

# 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) \$ _____
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE	AMOUNT
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	D) \$ _____
F) OTHER REVENUES	%	E) \$ _____
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	F) \$ _____
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	G) \$ _____
I) EDUCATION PROGRAM SERVICE EXPENSE	%	H) \$ _____
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	I) \$ _____
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$ _____		J) \$ _____
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$ _____
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$ _____
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$ _____
N) FUNDRAISING EXPENSE	%	N) \$ _____
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ _____
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ _____
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ _____
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ _____
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ _____
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE:		T) \$ _____
U) NAME, TITLE:		U) \$ _____
V) NAME, TITLE:		V) \$ _____
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION:		W) # _____
X) DESCRIPTION:		X) # _____
Y) DESCRIPTION:		Y) # _____

