

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

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

CO # 01041488

PMT #	_____
AMT	_____
INIT	_____

Report for the Fiscal Period:

Beginning 7 / 1 / 2006

& Ending 6 / 30 / 2007

Make Checks Payable to the Illinois Charity Bureau Fund

Check all items attached:

<input checked="" type="checkbox"/>	Copy of IRS Return
<input checked="" type="checkbox"/>	Audited Financial Statements
<input type="checkbox"/>	Copy of Form IFC
<input checked="" type="checkbox"/>	\$15.00 Annual Report Filing Fee
<input type="checkbox"/>	\$100.00 Late Report Filing Fee

Federal ID # 36-2167822

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 12 / 7 / 1943

LEGAL NAME ONWARD NEIGHBORHOOD HOUSE MAIL ADDRESS 600 NORTH LEAVITT STREET CITY, STATE CHICAGO, IL ZIP CODE 60612	Year-end amounts	
	A) ASSETS	A) \$ 3,563,326.
	B) LIABILITIES	B) \$ 1,576,402.
	C) NET ASSETS	C) \$ 1,986,924.
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	17. %	D) \$ 432,800.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	80. %	E) \$ 2,011,800.
F) OTHER REVENUES	3. %	F) \$ 78,482.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 2,523,082.
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	83. %	H) \$ 2,045,577.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	83. %	J) \$ 2,045,577.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83. %	L) \$ 2,045,577.
M) MANAGEMENT AND GENERAL EXPENSE	15. %	M) \$ 364,994.
N) FUNDRAISING EXPENSE	3. %	N) \$ 68,417.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 2,478,988.
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign - Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <u>GILBERT HALL, DIRECTOR OF FINANCE</u>		T) \$ 56,507.
U) NAME, TITLE: <u>MARY BELTRAN, PROGRAM DIRECTOR</u>		U) \$ 53,341.
V) NAME, TITLE: <u>MARIO GARCIA, EXECUTIVE DIRECTOR</u>		V) \$ 76,500.
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <u>DAY CARE PROGRAMS</u>	W) #	110
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	



Certified Public Accountants  
NBC Tower - Suite 2600  
455 N. Cityfront Plaza Dr.  
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*Independent Affiliate  
of BKR International*

December 28, 2007

Illinois Attorney General's Office  
Charitable Trust and Solicitation Division  
100 West Randolph Street, 3<sup>rd</sup> Floor  
Chicago, IL 60601

**RE: Onward Neighborhood House**  
**FEIN: 36-2167822**  
**Year End: June 30, 2007**

Please grant an extension of time until February 29, 2008 to file Form AG-990-IL for the above-named organization. The additional time is needed in order to compile the information that is necessary for a complete and accurate return.

Thank you for your cooperation.

Very truly yours,

Laurence A. Sophian

LAS/lmg

Allen M. Abrams  
Nicola K. Chalik  
Joel A. Herman  
Brian R. Israel  
Thomas M. Kosinski  
Michael J. Kovacs  
Jeffrey C. Newman  
Joseph A. Odzer  
James G. Quaid  
Richard A. Reisin  
Kalman K. Shiner  
Laurence A. Sophian  
Mark A. Thomson  
Kenneth L. Tornheim  
Frank L. Washelesky  
Danielle M. Winkle  
Alan M. Witt

**RECEIVED**

DEC 28 2007

Attorney General  
Charitable Trust

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? . . . . .		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? . . . . .		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? . . . . .		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? . . . . .		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? . . . . .		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) . . . . .		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? . . . . .		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? . . . . .		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? . . . . .		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? . . . . .		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>SHORE BANK, 7054 S. JEFFERY BOULEVARD, CHICAGO, IL 60649</u> <u>ACCOUNT #8000001993, #8000001985</u> <u>BANK OF AMERICA #W83-616630</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>MARIO GARCIA (312) 666-6726</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**OSTROW RESIN BERK & ABRAMS, LTD.**  
 455 N. CITYFRONT PLAZA DRIVE, CHICAGO, IL 60611-5379

33-2338374

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JON CLOPTON

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

BRADLEY NUNEMAKER

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

JAN 21 2008

PREPARER (PRINT NAME)

SIGNATURE

DATE