

General and Year End Information

Organization Information

Name	<input style="width: 95%;" type="text"/>
Doing business as <small>(Schedule O)</small>	<input style="width: 95%;" type="text"/>
Address and room / suite number	\$ <input style="width: 95%;" type="text"/>
City, state, zip code	<input style="width: 95%;" type="text"/>
Foreign province or state	<input style="width: 95%;" type="text"/>
Foreign country code	<input style="width: 95%;" type="text"/>
Principal officer: <small>(Electronic filing only: 1 = Individual, 2 = Business)</small>	<input style="width: 95%;" type="text"/>
Name	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>
Address line 2 <small>(ELF only)</small>	<input style="width: 95%;" type="text"/>
City, state, zip code	<input style="width: 95%;" type="text"/>
Foreign province or state <small>(ELF only)</small>	<input style="width: 95%;" type="text"/>
Foreign country code <small>(ELF only)</small>	<input style="width: 95%;" type="text"/>

Forms 990 and 990-EZ Heading Information

Address change	Terminated
<input type="checkbox"/>	<input type="checkbox"/>
Name change	Amended return <small>(Schedule O)</small>
<input type="checkbox"/>	\$ <input type="checkbox"/>
Initial return	Application pending
<input type="checkbox"/>	<input type="checkbox"/>
Telephone number	<input style="width: 95%;" type="text"/>
Group return for affiliates	<input type="checkbox"/>
Affiliates included, if not all	\$ <input type="checkbox"/>
Group exemption number (GEN)	<input type="checkbox"/>
Accounting method <small>(1 = Cash, 2 = Accrual, 3 = Other)</small>	<input type="checkbox"/>
Describe other method	<input style="width: 95%;" type="text"/>
Website	<input style="width: 95%;" type="text"/>
Tax-exempt status <small>(C = 501(c), P = 527 political org, T = 4947(a)(1) trust)</small>	<input type="checkbox"/>
Code section number if exempt under 501(c)	<input type="checkbox"/>
Form of organization <small>(1 = Corporation, 2 = Trust, 3 = Association, 4 = Other)</small>	<input type="checkbox"/>
Describe other type	<input style="width: 95%;" type="text"/>
Year of formation	<input style="width: 95%;" type="text"/>
Legal domicile:	
State	<input style="width: 95%;" type="text"/>
Foreign country code	<input style="width: 95%;" type="text"/>

Return Options and Signature Block

Prepare Form 990-EZ	<input type="checkbox"/>
Options for Form 990-N and financial data reporting <small>(If gross receipts are not more than \$50,000)</small>	<input type="checkbox"/>
Officer name <small>(Mandatory for electronic filing)</small>	<input style="width: 95%;" type="text"/>
Officer title <small>(Mandatory for electronic filing)</small>	<input style="width: 95%;" type="text"/>
General footnote	\$ <input type="checkbox"/>
Client complexity factor:	Additional <input type="checkbox"/> Overall (Force) <input type="checkbox"/>

Year End Information

Tax year beginning, if short year	<input style="width: 95%;" type="text"/>	Prior year-ends, if different:		Oldest	<input style="width: 95%;" type="text"/>
Tax year ending, if other than 12/31	<input style="width: 95%;" type="text"/>			Interim	<input style="width: 95%;" type="text"/>
				Most recent	<input style="width: 95%;" type="text"/>

Client Contact Information

Client Information

Name _____

Email address _____

Phone numbers:

Work _____

Extension _____

Fax _____

Home _____

Mobile _____

Car _____

Pager _____

Other: _____

Number _____

Extension _____

Preferred method of contact _____

Return Information

Tax return delivery method used (1 = Paper, 2 = Email PDF, 3 = PDF to File, 4 = Web) _____

Functional Expenses

General Information

Form 990, Part IX / Form 990-EZ, Part I

Print expense detail (If not section 501(c)(3), 501(c)(4), or 4947(a)(1) trust)

□

Allocation of Employee Related Expenses by Income Type

Form 990, Part IX, Lines 4, 7 - 10

Benefits paid to / for members

\$ □

	Program Services	Mgt and General	Fundraising	OR	Total with Percentage
Disqualified compensation	\$ □	□	□	\$	□
Other salaries and wages	\$ □	□	□	\$	□
Pension plan contributions	\$ □	□	□	\$	□
Other employee benefits	\$ □	□	□	\$	□
Payroll taxes	\$ □	□	□	\$	□

Allocation of Non-Employee Related Expenses by Income Type

Form 990, Part IX, Lines 11a - 11g

Fees for services:

	Program Services	Mgt and General	Fundraising	OR	Total with Percentage
Management	\$ □	□	□	\$	□
Legal	\$ □	□	□	\$	□
Accounting	\$ □	□	□	\$	□
Lobbying	\$ □	□	□	\$	□
Professional fundraising			□		□
Investment management	\$ □	□	□	\$	□
Other	\$ □	□	□	\$	□

Allocation of Indirect Expenses by Income Type

Form 990, Part IX, Lines 12 - 21 and 23

	Program Services	Mgt and General	Fundraising	OR	Total with Percentage
Advertising and promotion	\$ □	□	□	\$	□
Office	\$ □	□	□	\$	□
Printing, publications, postage	\$ □	□	□	\$	□
Information technology	\$ □	□	□	\$	□
Royalties	\$ □	□	□	\$	□
Occupancy	\$ □	□	□	\$	□
Travel	\$ □	□	□	\$	□
Public officials travel / ent	\$ □	□	□	\$	□
Conferences / meetings	\$ □	□	□	\$	□
Interest	\$ □	□	□	\$	□
Payments to affiliates	\$ □	□	□	\$	□
Insurance	\$ □	□	□	\$	□

Program Service Accomplishments

Forms 990 / 990-EZ, Part III - Statement of Program Service

Organization's mission, most significant activities, or primary exempt purpose (Schedule O) \$

Significant program services not listed on prior year form (Schedule O) \$

Changed handling of program services (Schedule O) \$

Exempt purpose achievements:

Description	Grants and Allocations		Program Service Expenses		Revenue
	Calculated	Force	Calculated	Force	
1st \$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd \$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd \$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other \$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete grants, program service expenses, and revenue (If not section 501(c)(3), 501(c)(4), or 4947(a)(1) trust)

Checklist of Required Schedules

General Questions

Form 990, Part IV / Form 990-EZ, Part V / Schedule K

- Section 501(c)(3) organization or 4947(a)(1) trust is not a private foundation □
- Engaged in direct or indirect political campaign activities □
- Engaged in lobbying activities or had section 501(h) election in effect (501(c)(3) only) □
- Section 501(c)(4), (5), or (6) organization that received amounts as defined in Revenue Procedure 98-19 □
- Maintained donor advised funds □
- Held conservation easements □
- Maintained collections of art, historical treasures, or similar assets □
- Escrow, custodial services, or debt management provided □
- Held assets in term, permanent, or quasi-endowments □
- Received audited financial statement prepared according to GAAP □
- Included in a consolidated, independent audited financial statement □
- Operates a school as described in section 170(b)(1)(A)(ii) □
- Maintained an office, employees, or agents outside of the U.S. □
- Aggregate revenues or expenses more than \$10,000 from activities outside of the U.S. □
- Operated one or more hospital facilities □
 - If yes, audited financial statements are attached to this return □
- Tax-exempt bond with outstanding principal greater than \$100,000 at end of tax year □
 - If yes, organization:
 - Invested proceeds beyond temporary period exception □
 - Maintained escrow account to defease any tax-exempt bonds □
 - Acted "on behalf" of issuer for bonds outstanding at any time □
 - Written procedures to ensure that violations are identified and corrected □
- Received contributions of art, historical treasures, or similar assets □

Excise Taxes and Excess Benefit Transactions

Form 990, Part IV, Questions 25 - 28 / Form 990-EZ, Part V, Questions 38a or 40b / Schedule L

- Section 501(c)(3) or (4) organization:
 - Engaged in excess benefit transaction with disqualified person \$ □
 - Tax imposed on managers or disqualified persons under section 4958 (Force) _____
 - Tax reimbursed by the organization _____
 - Loan to or by officer, director, trustee, etc., outstanding at end of tax year □
 - Provided grant or other assistance to benefit interested or related parties \$ □
 - Any current or former officer, director, trustee, or key employee:
 - Have direct or indirect business relationship with organization □
 - Have a family member with direct or indirect business relationship with organization □
 - Serve as member of other entity doing business with organization □
 - If yes to any of the above, list business transaction detail \$ □
- Schedule L - additional information (not entered elsewhere) \$ □

IRS Filings and Tax Compliance

Employees and Related Tax Returns

Form 990, Part V

Total number of forms reported in Box 3 of Form 1096		_____
Number of Forms W-2G included in Box 3 of Form 1096		_____
	Not Applicable	
Complied with backup withholding rules	<input type="checkbox"/>	<input type="checkbox"/>
Number of employees reported on Form W-3 for current tax year		_____
Filed all required federal employment tax returns		<input type="checkbox"/>
Name of foreign country where financial account held <small>(Schedule O)</small>		\$ _____
Party to prohibited tax shelter transactions during the year		<input type="checkbox"/>
Any taxable party notify organization about prohibited tax shelter transactions		<input type="checkbox"/>
If yes, organization filed Form 8886-T for disclosure		<input type="checkbox"/>

Contribution Related Filings

Solicited contributions that are not tax deductible		<input type="checkbox"/>
If yes, donor notified with statement that contribution was not tax deductible		<input type="checkbox"/>
Section 170(c) organization that may receive deductible contributions		<input type="checkbox"/>
Provided goods or services in exchange for donations of \$75 or greater		<input type="checkbox"/>
If yes, donor notified with value of goods or services provided		<input type="checkbox"/>
Sold, disposed or exchanged property filed reported on Form 8282		<input type="checkbox"/>
If yes, number of Forms 8282 filed		_____
Received funds to pay premiums on a personal benefit contract		<input type="checkbox"/>
Paid premiums on a personal benefit contract		<input type="checkbox"/>
	Not Applicable	
Form 8899 filed for all contributions of intellectual property	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C filed for contributions of cars, boats, airplanes, and other vehicles	<input type="checkbox"/>	<input type="checkbox"/>

Donor Advised Funds and Other Compliance

Forms 990 and 990-EZ, Part V

501(c)(3) and 509(a)(3) organizations with donor advised funds		<input type="checkbox"/>
Excess business holdings		<input type="checkbox"/>
501(c)(3) and other sponsoring organizations maintaining donor advised funds		<input type="checkbox"/>
Taxable distributions under section 4966		<input type="checkbox"/>
Distribution to a donor, donor advisor, or related person		<input type="checkbox"/>
501(c)(7) organizations:		
Initiation fees and capital contributions		_____
Gross receipts for public use of club facilities		_____
501(c)(12) organizations, gross income from:		
Members or shareholders		_____
Other sources		_____
Section 4947(a)(1) trusts filing Form 990 or Form 990-EZ in lieu of Form 1041		<input type="checkbox"/>
If yes, amount of tax-exempt interest received or accrued in current year		_____
501(c)(29) qualified nonprofit health insurance issuers:		
Licensed to issue qualified health plans in more than one state <small>(Schedule O)</small>		\$ _____
Amount of reserves the organization is required to maintain		_____
Amount of reserves on hand		_____
Received payments for indoor tanning services		<input type="checkbox"/>
Provide explanation if Form 720 was not filed to report these payments <small>(Schedule O)</small>		\$ _____

Governance, Management, and Disclosure

Governing Body and Management

Form 990, Part VI, Section A and Schedule O

Number of voting members of governing body	_____
Number of independent voting members	_____
Material differences in voting rights among members of the governing body	\$ _____
Authority delegated to executive committee	\$ _____
Related party information among officers	\$ _____
Management delegated to management company	\$ _____
Significant changes to organizational documents	\$ _____
Material diversion of assets	\$ _____
Organized with members or stockholders	\$ _____
Election of members	\$ _____
Decisions subject to approval of members	\$ _____
Lack of documentation of meetings and actions by:	
Governing body	\$ _____
Committee	\$ _____
Local chapters, branches or affiliates	_____
No policies and procedures governing chapters	\$ _____
Copy of this return provided to governing body before it was filed	_____
Describe review process used by organization for Form 990	\$ _____

Policies

Form 990, Part VI, Section B

Conflict of interest policy	_____
If yes:	
Annual disclosure of interests	_____
Enforcement of conflicts policy	\$ _____
Written whistleblower policy	_____
Written documentation retention and destruction policy	_____
Compensation subject to review and approval process for following people:	
CEO, executive director, or top management official	\$ _____
Other officers or key employees	\$ _____
Joint venture policy	_____
If yes, written policy adopted with enforcement safeguards	_____

Disclosure

Form 990, Part VI, Section C

States with which a copy of this return is filed	\$ _____
Forms 1023 (or 1024), 990, and 990-T are available for public inspection via:	
Own website	_____
Another website	_____
Upon request	_____
Description on how governing documents are made available to the public <small>(Schedule O)</small>	\$ _____
Books in care of	\$ _____

Balance Sheet - Assets

Assets		Beginning of Year	End of Year
Cash-non-interest-bearing		_____	_____
Savings and temporary cash investments		_____	_____
Pledges receivable		_____	_____
Allowance for doubtful accounts		_____	_____
Grants receivable		_____	_____
Accounts receivable		_____	_____
Allowance for doubtful accounts		_____	_____
Other loans receivable		\$ _____	_____
Allowance for doubtful accounts		_____	_____
Inventories for sale or use		_____	_____
Prepaid expenses and deferred charges		_____	_____
Investments:			
US and state government		\$ _____	
Corporate stock		\$ _____	
Corporate bonds	EOY from Asset Module	\$ _____	
Land, buildings, equipment	\$ _____	\$ _____	
Accumulated depreciation	_____		
Other		\$ _____	
Mortgage loans		\$ _____	
Program-related		\$ _____	
Land	_____	\$ _____	
Buildings	_____	\$ _____	
Accumulated depreciation	_____		
Equipment and other depreciable assets	\$ _____	\$ _____	
Accumulated depreciation	_____		
Intangible assets	_____	\$ _____	
Accumulated amortization	_____		
Other assets		\$ _____	
Current year book depreciation	_____		_____

Balance Sheet - Liabilities and Equity

Liabilities

	Beginning of Year	End of Year
Accounts payable and accrued expenses	_____	_____
Grants payable	_____	_____
Deferred revenue	_____	_____
Escrow account	_____	_____
Unsecured notes and loans payable	_____	_____
Other liabilities	\$ _____	_____
Maximum amount for balance sheet rounding		_____

Net Assets or Fund Balances

	Calculated EOY	Beginning of Year	End of Year
Organizations that follow SFAS 117 (ASC 958):			
Unrestricted (Force)	_____	\$ _____	_____
Temporarily restricted		\$ _____	_____
Permanently restricted		\$ _____	_____
Organizations that do not follow SFAS 117 (ASC 958):			
Capital stock, trust principal, or current funds		\$ _____	_____
Paid-in or capital surplus, or land, building, and equipment fund		\$ _____	_____
Retained earnings / accumulated income / other funds (Force)	_____	\$ _____	_____

Changes in Net Assets or Fund Balances

Enter information only if Schedule D is not applicable

Increases	\$ _____
Decreases	\$ _____
Other changes explanation (Schedule O)	\$ _____

Financial Statement Reporting

Explanation if accounting method changed from prior year (Schedule O)	\$ _____
Compiled or reviewed by an independent accountant (1 = Yes, 2 = No)	_____
Audited by an independent accountant (1 = Yes, 2 = No)	_____
Committee assumes responsibility over review and selection process (1 = Yes, 2 = No)	_____
Indicate on what basis the financial statements for the year were issued:	
Separate	_____
Consolidated	_____
Explanation if review process has changed from prior year (Schedule O)	\$ _____
Required to undergo audit(s) per Single Audit Act and OMB Circular A-133 (1 = Yes, 2 = No)	_____
If yes, explain if organization did not undergo the required audit(s) (Schedule O)	\$ _____

Income with Direct Expenses and Cost of Goods Sold

Event-2 (2011)

Unit

Description

State

Income

Gross receipts or sales	<input type="text"/>
Advertising income	<input type="text"/>
Circulation income	<input type="text"/>
Other income	<input type="text"/>
Returns and allowances	<input type="text"/>
Contributions received:	
Cash	<input type="text"/>
Noncash	\$ <input type="text"/>

Cost of Goods Sold

Beginning inventory	<input type="text"/>
Purchases	<input type="text"/>
Labor	<input type="text"/>
Additional section 263A costs	<input type="text"/>
Other costs	<input type="text"/>
Ending inventory	<input type="text"/>
Allocation of cost of goods sold to:	
Program service <small>(xxx.xx)</small>	<input type="text"/>
Management and general <small>(xxx.xx)</small>	<input type="text"/>
Fundraising <small>(xxx.xx)</small>	<input type="text"/>

Program Service Achievements

Amounts are added to Screen Exp, Forms 990 / 990-EZ, Part III

First	<input type="text"/>
Second	<input type="text"/>
Third	<input type="text"/>
All other	<input type="text"/>

Public Charity Status and Public Support

Part I - Reason for Public Charity Status

Reason organization is not a private foundation

- | | | | |
|--------------|--|---|-----------------------------------|
| 1 = Church | 4 = Medical research organization | 7 = Substantial government / public support | 10 = Public safety |
| 2 = School | 5 = Operated for benefit of university | 8 = Community trust | 11 = Supports other organizations |
| 3 = Hospital | 6 = Governmental unit | 9 = 33 1/3% support organization | |

Information for reason 3 or 4: (Reason 3 ELF Only)

Name

Name (Electronic filing only)

City

State

Foreign country code (ELF only)

Supported organizations for reason 11:

Type of organization (1 = Type I, 2 = Type II, 3 = Type III - Functionally Integrated, 4 = Type III - Other)

Controlled by a disqualified person

IRS designation letter specifies type of supporting organization

Accepted gift or contribution since 8/17/06 from:

A person who controls the governing body

A family member of person who controls governing body

A 35% controlled entity of person who controls governing body

Information on organization §

Parts II & III - Support Schedules

Gifts, grants, contributions, and membership fees (Do not include unusual grants) §

Tax revenues levied for organization's benefit §

Value of services or facilities furnished by a governmental unit without charge §

Gross income from interest, dividends, rents, royalties, and income for similar sources §

Net income from unrelated business activities, whether or not regularly carried on §

Gross receipts from related activities §

Gross receipts from activities not unrelated under Section 513 §

Unrelated taxable income (less Section 511 taxes) from businesses acquired after 6/30/75 §

Other income §

Contributions in excess of 2% limitation §

Contributions in excess of 2% limitation (Force)

Amounts from disqualified persons §

Excess amounts from non-disqualified persons §

Unusual grants §

Return filed within first 5 years

Prior year:

Part II - Public support percentage

Part III - Public support percentage

Part III - Investment income percentage

Facts and circumstances test:

Current year §

Prior year §

Suppress support test for Schedule B

Supplemental Information

Additional information (Not entered elsewhere) §

Schedule of Contributors

Unit Name

Contributor Information

Do not disclose contributor name and address information Contributor information: (Electronic filing only: 1 = Individual, 2 = Business) Name line 2 Address Address line 2 City, state, zip code Foreign province or state (ELF only) Foreign country code (ELF only)

Contributions

Cash contribution Portion of cash contribution included for special events Type of contribution (1 = Person, 2 = Payroll) List of noncash contributions \$

Other Contribution Information

Type (1 = Federated campaigns, 2 = Membership dues, 3 = Fundraising events, 4 = Related organizations, 5 = Government grants or contributions, 6 = Other) Designated for donor advised fund Contribution is from governmental entity (State use only) Include contribution on Schedule B (Force) (If other than section 501(c)(7), (8) or (10) exempt org)