

# 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 20, and file each form with the Attorney General's Office, Charitable Trust Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601.

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**

**ASSETS**

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

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

Dues \_\_\_\_\_

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

Rents \_\_\_\_\_

Fund Raising Events \_\_\_\_\_

Other Revenue \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

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: At least two different persons, familiar with the financial affairs of the organization, are required to sign. These parties should be the President and the Chief Financial Officer, other authorized Officer or two Trustees.*

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

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

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

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