

SECTION ONE: That Title 3, "Revenue and Finance", of the St. Charles Municipal Code be and is hereby amended by adding a new Chapter 3.54 entitled "Local Fuel Tax", as follows:

"Chapter 3.54"

LOCAL FUEL TAX

Sections:

3.54.010	Title.
3.54.020	Definitions.
3.54.030	Imposition of tax.
3.54.040	Liability for payment.
3.54.050	Collection.
3.54.060	Notices.
3.54.070	Rules and regulations.
3.54.080	Filing of return; payment of tax.
3.54.090	Late payment and/or filing; failure to pay and/or file.
3.54.100	Schedule of certain rates.
3.54.110	Records.
3.54.120	Exemptions.
3.54.130	Suspension of revocation of licenses for failure to pay tax; hearing.
3.54.140	Disposition of proceeds.
3.54.150	Notice of tax liability; demand for payment of tax; period of limitations; suit.
3.54.160	Hearings.
3.54.170	Preparation; service of citations.

3.54.010 Title.

This chapter shall be known and cited as the "St. Charles Local Fuel Tax Ordinance". The tax imposed in this chapter shall be known and cited as the "St. Charles Local Fuel Tax".

3.54.020 Definitions.

For the purposes of this chapter whenever any of the following words, terms or phrases are used, they shall have the meaning ascribed to them in this section.

A. MOTOR FUEL: All volatile liquids compounded or used for fueling motor vehicles, including gasoline, gasohol, compressed natural gas, propane and diesel fuel.

B. MOTOR FUEL RETAILER: Any person, firm or corporation engaged in the business of selling Motor Fuel at retail, and not for resale.

C. Owner means any person having a sufficient proprietary interest in conducting the operation of a Motor Fuel Retailer so as to entitle such a person to all or a portion of the net receipts thereof.

D. Person means any natural person, receiver, administrator, executor, conservator, assignee, trust in perpetuity, trust, estate, firm, copartnership, joint venture, club, company, business trust, domestic or foreign corporation, association, syndicate, society or any group of individuals acting as a unit, whether mutual, cooperative, fraternal, nonprofit or otherwise; whenever the term "person" is used in any clause prescribing and imposing a penalty, the term as applied to associations means the owners or part-owners thereof, and as applied to corporations, the officers thereof.

3.54.030 Imposition of tax.

A. Commencing on November 1, 2018, there is levied and imposed upon the privilege of purchasing Motor Fuel at retail at any Motor Fuel Retailer in the city, a tax of two cents per gallon ($.02/gallon) exclusive of any other tax imposed on such Motor Fuel sales at retail.

3.54.040 Liability for payment.

A. The ultimate incidence of and liability for payment of the tax imposed by this chapter shall be borne by the person who seeks the privilege of purchasing Motor Fuel sold at such Motor Fuel Retailer, such person hereinafter referred to as "consumer."

B. The tax levied in this chapter shall be paid in addition to any and all other taxes and charges. It shall be the duty of the owner, manager or operator of every Motor Fuel Retailer to collect the tax from the consumer and pay the tax to the City under the rules and regulations prescribed by the Mayor and as otherwise provided in this chapter.

3.54.050 Collection.

Every person required to collect the tax levied by this chapter shall collect the tax from the consumer at the time he collects payment for the sale of Motor Fuel at retail.

3.54.060 Notices.

Any notice or other written communication from the City regarding the tax imposed by this chapter shall be sent to the owner at the address provided in the Motor Fuel Retailer registration form.

3.54.070 Rules and regulations.

The Mayor of the City may promulgate rules and regulations not inconsistent with the provisions of this chapter concerning the enforcement and application of this chapter. The term "rules and regulations" includes, but is not limited to, a case-by-case determination whether or not the tax imposed by this chapter applies.

3.54.080 Filing of return; payment of tax.

The owner of each Motor Fuel Retailer within the City shall file tax returns showing tax receipts received during each monthly period on forms prescribed by the Mayor. The returns shall be due on or before the last day of the calendar month next succeeding the end of the monthly filing period.

At the time of filing such returns, the owner shall pay to the City all taxes due for the period to which the tax return applies, less a commission of one percent (1%) of the amount of the tax, which is allowed to reimburse the owner for the expenses incurred in keeping records, billing, preparing and filing returns, remitting the tax and supplying data to the city upon request. No commission may be claimed by an owner for taxes not timely remitted to the city.

3.54.090 Late payment and/or filing; failure to pay and/or file.

A. If for any reason a tax imposed under this chapter is not paid when due, a penalty shall be added and collected. For the first offense, $50.00 or five percent (5%) on the amount of tax which remains unpaid, whichever is greater; for the second offense, $100 or five percent (5%) on the amount of tax which remains unpaid, whichever is greater; and for the third and subsequent offenses, $150.00 or five percent (5%) on the amount of tax which remains unpaid, whichever is greater. Whenever any person shall fail to pay any tax as provided in this chapter, the city attorney upon the request of the finance director shall bring or cause to be brought an action to enforce the payment of the tax on behalf of the city in any court of competent jurisdiction.

B. If no return is filed or tax paid before the Finance Director issues a notice of tax liability under section 3.54.150, a penalty of twenty-five percent (25%) of the full amount of tax claimed due shall be added thereto. If a penalty is assessed under this subsection, no penalty shall be assessed under subsection A.

3.54.100 Interest.

Interest shall accrue on any late payment, underpayment or nonpayment of tax at the rate of one and one-quarter percent (1.25%) added per month to the amount of tax unpaid and uncollected.

3.54.110 Records.

A. Every owner, manager or operator of a Motor Fuel Retailer in the city shall keep books and records for a period of at least forty-eight (48) months, unless otherwise authorized by the city, which at a minimum shall include a report showing:

1. The number of gallons of Motor Fuel sold and the amount of taxes collected for each day of the calendar month.

B. The Mayor or his designee shall at all reasonable times have full access to such books and records.

C. To the fullest extent permitted by law, the financial records of any Motor Fuel Retailer submitted pursuant to this chapter or any rule and regulation promulgated thereunder shall not be available for public inspection in order to protect the owners' right to privacy.

3.54.120 Suspension or revocation of licenses for failure to pay tax; hearing.

If the mayor or other city official responsible for the issuance of a city license, permit or other approval, including, but not limited to, a liquor license and/or a video gaming license, after hearing held by or for him, shall find that any person has willfully evaded payment or collection and remittance of the tax imposed by this chapter, he may suspend or revoke such city license, permit or other approval held by such tax evader. The person shall have an opportunity to be heard at such hearing to be held not less than seven (7) days after notice is given to him of the time and place of the hearing to be held, addressed to him at his last known place of business. Pending said notice, hearing and finding, any license, permit or other approval issued by the city to the person may be temporarily suspended. No suspension or revocation hereunder shall release or discharge said person from his civil liability for the payment or collection and remittance of the tax, nor from prosecution for such offense. Notwithstanding the foregoing, any suspension or revocation of a liquor license shall follow the procedures set forth in, and otherwise comply with, the provisions of chapter 5.08 of this code. Notwithstanding the foregoing, any suspension or revocation of a video gaming license shall follow the procedures set forth in, and otherwise comply with, the provisions of chapter 5.09 of this code.

3.54.140 Disposition of proceeds.

All proceeds resulting from the imposition of the tax under this chapter, including penalties, shall be paid into the treasury of the city, and shall be credited to and deposited in the corporate fund of the city and shall be allocated for roadway improvements and roadway maintenance.

3.54.150 Preparation; service of citations.

The Finance Director and his designees are deemed peace officers and may prepare and serve citations personally or by certified mail for violations of this chapter."

SECTION TWO: That after the adoption and approval hereof this Ordinance shall be printed or published in book or pamphlet form, published by the authority of the City Council.

SECTION THREE: That this Ordinance shall be in full force and effect on November 1, 2018.

Presented to the City Council of the City of St. Charles, Illinois this _____ day of _____, 2018.

Passed by the City Council of the City of St. Charles, Illinois this _____ day of _____, 2018.

Approved by the Mayor of the City of St. Charles, Illinois this _____ day of _____, 2018.

_____
Raymond P. Rogina, Mayor

ATTEST:

_____
CITY CLERK

COUNCIL VOTE:
Ayes:
Nays:
Abstain:
Absent:

APPROVED AS TO FORM:

_____
City Attorney

DATE:_____

Other Revenue Options

Description	***Rate***	***Impact***
Storm Water Utility	Lot size	$ 850,000
0.25% Increase in HR Sales Tax	0.25%	$ 1,450,000
Prepared Food Tax	1%	$ 500,000
Increase in Alcohol Tax	1%	$ 550,000
Real Estate Transfer Tax	$1/$1,000	$ 294,000
Hotel Tax	Add'l 1%	$ 370,000
Utility Tax	1%	$ 570,000

Property Taxes

Levy frozen 9 years at $12,055,000

Represents 1/3 General Fund Revenue

- No other units have been able to match
- Most maximize levy under tax cap laws (CPI or 5%)
- $561 savings for $300,000 property over 9 years

Increasing costs and increasing EAV have eroded amount available for general operations

- Debt and capital costs
- Mental Health Levy

Property Taxes

Many options if Council would like to adjust levy:

- CPI Adjusted levy since 2009 = $13,844,450 (14.8% increase)
- One Year CPI Adjustment = $12,308,275 (2.1%)
- 10% Adjustment = $13,260,629 (10%)
- Maintain 2016 Levy Rate = $12,529,313 (3.9%)

- These options would increase City portion of tax bill