ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

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

Report for the Fiscal Period:
Beginning 07/01/2012
& Ending 06/30/2013

Federal ID #: 36-4029352
Are contributions to the organization tax deductible? Yes

LEGAL
NAME: UNITY PARENTING & COUNSELING, INC.
MAIL: 600 W. CERMAK RD, NO. 300
CITY, STATE: CHICAGO, IL
ZIP CODE: 60616

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
E) GOVERNMENT GRANTS & MEMBERSHIP DUES
F) OTHER REVENUES
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:
H) OPERATING CHARITABLE PROGRAM EXPENSE
I) EDUCATION PROGRAM SERVICE EXPENSE
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
M) MANAGEMENT AND GENERAL EXPENSE
N) FUNDRAISING EXPENSE
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:
(Attach Attorney General Report of Individual Fundraising Campaign-Form IRC. Cns for each PFR.)
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
Q) TOTAL FUNDRAISERS FEES AND EXPENSES
R) NET RECEIVED BY THE CHARITY (P MINUS Q/R)

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:
T) NAME: FLORA KOPPEL, EXECUTIVE DIRECTOR
U) NAME: KATIE MILTON, CEO
V) NAME: MICHAEL HALPEN, COO

V. CHARITABLE PROGRAM DESCRIPTION:
W) DESCRIPTION: PROGRAMS FOR NEEDY CHILDREN
X) DESCRIPTION: HOUSING FOR YOUTH
Y) DESCRIPTION:
IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .......................................................... 1. X

2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .......................................................... 2. X

3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .......................................................... 3. X

4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .................................................................................................................................................................................. 4. X

5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .................................................................................................................................................................................. 5. X

6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .................................................................................................................................................................................. 6. X

7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .................................................................................................................................................................................. 7. X

7b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS $ ............................................................................................................................................................................. ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES $ ......................................................................................................................................................................... ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL $ .................................................................................................................................................. ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING $ ..............................................................................................................................................................

8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .................................................................................................................................................................................. 8. X

9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .................................................................................................................................................................................. 9. X

10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFRAUDATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .................................................................................................................................................................................. 10. X

11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

FIFTH THIRD BANK, P.O. BOX 63090, CINCINNATI, OH 45263-0900

CHASE BANK, P.O. BOX 260180, BATON ROUGE, LA 70826-0180

CHARTER ONE BANK, 525 WILLIAM PENN WAY, PITTSBURG, PA 15219-1724

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: THE ORGANIZATION - 312-455-0007

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS


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

DOROTHY DAWSON
PRESIDENT OR TRUSTEE (PRINT NAME) Signature 2/27/14

GLORIA PANAMA
TREASURER OR TRUSTEE (PRINT NAME) Signature 2/27/14

ODELL HICKS, JR.
PREPARER (PRINT NAME) Signature 02/27/14