

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # _____

PMT #	_____
AMT	_____
INIT	_____

Report for the Fiscal Period:

Beginning _____ / _____ / _____

& Ending _____ / _____ / _____

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # _____

MO DAY YR

MO DAY YR

Are contributions to the organization tax deductible? Yes No

Date Organization was created: _____ / _____ / _____

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	Year-end amounts	
	A) ASSETS	A) \$ _____
	B) LIABILITIES	B) \$ _____
	C) NET ASSETS	C) \$ _____

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)

PERCENTAGE	AMOUNT
%	D) \$ _____
%	E) \$ _____
%	F) \$ _____
100%	G) \$ _____

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)

%	H) \$ _____
%	I) \$ _____
%	J) \$ _____
%	K) \$ _____
%	L) \$ _____
%	M) \$ _____
%	N) \$ _____
100 %	O) \$ _____

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:

- P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
- Q) TOTAL FUNDRAISERS FEES AND EXPENSES
- R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

100 %	P) \$ _____
%	Q) \$ _____
%	R) \$ _____

PROFESSIONAL FUNDRAISING CONSULTANTS:

- S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

S) \$ _____

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: _____

T) \$ _____

U) NAME, TITLE: _____

U) \$ _____

V) NAME, TITLE: _____

V) \$ _____

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

List on back side of instructions
CODE

W) DESCRIPTION: _____

W) # _____

X) DESCRIPTION: _____

X) # _____

Y) DESCRIPTION: _____

Y) # _____

