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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Openito Public ***

B Check if applicable C Name of organization CARE NET PREGNANCY SERVICES OF DUPAGE COUNTY, INC.
CARE NET PREGNANCI SERVICES OF
Change DUPAGE COUNTI, INC.
Name change Doing Business As 36-3154700
Initial Description (CDO Secretary)
Termin- 515 OCDEN AVENITE 200 630-493-1340
Amended return City or town, state or country, and ZIP + 4 G Gross receipts \$ 1,153,709
Application DOWNERS GROVE, IL 60515 H(a) Is this a group return
F Name and address of principal officer MRS BARBARA SINGER for affiliates?
SAME AS C ABOVE H(b) Are all affiliates included? Yes N
I Tax-exempt status. X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)
J Website: ► WWW. CARENETDUPAGE. COM H(c) Group exemption number ►
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1981 M State of legal domicile: 1
DDHGWAYON GOVDUGEL THE AND
() CERTIFORD DAY EXPLICATED THE DURAGE COLDUNG THE THOUGH
SERVICES FOR FAMILIES IN DUPAGE COUNTY, ILLINOIS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Fait VI, line 1b)
Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business revenue from Part VIII, column (C), line 12
7a Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Formigeo-T, line-34. 7b
B Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4 rand 7d) AN 2 4 2012 b Net unrelated business taxable income from Form 990-T, line-34 Prior Year 1,532,922. 1,140,865 0. 0. 0. 1,028
9 Program service revenue (Part VIII, line 2g)
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) AN 2 4 2012
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9d, 40c, and 11e)
12 Total revenue - add lines 8 through 11 (must equal Part VIII (columni (A), line (12) 1,483,630 1,092,369
13 Grants and similar amounts paid (Part IX, column (A), lines-1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
1 E 1 E E 2 Value
b Total fundraising expenses (Part IX, column (D), line 25) ►
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 478, 829. 1, 378, 315
19 Revenue less expenses. Subtract line 18 from line 12 4 , 801285 , 946
Beginning of Current Year End of Year
20 Total assets (Part X, line 16) 1,131,809. 857,554
21 Total liabilities (Part X, line 26) 55, 247. 66, 938
원 22 Net assets or fund balances. Subtract line 21 from line 20 1,076,562. 790,616
Partelle Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
audy control, and complete. Social auton of property (callot and removity to second on an information of information) in the cally information.
Sign Signature of officer
Here MRS. BARBARA SINGER Sulliva Singer 1-17-12
Type or print name and title
Print/Type preparer's name Preparer's signature Date Print
Paid MARGARET MCGINNIS / Margarel W/ June / 11/12 self-employed
Preparer Firm's name SELDEN FOX, LTD. Firm's EIN
Use Only Firm's address 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835 Phone no. 630-954-1400
[Text]
May the IRS discuss this return with the preparer shown above? (see instructions) LAJ Yes Notice, see the separate instructions. LAJ Yes Notice, see the separate instructions.

032002		Form 9	90 (2010)
4e	Total program service expenses ▶ 940,236.		
- - -u	(Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe in Schedule O)		
			·-
			. ,
			
		 -	
+0	(Code) (Expenses #) (Hevenue \$)		,
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		1
			
		 .	
TU	(Code:) (Expenses \$) (Hevenue \$)		· ,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		١
	ILLINOIS, INCLUDING A TELEPHONE HOTLINE AND FREE PREGNANCY TE		
4a	(Code.) (Expenses \$ 940,236. including grants of \$) (Revenue \$ PREGNANCY COUNSELING AND SERVICES FOR FAMILIES IN DUPAGE COUNTY	ry.)
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Voc	X No
	TO ANYONE DEALING WITH THE EFFECTS OF AN UNPLANNED PREGNANCY.		
	TO SERVE JESUS CHRIST BY WORKING TO PREVENT UNPLANNED PREGNANO BY PROVIDING EMOTIONAL SUPPORT, SPIRITUAL COUNSEL, AND PRACTIC		
1	Briefly describe the organization's mission:	TEC	N NTO
	Check if Schedule O contains a response to any question in this Part III		
	990 (2010) DUPAGE COUNTY, INC. 36-31!	54700	Page 2
_	DIDAGE CONTENT TAG	- 4	_

	990 (2010) DUPAGE COUNTY, INC. 36-3154	700	Р	age 3
Pai	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1,7	ŀ
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	-		<u> </u>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ŀ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├	 	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	•	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 	 	
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	<u> </u>		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ł	х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	1	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	海洲		NA.
	as applicable.	-		李 4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	i	1	}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	L	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1	l	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	L	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ł	1,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		J	
	Schedule D, Parts XI, XII, and XIII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional to the organization a school described in costion 170/b/(1/\A\/\u)/2 if "Yes." complete Schedule F.	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		1
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	 		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		†	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) DUPAGE COUNTY, INC Partily Checklist of Required Schedules (continued) DUPAGE COUNTY, INC.

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			₹.
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		ļ	:
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	ŀ		,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ	l	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	44.3	
20	instructions for applicable filing thresholds, conditions, and exceptions).	1	-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ALONDA:	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		İ	
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	33		 -
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	l	х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	-
	Note. All Form 990 filers are required to complete Schedule O	_ 38_	X	<u> </u>
		Form	990 ((2010)

	990 (2010) DUPAGE COUNTY, INC.		36-3154	<u>700</u>	Pa	age 5
Par						
	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8	"anigo	X Object	× r*
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	^!	94g2-1	5 4 . 45
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportab	le gaming	* • * •		1, 2
	(gambling) winnings to prize winners?	•	· ·	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					d a x
	filed for the calendar year ending with or within the year covered by this return	2a	28		च्या न व्यापन करिया -	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing			2b	X	****
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction		i	, , ,,,,,	42	,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	v over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
ь	If "Yes," enter the name of the foreign country:			. fe 16 }	.5*35 .350	ي پورندو
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Account	is.	1,145	1 1	di density
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he orgar	nization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or	gıfts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices pro	ovided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ıred			
	to file Form 8282?		0	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	NA +4	" "See	AL POR
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	_		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	\vdash	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are statistically deposed funds and section 500/aV(2) are action associations.			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					* 1 .
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at Sponsoring organizations maintaining donor advised funds.	any ume	during the year?	_8		
•	Did the organization make any taxable distributions under section 4966?					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30 100	ų£.,,,	, ,
	Initiation fees and capital contributions included on Part VIII, line 12	10a			U Y / 💥	· ·
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		***#	. 3	þ _à ;
11	Section 501(c)(12) organizations. Enter:			0. ¥	~! ;	**************************************
а	Gross income from members or shareholders	11a		× ₉ 1.75%,	ۋېلىر ئىقە.	# E
b	Gross income from other sources (Do not net amounts due or paid to other sources against				(excise.	
	amounts due or received from them.)	11b		Y 25.	. 2	25.2
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			,	, ₂ 3, ,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			***	Lave	; tu
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			****	Married Services	-41
b	Enter the amount of reserves the organization is required to maintain by the states in which the			4	3.19	
	organization is licensed to issue qualified health plans	13b		٠	33.	Ĭ
С	Enter the amount of reserves on hand	13c		τ	٠,٠	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a]	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

032005 12-21-10

Page 6

[Rart VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

ta Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee? Did any officer, director, furstee, or key employee? Did the organization delegate control over amangement duties customarily performed by or under the direct supervision of officers, directors or furstees, or key employees to a management company or other person? Did the organization have gentlems to find the proof of the proof form 990 was filed? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Did was any decisions of the governing body subject to approval by members, stockholders, or other persons? To be the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Did was any decisions of the governing body subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons. To be subject to approval by members, stockholders, or other persons, and approval by members, stockholders, or other persons, and approval by members, stockholders, or other persons, organization have written policies and procedures governing body before fil		Check if Schedule O contains a response to any question in this Part VI				X
ta Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee, or key employee? Did any officer, director, furstee, or key employee? Did the organization delegate control over amangement duties customarily performed by or under the direct supervision of officers, directors or furstees, or key employees to a management company or other person? Did the organization have gentlems to find the proof of the proof form 990 was filed? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Did was any decisions of the governing body subject to approval by members, stockholders, or other persons? To be the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Did was any decisions of the governing body subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons? To be subject to approval by members, stockholders, or other persons. To be subject to approval by members, stockholders, or other persons, and approval by members, stockholders, or other persons, and approval by members, stockholders, or other persons, organization have written policies and procedures governing body before fil	Sec	tion A. Governing Body and Management				
b Effet the number of voting members included in line 1s, above, who are independent Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee? 3 Did the organization delegate control over management duries outstormarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior form 990 was fided? 5 Did the organization have members or stockholders? 6 Doss the organization have members or stockholders? 7 Doss the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members stockholders, or other persons who may elect one or more members of the governing body? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 If the organization have local chapters, branches, or affiliates? 10 Dess the organization have local chapters, branches, or affiliates? 10 Dess the organization have local chapters, branches, or affiliates? 10 Dess the organization have local chapters, branches, or affiliates? 10 Dess the organization have local chapters, branches, or affiliates? 10 Dess the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Dess the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization have a written organization or the deliberation and decision? 10 Dess the organization have a written or			1		Yes	No_
2 Del any officer, director, trustes, or key employee have a family relationship or a business relationship with any other officer, director, trustes, or key employees to a management duties customarily performed by or under the direct supervision of difficers, directors or trustees, or key employees to a management company or other person? 3	1a	•		8	**************************************	
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to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b if 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► BARBARA S INGER − 630 − 493 − 1340 515 OGDEN AVENUE, SUITE 200, DOWNERS GROVE, IL 60515	b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise	Ì		
In Schedule O how this is done 12c X		to conflicts?		12b	X	
13	С		"Yes," describe			
14	40			<u> </u>		-
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15a X 15b X 16a X b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☑ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► BARBARA SINGER - 630-493-1340 515 OGDEN AVENUE', SUITE 200, DOWNERS GROVE, IL 60515				<u> </u>		
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bit frequency f	b					
bit frequency f		If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	•	-		
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exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed IL 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. BARBARA SINGER - 630-493-1340 515 OGDEN AVENUE, SUITE 200, DOWNERS GROVE, IL 60515	b		• •	(Alle		11
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BARBARA SINGER - 630-493-1340 515 OGDEN AVENUE, SUITE 200, DOWNERS GROVE, IL 60515			,,			
515 OGDEN AVENUE, SUITE 200, DOWNERS GROVE, IL 60515	20		and records of the organ	ızatıon. 🕨		
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Town 000 (004		515 OGDEN AVENUE, SUITE 200, DOWNERS GROVE, IL 60)515		000	

Rart VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiz (A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	Position				1		Reportable	Reportable	Estimated	
	hours per	(c	(check all th		that apply)		ly)	compensation	compensation	amount of	
	week	ē						from	from related	other	
	(describe	Individual trustee or director	i			<u>8</u>	l	the	organizations	compensation	
	hours for related	tee o	ustee		ĺ	ensat	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	i i	nal tr		loyee	d a		(***271033***********************************		and related	
	ın Schedule	Midu	Institutional trustee	Officer	Key employee	Highest compensated employee	ige.			organizations	
	O)	를	를	ŧ	S _e	물통	호	}		3	
MR. LAWRENCE BOIK, C.P.A.											
TREASURER	1.30	X		Х				0.	0	0	
MR. STEPHEN WALSH		Γ	Π								
SECRETARY	1.30	X		Х				0.	0.	0	
MR. DOUG TRUAX			Γ								
BOARD MEMBER	1.30	X						0.	0.	0	
REV. MATTHEW ROGERS						-					
CHAIRMAN	1.30	Х		X	L_	l		0.	0.	0	
MRS. BARBARA SINGER											
EXECUTIVE DIRECTOR	40.00	Х		X				89,090.	0.	0	
REV. DONALD ZIMMERMAN											
VICE CHAIRMAN	1.30	Х		X				0.	0.	0	
MR. DOUG HAAS											
BOARD MEMBER	1.30	X			L	L		0.	0.	0	
MRS. PAIGE CUNNINGHAM	-	Ì									
BOARD MEMBER	1.30	X						0.	0.	0	
MR. DONALD KOSIK		İ									
BOARD MEMBER	1.30	Х						0.	0.	0	
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RartaVII. Section A. Officers, Directors, Tre		mple	oyee			High	est	Compensated Employ	rees (continued)	<u> </u>
. (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	10		Pos		n :app	hΛ	Reportable	Reportable	Estimated
	week	\vdash	, ,,,,,,,,,	an ·	u ial	app T	'' <i>y)</i>	compensation from	compensation from related	amount of other
	(describe	rector						the	organizations	compensation
	hours for	₽ or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	truster	al trus		8	m pen	İ	(W-2/1099-MISC)		organization
	in Schedule	Individual trustee or director	Institutional trustee	ā	Key employee	Highest compensated employee	je je			and related organizations
	O)	ğ	Instr	Officer	Key	훈흡	뎚			
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					İ					
1b Sub-total	<u>L</u>		ŀ		<u> </u>	┖	<u> </u>	89,090.	0	. 0.
c Total from continuation sheets to Part V	II Section A							05,050:	0	
d Total (add lines 1b and 1c)	ii, occuon A							89,090.	0	
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	no r		0,000 in reportable	
compensation from the organization									·	0
										Yes No
3 Did the organization list any former officer,		stee	, ke	y em	olqı	yee,	or h	highest compensated er	nployee on	** **
line 1a? If "Yes," complete Schedule J for s		_								3 X
For any individual listed on line 1a, is the st and related organizations greater than \$15									the organization	4 X
5 Did any person listed on line 1a receive or a									idual for convoca	
rendered to the organization? If "Yes," com							eiai	ted organization or indiv	idual for services	5 X
Section B. Independent Contractors	p. 0.00 0000 0		<u> </u>						··	1 3 1 1
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comper	nsation from
the organization. NONE										
(A)								(B)		(C)
Name and business	address						_	Description of s	ervices	Compensation
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2 Total number of independent contractors (i	_	ot lı	mite	d to		_	sted	d above) who received n	nore than	
\$100,000 in compensation from the organi	zation				(0				<u> </u>
										Form 990 (2010)

Pa	rt V	III]	Statement of Rever	ue				· · · · · ·	
* *				x x x * * * * * * * * * * * * * * * * *	٠ 	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	b M c F d F e G f A	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution) Ill other contributions, gifts, grant Imilar amounts not included about	s, and /e 1f	236,394. 120,853. 783,618.	and the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contra			
ğ ğ		<u>h T</u>	otal. Add lines 1a-1f	•		1140865.			
Program Service Revenue	2				_	38 V S			4
4	1	f A	All other program service reve	nue					
Other Revenue	3	lr o Ir	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax		>	1,028.	Signa Signa A		1,028.
	l	a G b L c R	Gross Rents Less: rental expenses Rental income or (loss) Let rental income or (loss)	(i) Real	(ii) Personal			Section 1	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
	7	a G b L a c G	Gross amount from sales of assets other than inventory assets cost or other basis and sales expenses Gain or (loss)	(i) Securitie			1 100	* 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1500 - 1 1	as to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second
	8 :	a G In C P b L	Gross income from fundraising holiuding \$ 236,3 contributions reported on line Part IV, line 18 less: direct expenses	94 • of 1c). See	a 11,816. b 61,340.		The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74. 12 . 20. Seq. ,
	9 :	a G P b L	let income or (loss) from fund Gross income from gaming ac Part IV, line 19 .ess: direct expenses	tivities. See	a b	-49,524.		\$20 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$4	-49,524.
	10 a	a G a b L	let income or (loss) from gam Gross sales of inventory, less and allowances less: cost of goods sold let income or (loss) from sale:	returns	a b		144		
	(b _ c _	Miscellaneous Revenu	9	Business Code				
		е Т	otal. Add lines 11a-11d	•	>	1092369.	0.	0.	-48,496.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			Marin Marin de san ann an an an an an an an an an an an	10000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			अभावसम्बद्धिकारिकः हा वे वेक्ष णायक	· 特十多年的 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2000年 2
5	Compensation of current officers, directors, trustees, and key employees	97,620.	36,608.	36,607.	24,405.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	677,190.	517,718.	100,081.	59,391.
8	Pension plan contributions (include section 401(k)	14 500	10 252	2 62-	
_	and section 403(b) employer contributions)	14,582.	10,353.	2,625.	1,604. 7,813.
9	Other employee benefits	71,028.	50,430.	12,785.	6,270
10	Payroll taxes	57,000.	40,470.	10,260.	6,270.
11	Fees for services (non-employees):				
a	Management				
b	Legal Accounting	15,335.	6,492.	8,843.	
d	Lobbying		0,152.	0,013.	 -
e	Professional fundraising services. See Part IV, line 17		2.1kg 5 - 15 - 14-	BONEF CHEST	
f	Investment management fees		, , , , ,, ,,,		
g	Other	60,372.	45,911.	265.	14,196.
12	Advertising and promotion	67,208.	67,208.		,
13	Office expenses	89,487.	30,100.	21,781.	37,606.
14	Information technology	17,014.	3,895.	13,119.	
15	Royalties				
16	Occupancy	134,530.	97,577.	36,953.	
17	Travel	11,536.	11,536.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,717.	1,717.		
20	Interest		· · · ·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,120.	19,300.	18,573.	247.
23	Insurance	18,484.	~ 23 N/2	18,484.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
а	OTHER	5,678.	921.	4,536.	221.
b	DUES AND SUBSCRIPTIONS	1,414.	<u>.</u>	1,414.	
С		···			
d					
е				·	
	All other expenses	1 270 215	040 026	206 226	154 550
25	Total functional expenses. Add lines 1 through 24f	1,378,315.	940,236.	286,326.	151,753.
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

032010 12-21-10

		•		(A) Beginning of year		(B) End of year
-		Cook and who set have a	· · · · · · · · · · · · · · · · · · ·	Degining of year	<u> </u>	Life of year
	1	Cash - non-interest-bearing		923,839.	1	623,949.
ł	2	Savings and temporary cash investments		323,633.	2	023,343.
ļ	3	Pledges and grants receivable, net			3	<u> </u>
ı	4	Accounts receivable, net		(7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5% (7.5%	4	C C Saster To Man
	5	Receivables from current and former officers, directors, tr			***	
		employees, and highest compensated employees Comp	lete Part II		water and	
ı	_	of Schedule L		T. Daw Car.	5	6
	6	Receivables from other disqualified persons (as defined u			.08	
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	•			
		employers and sponsoring organizations of section 501(c)(9) voluntary	Little	1345.	
2	_	employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net	•		7	
₹	8	Inventories for sale or use		39,868.	8	25 107
	9	Prepaid expenses and deferred charges		39,000.	9 	35,187.
	10a	Land, buildings, and equipment cost or other	E01 10 <i>4</i>			
		basis. Complete Part VI of Schedule D	501,194. 314,967.	155,911.		100 227
ŀ		Less: accumulated depreciation 10b	314,96/.	155,911.	10c	186,227.
ŀ	11	Investments - publicly traded securities			11	
j	12	Investments - other securities. See Part IV, line 11		<u> </u>	12	
Ì	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		12,191.	14	12 101
	15	Other assets. See Part IV, line 11		1,131,809.	15	12,191. 857,554.
-	16_	Total assets. Add lines 1 through 15 (must equal line 34)		55,247.	16	66,938.
ı	17	Accounts payable and accrued expenses	•	33,247.	17	00,330.
	18	Grants payable			18	
-	19	Deferred revenue	-	<u> </u>	19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of		<u> </u>	21	,
	22	Payables to current and former officers, directors, trustee			1333	
		highest compensated employees, and disqualified person	is. Complete Part II	Later of the second		
		of Schedule L			22	
ĺ	23	Secured mortgages and notes payable to unrelated third	<u>=</u>		23	<u> </u>
Ī	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
ĺ	25	Other liabilities. Complete Part X of Schedule D		55,247.	25	66,938.
-	26_	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶	Y	33,247.	26	00,930.
,,			and complete			
ĕ	07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		863,838.	A	668,017.
<u> </u>	27	Temporarily restricted net assets	·	212,724.	27	122,599.
<u> </u>	28	•		212,124.	28	122,333.
ב ב	29	Permanently restricted net assets			29	
<u>.</u>		Organizations that do not follow SFAS 117, check here	e ▶ ∟⊥ and		İ	
် ဗ	20	complete lines 30 through 34.				a. iii iii
195	30	Capital stock or trust principal, or current funds	5 d		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment			31	
ē	32	Retained earnings, endowment, accumulated income, or	omer tunds	1,076,562.	32	790,616.
	33	Total helities and not coasts/fund balances		1,131,809.	33	
	<u>34</u> _	Total liabilities and net assets/fund balances		1,131,009.	34	857,554. Form 990 (2010)

Form	n 990 (2010) DUPAGE COUNTY, INC.	<u> 36-3</u>	154700	Pag	_{je} 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
			-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 .	1,092		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,378		
3	Revenue less expenses Subtract line 2 from line 1	3	-285		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,076	,50	62.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	790	, 6:	16.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX.
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Cother			\$'s-c2'	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	l Ai	; ,	- 1/2
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		3° 3 • •	``` §
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		احتندا	. Vi	23 .
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		1	
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

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

Open to Public Inspection

Department of the Treasury Internal Révenue Service

Name of the organization

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

CARE NET PREGNANCY SERVICES OF

Employer identification number 36-3154700

			COUNTY, INC.							0-3134700
Part I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	te this par	t) See inst	ructions.		
he orgar	nization is not a	private foundation	because it is. (For lines 1	1 through 1	11, check	only one b	ox.)			
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desci	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(iii).			
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	e.								
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governi	nental uni	t describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗌			ent or governmental uni	t described	d ın sectio	n 170(b)(1	I)(A)(v).			
7 X		_	eives a substantial part					r from the	general	public described in
	•	b)(1)(A)(vi). (Comple	•	• •		•				•
8 🗔	•		ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗀	-		eives: (1) more than 33	•		rom contri	butions. m	nembershi	p fees. ar	nd aross receipts from
	_	-	nctions - subject to certa		• •					-
		•	axable income (less sect	•		•				•
		509(a)(2). (Complete	•		,			, J		
10 🔲			perated exclusively to te	st for publi	c safety. S	See sect io	n 509(a)(4	I).		
11 🗀	•		perated exclusively for the	•	•			-	y out the	purposes of one or
	•	-	ations described in secti		•				-	•
		,,	organization and compl		•		•	•		
	a Type I					tionally int	tegrated		d 🗀	Type III - Other
e 🗀			at the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check tl	nis box							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?	
_	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and ((ııi) below,	Yes No
	the gove	eming body of the s	upported organization?							11g(i)
	(ii) A family	member of a person	n described in (i) above?	•						11g(ii)
	(iii) A 35% (controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi) Is	s the	(vii) Amount of
	anization	(.,,=	organization (described on lines 1-9	in col. (i) listed in your organization in col. (i) organized in t					ed in the l	support
			above or IRC section	governing	document?	(i) of you	r support?	U.S	i.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
						ŀ				
						ļ	ļ	ļ		
						ŀ				
					ļ	ļ				
				ł				}		
							<u> </u>			
							[}		
							 			
			٠, ء							
[otal		* * 3	•]]	1	}	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 DUPAGE COUNTY, INC.

36-3154700 Page 2

L,	Support Schedule for (Complete only if you checke						
	fails to qualify under the test				in railed to quality	under Part III. II the	e organization
Se	ction A. Public Support			<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(2) 2000	(6) 2007	(0) 2000	(u) 2009	(e) 2010	(I) Total
·	membership fees received (Do not	1			1		
	include any "unusual grants ")	891,898.	939,578.	1,331,330.	1,305,275.	904,471.	5,372,552.
2	Tax revenues levied for the organ-		303,000		_,,_,	301,1,1	5,5,2,552.
	ization's benefit and either paid to					ļ	
	or expended on its behalf	ł					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	891,898.	939,578.	1,331,330,	1,305,275.	904,471.	5,372,552.
5	The portion of total contributions	· Land Higher Line	* * ********* *	of a light		Listendrum vásalc.	.,,
	by each person (other than a	yanarata yara 22	- + Ar on real real real real real real real real	38000	are to the think	Complete Separation	
	governmental unit or publicly	the management of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the segretary of the s	end from parameter		(3.49)	The production of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the car of the	
	supported organization) included	End and the Street		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	***** * * **	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	on line 1 that exceeds 2% of the	TO BE STREET OF THE PARTY.	1.8364.15. de 1.001.25.4	Same of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		minnii itadini	
	amount shown on line 11,	Danie de la company	Parameters - 1 marion			Service Services	
	column (f)	A CELLLE				The Party of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s	219,456.
6	Public support. Subtract line 5 from line 4	-in-t-t-literatures.	-496(57)) (6)	THE ESTATE OF THE PARTY	PROPERTY AND AND SE		5,153,096.
	ction B. Total Support					<u></u>	· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	891,898.	939,578.	1,331,330.	1,305,275.	904,471.	5,372,552.
8	Gross income from interest,						ii
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	22,742.	28,415.	12,878.	4,809.	1,028.	69,872.
9	Net income from unrelated business					-	<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	3 * \$ 3 4 5 7	i v	ğ.4	178	\$ 18.18. Y	5,442,424.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,272,984.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	-
<u> </u>	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ				_		
	Public support percentage for 2010 (•	olumn (f))		14	94.68 %
	Public support percentage from 2009	•	="	-		15	96.79 %
16a	33 1/3% support test - 2010.If the o				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies					-	\triangleright X
b	33 1/3% support test - 2009.If the o				line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organ	ızatıon
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test	The organization of	aualifies as a public	cly supported orga	anization	▶

Schedule A (Form 990 or 990-EZ) 2010

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		!		ļ		ļ
	include any "unusual grants ")	ľ		}			Í
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-			ł		1	
	iness under section 513					1	
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to			į			
	or expended on its behalf						
_	·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			-			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year	· -	<u>. </u>				
	Add lines 7a and 7b	3. William 18	* /***	g .	S 2888 23 2	* .	
<u>8</u>	Public support (Subtract line 7c from line 6)	`	- 7	₩ , ,			
	.,			T	T		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	·					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	i i					
12	assets (Explain in Part IV)	_		 	 	-	
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	L		
14	First five years. If the Form 990 is for	tne organization's	s tirst, second, thir	a, tourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
S	check this box and stop here	o Current Di	un and a ma			-	▶└
	tion C. Computation of Publi	•••				T 1	
	Public support percentage for 2010 (I			column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15				%
	tion D. Computation of Inves					T	
17	Investment income percentage for 20	10 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	zation	ightharpoons
b	33 1/3% support tests - 2009. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization		_			-	▶ □

032023 12-21-10

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

CARE NET PREGNANCY SERVICES OF Name of the organization

DUPAGE COUNTY, INC.

Employer identification number 36-3154700

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
•	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if		└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
D-	conservation easements.	(
Pa	Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIV,
_	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treating the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro		ll gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	•	S
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

		COUNTY, IN						54/00	
Pai	t III Organizations Maintaining C	collections of A	rt, Historica	al Treasures,	or Other	Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ts, check any c	of the following th	at are a sig	nificant L	use of its	collection	items
	(check all that apply).								
а	Public exhibition	c	i 🖳 Loan d	r exchange progi	rams				
b	Scholarly research	e	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they fur	ther the organizat	tion's exem	pt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, historica	l treasures, or oth	ner sımılar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organizatio	n's collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organ	ization answered	"Yes" to F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contrib	outions or other a	ssets not ir	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Par	t V 🕾 Endowment Funds. Complete	f the organization ar	nswered "Yes"	to Form 990, Par	t IV, line 10				
		(a) Current year	(b) Prior ye	ar (c) Two yea	ars back (c	1) Three yo	ears back	(e) Four y	ears back
1a	Beginning of year balance						\$ `	Ž'.Šì. w.	
b	Contributions						作	a 18 000	Li www.
С	Net investment earnings, gains, and losses				1,10	. ,		1/200	
d	Grants or scholarships					I. dž:		,	· `W.
е	Other expenditures for facilities					bah . makmo.	i jang)		2
	and programs		·						\$85. I
f	Administrative expenses				3	V 350	Nacional		 ;
g	End of year balance)				
2	Provide the estimated percentage of the year	r end balance held a	as:		•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
С									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are h	neld and administ	ered for the	e organiz	ation		
	by.	-				_		T	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule Ra	?				3b	
4	Describe in Part XIV the intended uses of the	organization's ende	owment funds.						
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X, line 1	0.					
	Description of investment	(a) Cost or o	ther (b)	Cost or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investr		oasıs (other)		eciation	İ		
1a	Land				*	٤.	.,_		
b	Buildings								
С	Leasehold improvements			295,615.	1	98,05	8.	97	,557.
d	Equipment			205,579.	1	16,90	9.	88	,670.
e	Other								
Total	Add lines 1s through 1s. (Caluma (d) must a	gual Form 000 Part	Y column (P)	Ino 10(a))				186	227

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 DUPAGE COU			6-3154/00 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line		<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
_ (A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		FLANCE AND ARREST CONTROL	104 % 10 4 7 66,
Part VIII Investments - Program Related.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)			
(2)			
(3)			····
(4)			
(5)			
(6)		_	
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, lin			
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
			
(8)			
(9)			
(10)	45)		
Total. (Column (b) must equal Form 990, Part X, col (B) III Part X Other Liabilities. See Form 990, Part X	<u>16 15.)</u>		<u>▶</u> [
(+) D	C, line 25	(b) Amount	X b : 400 - 10 - 1
		(b) Allount	
(1) Federal income taxes			
(2)			,\$700
(3)			
(4)		c.as.k	
(5)			
(6)			
(7)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
(10)			
(11) Tetal (Column (b) must equal Form 990, Part V, col (P) (iii)	25.)	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) FOOTNOTE IN Part XIV, provide the text of the footnote FIN 48 (ASC 740)	to the organization's financial state	tements that reports the organization's liability for unc	ertain tax positions under

CARE NET PREGNANCY SERVICES OF DUPAGE COUNTY, INC 36-3154700 Page 4 Schedule D (Form 990) 2010 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements $1,092,\overline{369}$ 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1,378,315. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 -285,946.3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 Investment expenses 6 Prior period adjustments 7 7 Other (Describe in Part XIV.) 8 0. 9 Total adjustments (net). Add lines 4 through 8 -285,946. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1,092,369. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 1,092,369 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4h c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1,092,369 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,378,315. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities **b** Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e 1.378.315 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 378, Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE AGENCY IS TAX EXEMPT UNDER SECTION 501(C)(3) OF AS SUCH, IT IS NOT SUBJECT TO FEDERAL INCOME

THE INTERNAL REVENUE CODE. AS SUCH, IT IS NOT SUBJECT TO FEDERAL INCOME

TAXES, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. THERE WAS NO

TAXABLE UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME

TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. THE AGENCY 2008, 2009,

AND 2010 ANNUAL INFORMATION AND TAX RETURNS FILED WITH THE INTERNAL

REVENUE SERVICE AND THE ILLINOIS DEPARTMENT OF REVENUE ARE OPEN TO

EXAMINATION FOR THE STATUTORY PERIOD.

Schedule D (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization

CARE NET PREGNANCY SERVICES OF

Employer identification number 36-3154700

DUPAGE	COUNTY, INC.				30-3134	700
Fundraising Activities required to complete this par	 Complete if the organization answe t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-gover using of ding of ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
·						
						!
		i				
					-	
		1	<u> </u>			
otal			>			
3 List all states in which the organization or licensing	on is registered or licensed to solicit o	contrib	ution	s or has been notifie	d it is exempt from re	egistration
· · · ·						
				-		

032081 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010 DUPAGE COUNTY, INC.

3	6 –	3	1	5	4	7	n	O	Page 2
_	v	J	_	~	-	,	v	v	Page Z

Pa	ırt I		_		· ·		
		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	,		HIKE FOR			(add col. (a) through	
			LIFE	BANQUET	3		
			(event type)	(event type)	(total number)	col. (c))	
Revenue							
3Ve	1	Gross receipts	58,230.	177,681.	12,299.	248,210.	
ď	'	aross receipts	33,233				
	,	Less Charitable contributions	58,230.	165,865.	12,299.	236,394.	
	2	Less Chantable Contributions	30,230.	203,0031	20,200	230,0321	
	_	Gross income (line 1 minus line 2)		11,816.	•	11,816.	
	3	Gross income (line 1 minus line 2)		11,010.		11,010.	
	١.	Ocale					
	4	Cash prizes	 -		<u> </u>	<u> </u>	
	_						
es	5	Noncash prizes					
ens	{			02.056		02.056	
ă	6	Rent/facility costs		23,856.		23,856.	
Direct Expenses	ŀ				1		
<u>Jre</u>	7	Food and beverages					
				ŀ			
	8	Entertainment					
	9	Other direct expenses	3,404.	33,390.	690.	37,484.	
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		•	(61,340,	
	11					-49,524.	
Pa	ırt:l	Garning. Complete if the organization	answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than		
		\$15,000 on Form 990-EZ, line 6a.					
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
ž.			(a) bingo	bingo/progressive bingo	(c) Other garming	col (a) through col (c))	
Revenue							
ш	1	Gross revenue					
ý	2	Cash prizes			_		
Direct Expenses	ŀ						
ed.	3	Noncash prizes					
Û							
5	4	Rent/facility costs					
ቯ		•					
	5	Other direct expenses					
	Ť		Yes %	Yes %	☐ Yes %		
	6	Volunteer labor	No No	No No	No No	- h-é t ir	
	٦		L				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		_	\ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	\	the composition of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	. 5 65.6 (4)			 	
	ρ	Net gaming income summary Combine line 1	L column d and line 7		.		
	<u> </u>	The garring meetic summary combine line	r, column a, and line r			L	
9	Ent	ter the state(s) in which the organization opera	tee gaming activities				
_			- ·	etetee?		Yes No	
	a Is the organization licensed to operate gaming activities in each of these states? Light I would be seen to see the seed to operate gaming activities in each of these states?						
0	• 11	No," explain.					
	_						
40-	14/-	ere any of the organization's gaming licenses re	wokad augrandad+-	rminated duman the torri		Yes No	
			•		year /	└─ Yes └─ No	
a	ı IT "	Yes," explain	· · · · · · · · · · · · · · · · · · ·				
			<u>-</u>				
						<u> </u>	

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

CARE NET PREGNANCY SERVICES OF

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 DUPAGE COUNTY, INC.	<u> 36 - 3</u>	154700	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1	1	
	The organization's facility	ŀ	13a	%
	An outside facility	İ	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ıts:		
	Name >			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	, , , , , , , , , , , , , , , , , , , ,			
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt		
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party			
	, , , , , , , , , , , , , , , , , , ,			
	Name >			
	Address ▶			
				
16	Gaming manager information:			
	Saliming Manager mornation			
	Name >			
			•	
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Employee Entrependent contractor			
17	Mandatory distributions			
	•			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		☐ Yes	□ No
	retain the state gaming license?		res	140
U	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year > \$	n trie		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	()		I David III
1 4	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info			
	lines 9, 90, 100, 130, 130, 16, and 170, as applicable. Also complete this part to provide any additional info	mation	(see instru	ctions)
				
•			<u>.</u> .	
0320	33 01-13-11 Schedule	G (Form	990 or 990)-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

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Name of the organization

CARE NET PREGNANCY SERVICES OF DUPAGE COUNTY, INC.

Employer identification number 36-3154700

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS MADE AVAILABLE TO ALL
VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION IS CURRENTLY IN
THE PROCESS OF INCORPORATING A CONFLICT OF INTEREST DISCLOSURE FORM TO BE
SIGNED ANNUALLY BY ALL MEMBERS OF THE BOARD OF DIRECTORS. CURRENTLY, THE
POLICY IS MONITORED BASED ON KNOWN BUSINESS RELATIONSHIPS MEMBERS OF THE
BOARD OF DIRECTORS HAVE.
FORM 990, PART VI, SECTION B, LINE 15: A BOARD COMMITTEE CONDUCTS AN
ANNUAL PERFORMANCE REVIEW FOR THE EXECUTIVE DIRECTOR. THE BOARD REVIEWS
COMPENSATION OF THE EXECUTIVE DIRECTOR THROUGH A NUMBER OF COMPENSATION
SURVEYS. THE BOARD VOTES ON THE SALARY FOR THE EXECUTIVE DIRECTOR AFTER
THE PROCESS ABOVE IS COMPLETE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THERE HAS BEEN NO CHANGE TO THE ORGANIZATION'S AUDIT OVERSIGHT PROCESS
OR SELECTION OF ITS INDEPENDENT ACCOUNTANT.

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Rèvenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

# If you are filing for an Additional (Not Automatic) 3-Month Extension, complete Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file), You can electronically file Form 8868 it you need a 3-month automatic extension of time to file any of the form sisted in Part to Fart II with the exception of Form 8870, Information Return for Transfers Associated With Cerestronia Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this visat www.irs.gov/defile and cick on -efile for Charles & Nonprofiles. Part 1 only #Ar other corporation required to file Form 990-T and requesting an automatic Formath extension -check this box and complete Part I only #Ar other corporations finculating 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization Care NET PREGNANCY SERVICES OF DUPAGE COUNTY, INC. Number, streat, and come or sulte no. If a P.O. box, see instructions. 515 COGDEN AVENUE, NO - 200 City, town or post office, state, and ZIP code, for a foreign address, see instructions. DOWNERS GROVE, IL 60515 Enter the Return code for the return that this application is for (file a separate application for each return) Application 1 Form 990-E Form 990-E 10 Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F The books are in the care of ₱ 515 CGDEN AVENUE, SUITE 200 - DOWNERS GROVE, IL 6051 Form 990-F Form 990-F Teleptrone No. ₱ 515 CGDEN AVENUE, SUITE 200 - DOWNERS GROVE, IL 6051 Form 990-F Form 990-F Form 990-F The tooks are in the care of ₱ 515 CGDEN AVENUE, SUITE 200 - DOWNERS GROVE, IL 6051 Form 990-F Teleptrone No. ₱ 530-433-3340 Form 990-F Teleptrone No. ₱ 530-433-3340 Form 990-F Teleptrone No. ₱ 530-433-3340 Form 990-F Teleptrone No. ₱ 530-540-540 F	
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Form 990-EZ Form 990-FF Form 990-FF Form 990-FF Form 990-T (sec. 401(a) or 408(a) trust) BARBARA SINGER BARBARA SINGER The books are in the care of ▶ 515 OGDEN AVENUE, SUITE 200 - DOWNERS GROVE, IL 6051 Telephone No. ▶ 630-493-1340 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a group Return, enter the organization required to file Form 990-T) extension of time until FEBRUARY 15, 2012 To file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	08
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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment institution. For Paperwork Reduction Act Notice, see Instructions. Form 8868 (R	

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