

CHARITABLE ORGANIZATION - REGISTRATION STATEMENT -

LISA MADIGAN
ATTORNEY GENERAL

PLEASE TYPE OR PRINT IN INK. This registration statement is required by the Illinois Charitable Trust Act and the Illinois Solicitation for Charity Act. Please answer all items which are applicable to your organization. If you are unable to answer any question fully in the space provided, please attach a sheet containing the remainder of your answer. No further registration statement is required, provided that every registered organization shall notify the Attorney General within 10 days of any change in the information submitted herein. One copy of this Registration Statement and attachments are to be filed with the Office of the Attorney General, Charitable Trust and Solicitations Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601

1. This is a registration under: ☐ Illinois Charitable Trust Act;
☐ Illinois Solicitation for Charity Act;
☐ Both Acts
2. Name of Organization _____ Telephone Number _____ Federal Employer ID# _____

Street and Number _____ City _____ County _____ State _____ Zip Code _____

3. Type of legal entity (Corporation, Trust, Unincorporated Association or other) and date, method and place organization legally established. _____
If a foreign corporation, when was it authorized to do business in Illinois? _____
If a corporation, Illinois Secretary of State's File No. _____
***A copy of the Articles of Incorporation or Certificate of Authority issued by the Secretary of State must be attached.**
4. Name, address and telephone number of Illinois registered agent _____

5. Address of all offices in the State of Illinois. _____

6. Date on which the annual accounting period of the organization ends. Month _____ Day _____
7. State the purposes of the organization and purposes for which contributions are to be used. (Be specific)

8. If the name under which the organization intends to solicit funds differs from the name listed in No.2 provide name(s) under which contributions will be solicited, and the reason for the use of such other name(s). _____

9. If the organization has previously been registered with the Attorney General under either Act, give the name under which registered (if different than shown in No. 2), last registration number, and date registered. _____

10. Has the organization been registered with any other governmental authority to solicit contributions? ☐ Yes ☐ No
Name of authority and date of authorization. _____
Is such registration current? ☐ Yes ☐ No
11. Has the organization or any of its officers, directors or trustees ever been enjoined or prohibited by any court or other governmental agency from soliciting contributions, or is such action pending? ☐ Yes ☐ No
If "Yes", attach an explanation.

12. Do you intend to use the services of a professional fund raiser as defined by "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes"? ☐ Yes ☐ No

If "Yes", answer a, b, and comply with c below.

a. Name and address of professional fund raiser(s): _____

b. Has the professional fund raiser registered and filed a bond with the Office of the Attorney General as required? ☐ Yes ☐ No

c. **Attach copies of all contracts with professional fund raiser(s).**

13. Have any of organization's officers, directors, executive personnel, or have any of the organization's employees who have access to funds, ever been charged with or convicted of a misdemeanor involving misapplication or misuse of money of another, or any felony? ☐ Yes ☐ No If "Yes", give the following information: (IRS 1981 ch.. 23, sec. 5109)

NAME AND ADDRESS OF COURT	NATURE OF OFFENSE	DATE OF CONVICTION(Mo./Yr.)
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_____	_____	_____
_____	_____	_____

14. State the board, group or individual having final discretion as to the distribution and use of contributions received.

15. Will you use any of the following methods of solicitation? ☐ Unordered Merchandise ☐ Distribution or Sale of Seals
☐ Telephone Appeals ☐ Coin Collection Containers ☐ Special Events ☐ Ad Books ☐ Direct Mail
☐ Other --- **If other, attach an explanation.**

16. List name, mailing address and title of the **chief executive** or **staff officer** of the organization. _____

17. **Attach** a list of names, mailing addresses, and daytime phone numbers of all officers and directors, or trustees of the organization.

18. Has the United States Internal Revenue Service determined that this organization is tax exempt? ☐ Yes ☐ No

If "Yes", attach a copy of the determination letter. Is application pending? ☐ Yes ☐ No

***All organizations with tax exempt status or an application pending must attach a copy of Federal Form 1023 "Application for Recognition of Exemption" or an exemption letter.**

19. Has organization's tax exempt status ever been questioned, audited, denied or cancelled at any time by any governmental agency?

☐ Yes ☐ No **If "Yes", attach the facts.**

20. **Organizations which have been in operation for over one (1) year must attach a copy of the form AG990-IL and Federal return, or AG990IL if no Federal return was filed for each year the organization was in existence, completed in detail. Organizations which have been in operation less than one (1) year must attach a completed Financial Information Form CO-2, notarized. Please note charitable organization's are required to maintain accurate and detailed accounting records.**

21. Approximate amount of contributions solicited or income received from persons in this State during the organization's last annual accounting period \$ _____

22. **EVERY REGISTERING ORGANIZATION MUST ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:**

Corporation.....The Articles of Incorporation and/or Certificate of Authority, Amendments and By-Laws

Unincorporated Association.....Constitution and By-Laws

Testamentary Trust.....Will, Probate number and Decree of Distribution

Inter Vivos Trust.....Instrument Creating Trust

Note: The President and the Chief Financial Officer or other authorized officer both are required to sign. This must be two different individuals. If entity is a Trust, all Trustees must sign.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARE AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Signature	Title	Date
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Signature	Title	Date
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**CHARITABLE ORGANIZATION
- FINANCIAL INFORMATION FORM -**

**LISA MADIGAN
ATTORNEY GENERAL**

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

Contributions, Gifts & Grants	\$ _____
Program Service Revenue	_____
Dues	_____
Interest & Dividends	_____
Rents	_____
Fund Raising Events	_____
Other Revenue	_____
TOTAL	\$ _____

ASSETS

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

Signature and Date Signed

Address

Name and Title

Signature and Date Signed

Address

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

Notary Public: _____

	YES	NO
9. Does your organization have a religious leader? ----- 9. If "Yes", state the leader's name, address, and seminary or university attended, if any, year of ordination, from what higher body, if any, received authority to act.		

If "Yes", state whether the organization's spiritual leaders have performed any marriages, burials, baptisms, or other sacerdotal functions for members of the organization within the past year and, if yes, how many?		

10. Is solicitation of funds confined to your membership? ----- 10. If "No", please describe the method of solicitation.		

11. State any other facts you consider pertinent to the consideration of your exemption request.

Under penalty of perjury, the undersigned declares and certifies that this exemption form and the accompanying registration statement have been examined by me and all information contained therein is true and correct to the best of my knowledge.

Signature and Title

Date

Subscribed and sworn to before me

this _____ day of _____, 20____ A.D.

Notary Public