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 01/01/2014
& Ending 12/31/2014

CO # 01-30037918

Are contributions to the organization tax deductible? Yes

Legal

NAME PLAY FOR ALL FOUNDATION, INC.
MAIL
ADDRESS 855 WEST PRAIRIE AVENUE
CITY, STATE WHEATON, IL
ZIP CODE 60187

Year-end amounts
A) ASSETS
B) LIABILITIES
C) NET ASSETS

PERCENTAGE AMOUNT
A) $ 216,582.
B) $ 149,888.
C) $ 66,694.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
100.000% I) $ 339,166.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES
F) OTHER REVENUES

G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)
100 % G) $ 339,166.

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
92.788% K) $ 311,689.

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
92.788% L) $ 311,689.

M) MANAGEMENT AND GENERAL EXPENSE
7.212% M) $ 24,228.

N) FUNDRAISING EXPENSE

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)
100 % O) $ 335,917.

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

Professional Fundraisers:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
100 % P) $ 0.

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q+R)

Professional Fundraising Consultants:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (9) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE/ 
U) NAME, TITLE/ 
V) NAME, TITLE/ 

V) DESCRIPTION: SENSORY GARDEN PLAYGROUND
W) DESCRIPTION: 
X) DESCRIPTION: 
Y) DESCRIPTION:

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY $ EXPENDED)

Code Categories

W) # 122

List on back side of instructions

For Office Use Only
PMT #
AMT
INIT

Federal ID # 46-3862874
Copy of IRS Return
Copy of Form IFC
$15.00 Annual Report Filing Fee
$100.00 Late Report Filing Fee

Date Organization was created: 09/06/2013

Check all items attached:
IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?</td>
<td>X</td>
</tr>
<tr>
<td>5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?</td>
<td>X</td>
</tr>
<tr>
<td>6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)</td>
<td>X</td>
</tr>
<tr>
<td>7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?</td>
<td>X</td>
</tr>
<tr>
<td>7b. IF &quot;YES&quot;, 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 $</td>
<td></td>
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<tr>
<td>8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?</td>
<td>X</td>
</tr>
<tr>
<td>9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?</td>
<td>X</td>
</tr>
<tr>
<td>10. WAS THERE OR DOES THE ORGANIZATION HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFAULCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?</td>
<td>X</td>
</tr>
<tr>
<td>11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:</td>
<td>WHEATON BANK AND TRUST, 211 S. WHEATON AVE, WHEATON, IL, 60187</td>
</tr>
</tbody>
</table>

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MICHAEL BENARD - 630-665-4710

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.

PRESIDENT or TRUSTEE (PRINT NAME)  Signature  Date
TREASURER or TRUSTEE (PRINT NAME)  Signature  Date
PREPARE (PRINT NAME)  Signature  Date

36-2985770  Selden Fox, Ltd., 619 Enterprise Drive, Oak Brook, IL 60523