

# 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 financial information:

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

**GROSS RECEIPTS TO DATE**

Contributions, Gifts & Grants	\$ _____
Program Service Revenue	_____
Dues	_____
Interest & Dividends	_____
Rents	_____
Fund Raising Events	_____
Other Revenue	_____
<b>TOTAL</b>	<b>\$ _____</b>

**ASSETS**

Cash	\$ _____
Accounts Receivable	_____
Other Receivables	_____
Inventory	_____
Investments	_____
Land, Buildings, Equip.	_____
Other Assets	_____
<b>TOTAL</b>	<b>\$ _____</b>

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

### CERTIFICATION

*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

Date Signed

\_\_\_\_\_

Address

\_\_\_\_\_

Name and Title

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Address

Subscribed and sworn by me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ A.D.

Notary Public: \_\_\_\_\_