

ORGANIZER FOR TAX EXEMPT ORGANIZATIONS (990)

ORGANIZATION NAME _____

ADDRESS _____

TAX YEAR ENDING _____

This organizer is designed to assist you in gathering the information needed to prepare the organization's current year tax returns. Complete the organizer and answer all questions. Should you have questions regarding any items, please call.

YES NO

100) GENERAL INFORMATION

101) If we do not prepare your financial statements for you, please provide a backup or portable company Quickbooks file or provide the following:

- | | | |
|---|--------------------------|--------------------------|
| a) General ledger and/or trial balance | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Depreciation schedules | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Balance Sheet & Statement of Activities or Audited Financials, if any | <input type="checkbox"/> | <input type="checkbox"/> |
| d) §501(c)(3), §501(c)(4) and §4947(a)(1) trusts should provide a statement of functional expenses allocating the organization's expenses among three categories : Program Services, Management/General and Fundraising | <input type="checkbox"/> | <input type="checkbox"/> |

102) If this is the first year we will prepare your returns, please provide the following:

- | | | |
|--|--------------------------|--------------------------|
| a) Tax returns for the three prior years | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Public Support detail for the prior 5 years (Sched A) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) IRS notifications of exempt status | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Application for exemption (Form 1023 or 1024) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) IRS determination letter for any qualified retirement plan | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Year of formation/incorporation | <input type="checkbox"/> | <input type="checkbox"/> |
| g) State of legal domicile | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Type of entity, e.g. corp., trust | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Articles of incorporating/formation | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Bylaws | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Name, address & phone # of person who maintains books & records | | |

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YES NO

- 103) Is the organization's address, contact person or telephone # different from last year? If yes, provide the new information.

- 104) List the names and telephone numbers of the organization's advisors.

| | Name | Telephone |
|-----------------|------|-----------|
| Attorney | | |
| Banker | | |
| Insurance Agent | | |
| Broker | | |

- 105) a) Provide a list of the states in which a copy of the return should be filed.

You may be required to file a return in any state where the organization owns or leases property, has employees or sells goods or services.

- b) List the states in which the organization solicits contributions.

- 107) a) Did the organization engage in any activity not reported on a previously filed Form 990/990 EZ? If yes, describe the activity.

- b) Did the organization stop engaging in any activity which had previously been reported on a filed Form 990/990 EZ? If yes, describe the activity.

- 108) a) Were any changes made to the organizing or governing documents?

- b) If yes, were the changes reported to the IRS? If not reported, provide a complete copy of the revised documents.

- 109) Did the organization undergo a liquidation, dissolution, termination or substantial contraction during the year? If yes, provide details.

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- 110) Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, officers, etc. to any other organization? If yes, enter the name of the organization, whether it is exempt, and the nature of the relationship.” (Is there >50% overlap of the governing bodies of the organizations?)
-
- 111) a) Did the total number of information returns filed with any federal agency exceed 250? (W-2s, 1099s, 941, etc.)
- b) Indicate the number reported in Box 3 of Form 1096. _____
- c) Indicate the number of W-2s filed. _____
- 112) a) Has the organization been notified of any changes to previous returns by any taxing authority? If yes, please provide copies of all correspondence.
- b) Has the organization posted the results of tax changes in its general ledger?
- 113) Did the organization add any new general ledger accounts during the tax year? If yes, provide a list with a brief explanation of each account.
- 114) Indicate the number of persons who volunteered with the organization during the year (full-time and part-time). _____
- 115) Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If yes, provide a detailed list indicating the value of each item and whether it is included in revenue and expense.
- 116) Did the organization:
- a) Maintain donor advised funds? If yes, provide details in accordance with the Schedule D instructions .
- b) Receive or hold conservation easements? (see Schedule D instructions)
- c) Maintain collection of works of art or similar assets? (see Schedule D instructions)
- d) Have endowment funds or serve as agent, custodian or trustee for amounts not included in the organization's balance sheet? (See Schedule D instructions .)
- e) Provide credit counseling or debt management or similar services?
- f) Receive an audited financial statement?
- g) Maintain an office or have activities outside the U. S.?
- h) Make more than \$5,000 of grants to organization s/persons outside the U.S.? (See Schedule F Instructions for Reporting Requirements .)
- 117) a) Indicate the number of voting members in the governing body. _____

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- b) Indicate the number of independent voting members in the governing body. _____
- 118) a) For each of the organization’s three largest program services (determined by the expense incurred) offered, prepare a statement that fully describes the services provided. (e.g., the number of persons served, sessions held, research performed, etc.) Use specific measurements.
- b) In addition, §501(c)(3), §501(c)(4) and §494(a)(1) trusts must report total expenses, total grants/allocations to others and total revenue per program. _____
- c) Describe the organization’s other program services. Report the revenue, expense and grants from all other programs in total. _____
- Total Revenue for Other _____
 Total Expenses for Other _____
 Total Grants for Other _____

200) COMPENSATION

- 221) a) Complete the following schedule for all officers, directors and trustees regardless of compensation. “Current” officers/directors/trustees are those who held their position at ANYTIME during the year.

Current Officers, Directors or Trustees

Please list ALL persons who were officers, directors or trustees at anytime during the year, WHETHER OR NOT THEY RECEIVED COMPENSATION, BENEFITS OR ALLOWANCES

| Name | Off./Dir/Trustee #1 | Off./Dir/Trustee #2 | Off./Dir/Trustee #3 |
|--|---------------------|---------------------|---------------------|
| Title | | | |
| Hours per Week | | | |
| Salary / Bonus / Severance / Other Cash | | | |
| Non-qualified Deferred Comp | | | |
| Contributions to Qualified Retirement Plans | | | |
| Contributions to Welfare Benefit Plans e.g., health, dental, etc. premiums | | | |
| Allowances | | | |
| Personal use -org’s assets | | | |

Attach additional pages to report the requested information for all officers/directors/ trustees .

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Key Employees

A current key employee is an employee of the organization (other than an officer, director or trustee) who meets all three of the following tests:

- 1) Receives reportable compensation from the organization and all related organizations in excess of \$150,000 for the calendar year ending with or within the organization's tax year.
- 2) (a) has responsibilities, power or influence over the organization as a whole that is similar to those of officers, directors or trustees;
 (b) manages a discrete segment or activity of the organization that represents 10% or more of the activities, assets, income or expenses of the organization as compared to the organization as a whole; or
 (c) has or shares authority to control or determine 10% or more of the organization's capital expenditures, operating budget or compensation for employees.
- 3) Is one of the 20 employees (that satisfy the \$150,000 Test and Responsibility Test) with the highest reportable compensation from the organization and related organizations for the calendar year ending with or within the organization's tax year?

If the organization has more than 20 individuals who meet the Responsibility Test and the \$150,000 Test, report as key employees only the 20 individuals that have the highest reportable compensation from the organization and all related organizations.

Key Employees

Please list all persons who were key employees at anytime during the year.

| Name | Key | Key | Key |
|--|-----|-----|-----|
| Hours per Week | | | |
| Salary / Bonus / Severance / etc. | | | |
| Non-qualified Deferred Comp | | | |
| Contributions to Qualified Retirement Plans | | | |
| Contributions to Welfare Benefit Plans e.g., health, dental, etc. premiums | | | |
| Allowances (Col. E) | | | |
| Personal use - org's assets | | | |

Attach additional pages to report the requested information for all officers/directors/ trustees .

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| | | <u>YES</u> | <u>NO</u> |
|------|--|--------------------------|--------------------------|
| 223) | Does the organization sponsor any of the following employee benefit plans? | | |
| | a) Qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) If the organization has a §403(b) plan, is there a written plan document? | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Cafeteria plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Non qualified retirement plan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) If yes, number of plans? _____ | | |
| | f) Other employee benefit plans not described above? If yes, please describe the plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| | g) SEP plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 224) | Did the organization include taxable fringe benefits and the value of the personal use of the organization's assets in compensation on Forms W-2 and Form 990? | <input type="checkbox"/> | <input type="checkbox"/> |
| 225) | Are any of the officers/directors/trustees/key employees/members of the 5 highest paid group or any of the independent contractors related to one another through a business or personal relationship? If yes, please elaborate with regard to the relationship. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 226) | Did the organization pay premiums or receive money to pay premiums on a "personal benefit contract?" (e.g. use of insurance products) | <input type="checkbox"/> | <input type="checkbox"/> |
| 227) | During the tax year, has the organization, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of the organization or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? If yes, provide an explanation of the transaction. | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) sale, exchange or lease of property. | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) lending of money or other extension of credit. | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) furnishing of goods, services, or facilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) payment of compensation or payment or reimbursement of expenses if more than \$1,000. | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) transfer any part of the organization's income or assets? If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 228) Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a) CEO | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Executive Director | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Top management official | <input type="checkbox"/> | <input type="checkbox"/> |
| 229) Describe the process for determining and approving compensation and benefit payments to officers, directors and employees under the excess benefit rules. _____ _____ | | |
| 230) Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person? (§501(c)(3) and (4) orgs. only) | <input type="checkbox"/> | <input type="checkbox"/> |
| 300) ACTIVITIES | | |
| 331) §501(c)(3) organization s: | | |
| a) Did the organization engage in lobbying? If yes, please provide a schedule showing the expenses incurred to perform grassroots lobbying and lobbying other than grassroots . | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Did the organization file Form 5768 to elect to use the safe harbor under §501(h)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 332) Did the organization engage in political activities during the year? If yes, has the Form 1120-POL been filed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 333) Has the organization paid any penalty/excise taxes during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 334) Has the organization elected to pay the proxy tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| 335) For §501(c)(7) organizations (clubs): | | |
| a) Did the organization receive initiation fees or capital contributions? If yes, please indicate the amount. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Did the organization receive gross receipts for public use of club facilities? If yes, please indicate the amount. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color or religion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 336) For § 501(c)(12) organizations, attach a detailed computation of the 85% qualification test, including a detailed listing of gross income received from: (1) members or shareholders and (2) other sources. | | |

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| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 337) For public interest law firms, attach information describing each case litigated during the year or still in litigation. Describe how the litigation will benefit the general public. | | |
| 338) Does the organization have a subsidiary or is the organization the sole member of an LLC? If yes, provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 339) Did the organization have gross receipts of \$1,000 or more from a trade or business not related to the organization's exempt purpose? If so, please provide the income and expense detail related to the activity. | <input type="checkbox"/> | <input type="checkbox"/> |
| 340) Please provide copies of all of the Schedules K-1 received by the organization. | | |
| 341) Please provide copies of all royalty agreements. | | |
| 342) Has the Form 8300 been filed to report cash receipts of \$10,000 or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 343) Does the organization make grants for scholarships, fellowships, student loans, etc.? If yes, provide a statement explaining how the organization determines that those receiving disbursements from the organization in furtherance of its charitable programs qualify to receive payments. | <input type="checkbox"/> | <input type="checkbox"/> |
| 344) Did the organization directly or indirectly engage in any of the following with any other organization described in § 501(c) (other than § 501(c)(3) organizations) or with any organizations described in § 527 (relating to political organizations): | | |
| a) Transfers from the organization to a noncharitable exempt organization of: | | |
| • Cash? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other assets? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Other transactions: | | |
| • sales of assets to a noncharitable exempt organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| • purchases of assets from a noncharitable exempt organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| • rental of facilities or equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| • reimbursement arrangements? | <input type="checkbox"/> | <input type="checkbox"/> |
| • loans or loan guarantees? | <input type="checkbox"/> | <input type="checkbox"/> |
| • performance of services or membership or fundraising solicitations? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Sharing of facilities, equipment, mailing lists or other assets, or paid employees? | <input type="checkbox"/> | <input type="checkbox"/> |

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YES NO

d) If the answer to any of the above is yes, complete the following schedule:

| Amount Involved | Name of Noncharitable Exempt Organization | Description of Transfers, Transactions, and Sharing Arrangements |
|-----------------|---|--|
| | | |
| | | |
| | | |
| | | |

345) Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in § 501(c) (other than § 501(c)(3)) or with any organizations described in § 527 (relating to political organizations)? If yes, complete the following schedule.

| Name of Organization | Type of Organization | Description of Relationship |
|----------------------|----------------------|-----------------------------|
| | | |
| | | |
| | | |

400) CONTRIBUTIONS

See the instruction for Schedule B for the definition of a contribution. For §509(a)(2) organizations, governmental contributions are included. Use the accounting method that is being used for the rest of the return to prepare Schedule B.

- 451) Prepare a schedule showing the following:
- a) Each contributor whose aggregate contributions were \$5,000 or more. (§507(c)(7), (8) & (9) use \$1,000 as the threshold; (§509(a)(1) organizations use the greater of \$5,000 or 2% of line 1d, page 1, Form 990, as the threshold)
 - b) Each listed contributor's address
 - c) Aggregate amount contributed
 - d) Cash, non-cash or payroll deduction
 - e) FMV of non-cash property contributed
 - f) Date of contribution
 - g) Description of property, if applicable

452) a) Did the organization provide written acknowledgement to donors of individual contributions of \$250 or more?

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- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 452) b) Do you provide information on the amount of the deductible donation to donors of <i>quid pro quo</i> donations in excess of \$75? | <input type="checkbox"/> | <input type="checkbox"/> |
| 453) Did you provide proper contemporaneous acknowledgement for donations of automobiles, boats and airplanes (Form 1098-C)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 454) a) Did the organization solicit any contributions or gifts that were not tax deductible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 454) b) If yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 455) Did the organization incur more than \$15,000 of expense from working with professional fundraisers? If yes, provide details in accordance with the instructions to Schedule G. | <input type="checkbox"/> | <input type="checkbox"/> |
| 456) If the organization received more than \$15,000 from special events, provide details in accordance with the instructions to Schedule G of Form 990. | | |
| 457) If membership dues and contributions have been reported in one income category, provide a breakout. | <input type="checkbox"/> | <input type="checkbox"/> |
| 458)a) Did the organization sell, exchange or otherwise dispose of tangible personal property for which it filed Form 8282? | <input type="checkbox"/> | <input type="checkbox"/> |
| 458) b) If yes, indicate the number of Forms 8282 filed. _____ | | |
| 459) Did the organization file Form 8899 for all contributions of qualified intellectual property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 460) During the year, did the organization receive a contribution of qualified real property. Describe. (Attach details) | <input type="checkbox"/> | <input type="checkbox"/> |

500) GOVERNING BODY

- | | | |
|--|--------------------------|--------------------------|
| 501) Does the organization have the following: | | |
| a) Conflict of interest policy | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are officers/directors/trustees required to disclose potential conflicts? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Whistle blower policy | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Joint venture policy | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Gift acceptance policy | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Document retention policy | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Expense reimbursement policy | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Investment policy | | |
| 502) Have all of the above policies been adopted by the organization's governing body? | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 503) Did the organization become aware of a material diversion of the organization's assets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 504) a) Does the organization have members, stockholders or other persons who may elect one or more members of the governing body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 504) b) Are any decisions by the governing body subject to approval by members/stockholders or other persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 505) Did the organization document all meetings held or written actions taken by: | | |
| a) The governing body? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Each committee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 506) Describe the process by which the Form 990 will be reviewed by the organization's governing body before it is filed. _____ _____ _____ | | |
| 507) Describe how the organization makes its Form 1023, 1024, 990, and/or 990-T available for public inspection. _____ _____ _____ | | |

600) PRIVATE SCHOOLS

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| 601) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 602) Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 603) Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community served? If yes, provide a description; if "no," provide an explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 604) Does the organization maintain the following (provide an explanation of any "no" or "n/a" answers): | | | |
| .1) records indicating the racial composition of the student body, faculty, and administrative staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .2) records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| .3) copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .4) copies of all material used by the organization or on its behalf to solicit contributions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 605) Did the organization discriminate by race in any way with respect to (provide an explanation for any yes answers): | | | |
| .1) students' rights or privileges? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .2) admissions policies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .3) employment of faculty or administrative staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .4) scholarships or other financial assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .5) educational policies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .6) use of facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .7) athletic programs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .8) other extracurricular activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 606) Did the organization receive any financial aid or assistance from a governmental agency? If yes, provide a schedule and indicate if the organization's right to such aid has ever been revoked or suspended. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 607) Does the organization certify that it has complied with the applicable requirements of §§ 4.01 through 4.05 of Rev. Proc. 75-50, covering racial nondiscrimination? If no, provide an explanation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 608) For financial aid granted by colleges, universities, and primary and secondary schools, group each type of financial aid provided, indicate the number of individuals who received the aid, and specify the aggregate dollar amount. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

700) OTHER REVENUE

| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 701) Did the organization sell or dispose of any assets (other than inventory) during the tax year? If yes, provide a schedule listing (sales of publicly traded securities may be aggregated). | | |
| a) description of asset | <input type="checkbox"/> | <input type="checkbox"/> |
| b) date acquired | <input type="checkbox"/> | <input type="checkbox"/> |
| c) how acquired | <input type="checkbox"/> | <input type="checkbox"/> |
| d) date sold. | <input type="checkbox"/> | <input type="checkbox"/> |
| e) buyer | <input type="checkbox"/> | <input type="checkbox"/> |
| f) gross sales price | <input type="checkbox"/> | <input type="checkbox"/> |
| g) if purchased, cost or other basis | <input type="checkbox"/> | <input type="checkbox"/> |
| h) if donated, value at time acquired. | <input type="checkbox"/> | <input type="checkbox"/> |
| i) expense of sale | <input type="checkbox"/> | <input type="checkbox"/> |
| j) improvements made after acquisition | <input type="checkbox"/> | <input type="checkbox"/> |
| k) depreciation since acquisition | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | <u>YES</u> | <u>NO</u> |
|----------------------|--|--------------------------|--------------------------|
| 702) | Provide a computation of cost of goods sold for the sale of inventory items. | <input type="checkbox"/> | <input type="checkbox"/> |
| 800) EXPENSES | | | |
| 801) | For all organizations <u>other than</u> §§ 501(c)(3) and (c)(4) organizations and § 4947(a)(1) charitable trusts, does the organization desire to allocate expenses under the classifications of expenses related to management/general, program services, and fundraising? If yes, categorize expenses on the organization's trial balance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 802) | Did the organization award any grants or other allocations during the tax year? If yes, provide a schedule of the following for each class of activity e.g. research, education (Does not apply to certain schools) | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) donee's name and address. | | |
| | b) amount of the grant or allocation. | | |
| | c) relationship of any donee to any person or corporation with an interest in the organization. | | |
| | d) Indicate if the grant or allocation was to a foreign person. | | |
| 803) | Other than scholarships, did the organization provide assistance to any individuals? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, provide a schedule. For colleges, universities, and primary and secondary schools, see 608 above. | | |
| | a) briefly describe program activity | | |
| | b) total paid by each program | | |
| 804) | Does the organization provide any of the following benefits to members or dependents (do not include employment-related benefits provided to officers and employees)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, provide a schedule showing amounts of. | | |
| | a) death, sickness, hospitalization, or disability benefits. | | |
| | b) unemployment compensation benefits. | | |
| | c) other benefits (describe). | | |
| 805) | Did the organization make payments to affiliates? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, provide a schedule listing the following. | | |
| | a) name and address of each affiliate receiving payments. | | |
| | b) amount and purpose of the payments. | | |
| 806) | If the organization incurred joint costs for a combined educational campaign and fundraising solicitation, provide a schedule that allocates the amount incurred among programs services, management and fundraising. | | |

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YES NO

900) BALANCE SHEET

- 901) Does the organization have any loans receivable (include receivables from officers, directors, trustees and key employees) at year-end?

If yes, provide a schedule showing the following information:

- a) borrower's name (identify officers, directors, trustees or key employees).
- b) original amount.
- c) balance due at year end.
- d) date of note.
- e) maturity date.
- f) repayment terms.
- g) interest rate.
- h) security provided by the borrower.
- i) purpose of the loan.
- j) description and fair market value of the consideration furnished by the lender (for example, cash—\$1,000; or 100 shares of XYZ, Inc. common stock—\$9,000).

- 902) Does the organization hold any land, buildings or equipment for investment purposes?

If yes, provide a schedule listing the following for each asset:

- a) description.
- b) cost or other basis.
- c) accumulated depreciation, if any.

- 903) For private foundations, provide a schedule describing each investment held as well as the cost and FMV of each investment.

- 904) Did the organization receive contributions or grants that contributors or grantors have designated as payable for one or more future years? If yes, provide a schedule describing each contribution or grant and indicate the total amount of each item and the amount applicable to each future period

- 905) Does the organization have loans payable at year end?

If yes, provide a schedule showing the following information (identify officers, directors, trustees or key employees):

- a) the name of lender.
- b) original amount.
- c) balance due at year end.
- d) date of note.
- e) maturity date.

ORGANIZER FOR TAX EXEMPT ORGANIZATIONS (990)

YES NO

- f) repayment terms.
 - g) interest rate.
 - h) security provided by the borrower.
 - i) purpose of the loan.
 - j) the relationship of the lender to any officer, director, trustee, or key employee of the organization.
- 906) Identify interest bearing versus non-interest bearing bank accounts.
- 907) Did the organization own 50% or greater interest in a taxable corporation or partnership? If yes, provide the name of the organization and describe the nature and amount of any intercompany payments.
- 908) Did the organization enter into a transaction with a "Tax Sheltered Entity" (Shelter Registration)? If yes, provide details.
- 909) Did the organization have an interest in or a signature or other authority over a financial account in a foreign country.

1000) GRANTS

- 1001) For grants made to U.S. entities, please provide the following information for any and all grantee organizations or governments that received more than \$5,000 from the organization:
- a) Name and address of grantee
 - b) TIN
 - c) If exempt, identify the type of exempt entity by identifying the IRC section pertaining to the grantee
 - d) Amount of grant
 - e) Amount of non-cash assistance
 - f) Method of valuation
 - g) Description of non-cash assistance
 - h) Purpose of assistance
- 1002) Except for schools, provide the following for U.S. grants in excess of \$5,000 to individuals :
- a) Type of grant or assistance
 - b) Number of recipients
 - c) Amount of grant
 - d) Amount of non-cash assistance
 - e) Method of valuation
 - f) Description of non-cash assistance

