

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form IGC90-II
Revised 10/24

For Office Use Only

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

CO # _____

Report for the Fiscal Period:

Beginning _____ / _____ / _____

& Ending _____ / _____ / _____

MO DAY YR

Make Checks
Payable to
Illinois Charity
Bureau Fund**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

PMT #	_____
AMT	_____
INIT	_____

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: _____		
Zip Code: _____		
Email Address: _____	A) ASSETS	A) \$ _____
	B) LIABILITIES	B) \$ _____
	C) NET ASSETS	C) \$ _____
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
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) # _____

THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?.....1.		
2. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?.....2.		
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?3.		
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?4.		
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.).....5.		
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?6.		
6b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .		
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?.....7.		
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?.....8.		
9. DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS?.....9.		
10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: _____ _____ _____		
11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: _____ _____		

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE 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.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE, SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT OR OTHER AUTHORIZED OFFICER OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
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CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
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PREPARER (PRINT NAME)	SIGNATURE	DATE
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