

# CHARITABLE ORGANIZATION - FINANCIAL INFORMATION FORM -

PLEASE TYPE OR PRINT IN INK. Organizations that have been in operation less than one (1) year are required to complete this form, in compliance with the "Charitable Organization Registration Statement" Form CO-1 Line 19, and file each form with the Attorney General's Office, Charitable Trust Bureau, 115 S. LaSalle St, Chicago, IL 60603

1. Name, address and telephone number of the organization: \_\_\_\_\_  
\_\_\_\_\_
2. The books and records are located at the following address and telephone number: \_\_\_\_\_  
\_\_\_\_\_
3. Are the gross receipts for the current calendar/fiscal year expected to exceed \$10,000.00?  Yes  No
4. Please provide the following information:

From inception \_\_\_\_\_ thru \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**GROSS RECEIPTS TO DATE**

**Contributions, Gifts & Grants**     \$ \_\_\_\_\_

**Program Service Revenue**     \_\_\_\_\_

**Dues**     \_\_\_\_\_

**Interest & Dividends**     \_\_\_\_\_

**Rents**     \_\_\_\_\_

**FundRaising Events**     \_\_\_\_\_

**Other Revenue**     \_\_\_\_\_

**TOTAL**     \$ \_\_\_\_\_

**ASSETS**

**Cash**     \$ \_\_\_\_\_

**Accounts Receivable**     \_\_\_\_\_

**Other Receivables**     \_\_\_\_\_

**Inventory**     \_\_\_\_\_

**Investments**     \_\_\_\_\_

**Land, Buildings, Equip.**     \_\_\_\_\_

**Other Assets**     \_\_\_\_\_

**TOTAL**     \$ \_\_\_\_\_

(IN LIEU OF THE ABOVE FINANCIAL INFORMATION, A CURRENT TREASURERS REPORT MAY BE SUBSTITUTED, PROVIDED THAT IT PROVIDES SUBSTANTIALLY THE SAME INFORMATION)

**CERTIFICATION**

*UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARE AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE*

*Note: The President or other authorized officer and the chief fiscal officer of the organization are both required to sign. This must be two different individuals. If entity is a Trust, the form must be signed by two officers of a corporate charitable organization or by two trustees if not a corporate organization.*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature and Date Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature and Date Signed

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address