

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 01/24

For Office Use Only

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # _____

| |
|-------------|
| PMT # _____ |
| AMT _____ |
| INIT _____ |

Report for the Fiscal Period:
Beginning _____ / _____ / _____
& Ending _____ / _____ / _____
MO DAY YR

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Reviewed Financial Statements
 - Copy of Form IFC
 - \$15 Annual Report Filing Fee
 - \$100 Late Report Filing Fee

Make Checks Payable to Illinois Charity Bureau Fund

Federal ID # _____

Are contributions to the organization tax deductible? Yes No

Date organization was created: _____ / _____ / _____
MO DAY YR

| | | |
|---------------------|-------------------------|-------|
| Legal Name: _____ | YEAR-END AMOUNTS | |
| Mail Address: _____ | | |
| City, State: _____ | A) ASSETS | A) \$ |
| Zip Code: _____ | B) LIABILITIES | B) \$ |
| | C) NET ASSETS | C) \$ |

| | PERCENTAGE | AMOUNT |
|---|------------|--------|
| I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: | | |
| D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.) | % | D) \$ |
| E) GOVERNMENT GRANTS AND MEMBERSHIP DUES | % | E) \$ |
| F) OTHER REVENUES | % | F) \$ |
| G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F) | 100% | G) \$ |
| II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR | | |
| H) OPERATING CHARITABLE PROGRAM EXPENSE | % | H) \$ |
| I) EDUCATION PROGRAM SERVICE EXPENSE | % | I) \$ |
| J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) | % | J) \$ |
| J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$ | | |
| K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS | % | K) \$ |
| L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) | % | L) \$ |
| M) MANAGEMENT AND GENERAL EXPENSE | % | M) \$ |
| N) FUNDRAISING EXPENSE | % | N) \$ |
| O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N) | 100% | O) \$ |
| III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES | | |
| (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.) | | |
| PROFESSIONAL FUNDRAISERS: | | |
| P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS | 100% | P) \$ |
| Q) TOTAL FUNDRAISERS FEES AND EXPENSES | % | Q) \$ |
| R) NET RECEIVED BY THE CHARITY (P MINUS Q = R) | % | R) \$ |
| • PROFESSIONAL FUNDRAISING CONSULTANTS: | | |
| S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS | | S) \$ |
| IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: | | |
| T) NAME, TITLE: _____ | | T) \$ |
| U) NAME, TITLE: _____ | | U) \$ |
| V) NAME, TITLE: _____ | | V) \$ |
| V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES | | |
| List on back side of Instructions CODE | | |
| W) DESCRIPTION: _____ | | W) # |
| X) DESCRIPTION: _____ | | X) # |
| Y) DESCRIPTION: _____ | | Y) # |

