

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 and Solicitations 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

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 _____

Subscribed and sworn by me this _____ day of _____, 20__ A.D.

Notary Public: _____