

THIS MUST BE FILED BY _____

FILE AT: Office of the Attorney General, Charitable Trust Bureau, 115 S. LaSalle St, Chicago, IL 60603
GENERAL INSTRUCTIONS (FURTHER INSTRUCTIONS AT END OF FORM) PLEASE TYPE OR PRINT IN BLACK INK Make checks payable to the Illinois Charity Bureau Fund.

- A. RESPOND TO ALL ITEMS ON THIS FORM.
B. CHANGES OF OR ADDITIONS TO THE INFORMATION IN THIS STATEMENT MUST BE SUBMITTED IN THIS FORMAT.
C. ANNUAL REPORT (CHECK ONE):

☐ PREPARED ON ACCRUAL BASIS ☐ PREPARED ON A CASH BASIS OR ☐ PREPARED BY ANOTHER METHOD
IF PREPARED BY ANOTHER METHOD EXPLAIN: _____

LEGAL NAME _____	REGISTERED FOR FISCAL YEAR ENDED JUNE 30, _____ AS PFR # 02- _____ FEDERAL ID NUMBER _____
MAIL ADDRESS _____	
CITY _____	
STATE ZIP CODE _____	
PHONE NUMBER _____	
EMAIL ADDRESS _____	

REPORT IS FOR PERIOD BEGINNING JANUARY 1, _____ AND ENDING _____

CHARITIES FOR WHOM FUNDS WERE RAISED	CHARITY CO#	(A) TOTAL AMOUNT RAISED	(B) SOLICITATION EXPENSES	(C) AMOUNT TO CHARITY	(D) % (C/A)
TOTAL FOR ALL CHARITABLE FUNDRAISING BY PFR:					

TOTAL NUMBER OF CHARITIES BEING REPORTED: _____

Note: Verification must be by the Corporate President, a General Partner or the Sole Proprietor.

AFFIDAVIT

I, _____ under penalty of perjury and being sworn on oath state that I am (circle one) the corporate president, a general partner or the sole proprietor of the registered professional fundraiser.

(Name of PFR) _____, have read this annual report including all attachments and personally know the contents thereof to be true, and such is state herein and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon.

I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

(Signature & Date Signed)