

# CHARITABLE ORGANIZATION —RELIGIOUS ORGANIZATION EXEMPTION FORM—

**PLEASE TYPE OR PRINT IN INK.** A religious organization seeking an exemption from filing annual reports is required to file this form and the "Charitable Organization Registration Statement" Form CO-1 with the Office of the Attorney General, Charitable Trust Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601.

1. Name, address and telephone number of the organization: \_\_\_\_\_

\_\_\_\_\_

2. Briefly state your purposes as set forth in your charter or By-Laws.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you an organization established for religious purposes? ..... 3.

4. Are you an agency or affiliate of an organization established for religious purposes? ..... 4.  
If "Yes", state the name and address of the religious organization with which you are affiliated.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you maintain a house of worship? ..... 5.  
If "Yes", state the address.

\_\_\_\_\_

6. Do you conduct weekly classes in religion or religious services? ..... 6.  
If "Yes", where and when are these classes or services held?

\_\_\_\_\_

7. Are you affiliated with any regional or national religious denomination or council? ..... 7.  
If "Yes", state the name of said denomination or council.

\_\_\_\_\_

8. Is your religious organization listed in any official yearbook or denominational directory? ..... 8.  
If "Yes", state the title and place of publication of the directory.

\_\_\_\_\_

| YES | NO |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |

|   |  | YES | NO |
|---|--|-----|----|
| 9. Does your organization have a religious leader? ----- 9.<br>If "Yes", state the leader's name, address, and seminary or university attended, if any, year of ordination, from what higher body, if any, received authority to act. |  |     |    |
|   |  |     |    |
| If "Yes", state whether the organization's spiritual leaders have performed any marriages, burials, baptisms, or other sacerdotal functions for members of the organization within the past year and, if yes, how many?               |  |     |    |
|   |  |     |    |
| 10. Is solicitation of funds confined to your membership? ----- 10.<br>If "No", please describe the method of solicitation.   |  |     |    |
|   |  |     |    |

12. State any other facts you consider pertinent to the consideration of your exemption request.

---



---



---

I swear under oath that this exemption form and the accompanying registration statement have been examined by me and all information contained therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D.

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