

General and Year End Information

Organization Information

Name _____

Doing business as (Schedule O) _____

Address and room / suite number _____

City, state, zip code _____

Foreign province or state _____

Foreign country code _____

Principal officer: (Electronic filing only: 1 = Individual, 2 = Business) _____

Name _____

Address _____

Address line 2 (ELF only) _____

City, state, zip code _____

Foreign province or state (ELF only) _____

Foreign country code (ELF only) _____

Forms 990 and 990-EZ Heading Information

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

Return Options and Signature Block

Prepare Form 990-EZ _____

Options for Form 990-N and financial data reporting (If gross receipts are not more than \$50,000) _____

Officer name (Mandatory for electronic filing) _____

Officer title (Mandatory for electronic filing) _____

General footnote \$ _____

Client complexity factor: **Additional** _____ **Overall (Force)** _____

Year End Information

Tax year beginning, if short year _____	Prior year-ends, if different:
Tax year ending, if other than 12/31 _____	Oldest _____
	Interim _____
	Most recent _____

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	\$ □	□	□	\$	□

Functional Expenses Continued

Depreciation, Depletion, and Amortization

Form 990, Part IX and Schedule D, Part VI

Non-investment property:

Depreciation \$ _____

Depreciation (Force) \$ _____

Investment property:

Depreciation \$ _____

Depreciation (Force) \$ _____

	Program Services	Mgt and General	Fundraising	OR Total with Percentage
Depletion	\$ _____	_____	_____	\$ _____
Amortization				\$ _____
Amortization (Force)				\$ _____

Allocation of Other Expenses by Income Type

Form 990, Part IX, Lines 24a - 24f and 26

	Program Services	Mgt and General	Fundraising	OR Total with Percentage
Other expenses	\$ _____	_____	_____	\$ _____
Following SOP 98-2				_____
Joint costs	_____	_____	_____	

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 Directly Related Expenses General Information

Event (2011)

Unit

Description

State

General Information

Type of income

- | | | |
|--------------------------|-----------------------|-------------------|
| 1 = Program service | 5 = Sale of inventory | 8 = Royalties |
| 3 = Fundraising / Gaming | 6 = Interest | 9 = Other revenue |
| 4 = Other investment | 7 = Dividends | |

Gaming type (1 = Bingo, 2 = Pull-tabs, instant and progressive bingo, 3 = Other)

Unrelated business code

Exclusion code

Unrelated business activity acquired after 6/30/75

Disposition of activity

Form 990-T Information

Form 990-T code 1 = Schedule E - unrelated debt-financed 3 = Schedule G - investment 5 = Schedule J - advertising
2 = Schedule F - controlled organizations 4 = Schedule I - exploited activity

Activity lacks a profit motive

Schedule E - Unrelated Debt-Financed Income

Average acquisition debt

Sum of debt outstanding at first of each month during year

Total number of months property held during year

Average adjusted basis

Adjusted basis on first day property was held during the year

Adjusted basis on last day property was held during the year

Schedule F - Controlled Organizations

Type (1 = Exempt, 2 = Nonexempt)

Name

Employer identification number (EIN)

Net unrelated income / loss

Specified payments included in controlling organization's gross income (Force)

Taxable income (Nonexempt only)

Excess taxable income (Nonexempt - State use only)

Investment, Exploited Activities, and Advertising Income

Schedule G - investment income set asides \$

Schedule I - exploited exempt activity:

Unrelated income

Unrelated expenses

Schedule J - advertising income periodical basis (C = Consolidated, S = Separate)

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)