

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL  
Revised 04/24

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: _____ Mail Address: _____ City, State: _____ Zip Code: _____	<b>YEAR-END AMOUNTS</b>	
	A) ASSETS	A) \$
	B) LIABILITIES	B) \$
	C) NET ASSETS	C) \$
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		
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) \$
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR</b>		
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) \$
<b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES</b>		
(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
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) \$
<b>• PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: _____		T) \$
U) NAME, TITLE: _____		U) \$
V) NAME, TITLE: _____		V) \$
<b>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b>		
W) DESCRIPTION: _____		W) #
X) DESCRIPTION: _____		X) #
Y) DESCRIPTION: _____		Y) #

List on back side of Instructions  
CODE

