

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20XX

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 20XX calendar year, or tax year beginning , 20XX, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 City or town, state or country, and ZIP + 4

D Employer identification number

E Telephone number
 () _____

F Name and address of Principal Officer:

G Website: ▶ _____

I Accounting method:
 Cash
 Accrual Other ▶

J Books
 In care of _____
 Located at _____

H Enter amount of gross receipts \$ _____

K Organization type (check only one) ▶ 501(c) () ◀ (insert no.) 4947(a)(1) or 527

L Year of Formation: _____

M State of legal domicile ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission:				
	2 List the organization's three most significant activities and the activity codes (Part IX):				
	a Code b Code c Code				
	3 Enter the number of members of the governing body (Part III, line 1a)	3	_____		
	4 Enter the number of independent members of the governing body (Part III, line 1b).	4	_____		
	5 Enter the total number of employees (Part VIII, line 9a)	5	_____		
	6 Enter the number of individuals receiving compensation in excess of \$100,000 (Part II, line 2)	6	_____		
	7 Enter the highest compensation amount reported on Part II, Section A (sum of columns D and E)	7	_____		
	8a Enter officer, director, trustee, and other key employee compensation (Part V, line 5, column (B))	8a	_____		
	b Divide line 8a by line 17 _____%		_____		
9a Enter total gross unrelated business revenue from Part IV, line 14, column (C)	9a	_____			
b Enter net unrelated business taxable income from Form 990-T, line 34	b	_____			
10 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets and attach Schedule N.					
Revenues	11 Contributions and grants (Part IV, line 1g, column (A))	Amount	% of Total		
	12 Program service revenue (Part IV, line 2g, column (A))	_____	_____		
	13 Membership dues and assessments (Part IV, line 3, column (A))	_____	_____		
	14 Investment income (Part IV lines 4, 5, 6, 8, 10d)	_____	_____		
	15 Other revenue (Part IV, lines 3, 7, 9d, 11c, 12c, and 13e, column (A))	_____	_____		
	16 Total revenue add lines 11 through 15 (must equal Part IV, line 14, column (A))	_____	100%		
Expenses	17 Program service expense (Part V, line 24, column (B))	_____	_____		
	18 Management and general expenses (Part V, line 24, column (C))	_____	_____		
	19a Fundraising expenses (Part V, line 24, column (D))	_____	_____		
	19b Percentage of contributions (divide line 19a by line 11) _____%	_____	_____		
	20 Total expenses (must equal Part V, line 24, column (A))	_____	100%		
21 Net income (line 16 minus line 20)	_____	_____			
Net Assets or Fund Balance	22 Total assets (Part VI, line 17)	Beginning of Year	End of Year		
	23 Total liabilities (Part VI, line 27)	_____	_____		
	24a Net assets or fund balances line 22 minus line 23	_____	_____		
	24b Total expenses (line 20) as percentage of net assets (line 24a) (%)	_____	_____		
Gaming & Fundraising		(i) Gross Revenue	(ii) Expenses	(iii) Net to organization	(iv) Divide column (iii) by column (i)
	25 Gaming	(Schedule G, Part III, line 1 column (d))	(Schedule G, Part III, line 7)	(Schedule G, Part III, line 8)	_____%
26 Fundraising (other than gaming)	(Schedule G, Part I, line 1b column (ii) total)	(Schedule G, Part I, line 1b column (iv) total)	(Schedule G, Part I, line 1b column (v) total)	_____%	

Part II (Continued)

Section B

	Yes	No
3 For the CEO, Executive Director, Treasurer, and CFO listed in Section A, did the process for determining compensation include a review and approval by independent members of the governing body, comparability data, and contemporaneous substantiation of the deliberation and decision?		
4 Did any current officer or employee listed in Section A earn or accrue more than \$100,000 of non-qualified deferred compensation?		
5 During the tax year, did any person who is or was an officer, director, trustee, or key employee within the past 5 years:		
a Have a family relationship with any other person listed in Section A?		
b Have a business relationship with any other person listed in Section A?		
c Have a business relationship with the organization (other than as an officer, director, trustee, or employee) directly or indirectly through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Section A)?		
d Have a business relationship with the organization (other than as an officer, director, trustee, or employee) indirectly through a family member?		
e Serve as an officer, director, trustee, key employee, partner or member of an entity (or a shareholder of a professional corporation), doing business with the organization?		
f Complete this table if the organization answered "Yes" to any of lines 5a–5e (for lines 5a and b, complete columns (i)–(iii) only).		

(i) Name of Current or Former Officer, Director, Trustee, or Key Employee	(ii) Name of Individual or Entity	(iii) Relationship	(iv) Description of transaction	(v) Based on sharing of revenue or net earnings of organization? (Y/N)	(vi) Amount of the transaction

	Yes	No
6 Did the organization list any former officers, directors, trustees, key employees, or highest compensated employees in Section A? If yes, complete Schedule J		
7 For any individual listed in Section A, is the sum of columns (D) and (E) greater than \$150,000? If yes, complete Schedule J		
8 Did any individual listed in Section A receive or accrue more than \$250,000 of reportable or other compensation including deferred compensation, nontaxable fringe benefits and expense reimbursements? If yes, complete Schedule J		
9 Did any person listed in Section A receive or accrue compensation from any source other than the organization or a related organization for services rendered to the organization? If yes, complete Schedule J		

10a List the top five independent contractors that received more than \$100,000 of compensation from the organization. Exclude those included in 5f.

(A) Name, City, and State of Residence	(B) Description of Services Provided	(C) Compensation

10b Total number of independent contractors (including those in 10a) that received more than \$100,000 in compensation from the organization

Part III Statements Regarding Governance, Management, and Financial Reporting

		Yes	No
1a	Enter the number of members of the governing body		
1b	Enter the number of independent members of the governing body		
2	Did the organization make any significant changes to its organizing or governing documents? If "Yes", briefly describe these changes. ----- -----	2	
3a	Does the organization have a written conflict of interest policy?	3a	
3b	If "Yes," how many transactions did the organization review under this policy and related procedures during the year?	3b	
4	Does the organization have a written whistleblower policy?	4	
5	Does the organization have a written document retention and destruction policy?	5	
6	Does the organization contemporaneously document the meetings of the governing body and related committees through the preparation of minutes or other similar documentation?	6	
7a	Does the organization have local chapters, branches or affiliates?	7a	
7b	If yes, does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's?	7b	
8	Does an officer, director, trustee, employee or volunteer prepare the organization's financial statements? Indicate whether an independent accountant provides any of the following services: Compilation <input type="checkbox"/> Review <input type="checkbox"/> Audit <input type="checkbox"/>	8	
9	Does the organization have an audit committee?	9	
10	Did the organization's governing body review this Form 990 before it was filed?	10	
11	How do you make the following available to the public? Check all that apply. Organizing/Governing Documents <input type="checkbox"/> n/a <input type="checkbox"/> website <input type="checkbox"/> other website <input type="checkbox"/> office <input type="checkbox"/> other _____ Conflict of Interest Policy <input type="checkbox"/> n/a <input type="checkbox"/> website <input type="checkbox"/> other website <input type="checkbox"/> office <input type="checkbox"/> other _____ Form 990 <input type="checkbox"/> n/a <input type="checkbox"/> website <input type="checkbox"/> other website <input type="checkbox"/> office <input type="checkbox"/> other _____ Form 990-T <input type="checkbox"/> n/a <input type="checkbox"/> website <input type="checkbox"/> other website <input type="checkbox"/> office <input type="checkbox"/> other _____ Financial Statements <input type="checkbox"/> n/a <input type="checkbox"/> website <input type="checkbox"/> other website <input type="checkbox"/> office <input type="checkbox"/> other _____ Audit Report <input type="checkbox"/> n/a <input type="checkbox"/> website <input type="checkbox"/> other website <input type="checkbox"/> office <input type="checkbox"/> other _____		
12	List the states with which a copy of this return is filed:		

Part IV Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded From Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a _____				
	b Outside fundraising or commercial co-ventures 1b _____				
	c Fundraising events 1c _____				
	d Related organizations 1d _____				
	e Government grants (contributions) 1e _____				
	f All other contributions, gifts grants, and similar amounts not included above 1f _____				
	g Noncash \$ _____ Attach Schedule M.				
	h Total ▶				
Program Service Revenue	Business Code				
	2a Medicare/Medicaid payments				
	b Fees and contracts from government agencies				
	c Revenue from related investments				
	d _____				
	e _____				
	f _____				
	g Total ▶ \$				
Other Revenue	3 Membership dues and assessments ▶				
	4 Interest on savings and temporary cash investments ▶				
	5 Dividends and interest from securities ▶				
	6 Income from investment of tax-exempt bond proceeds ▶				
	7 Royalties ▶				
	8 Other investment income ▶				
		(i) Real	(ii) Personal		
	9a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	10a Gross amount of sales of assets other than inventory				
	b Less: Cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) from investments. <i>Combine line 10c, columns (i) and (ii)</i> ▶				
	11a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). <i>Attach Schedule G if total exceeds \$10,000. If any amount is from gaming, check here</i> <input type="checkbox"/> a _____				
	b Less direct expenses b _____				
c Net income from fundraising events ▶					
12a Gross sales of inventory, less returns and allowances a _____					
b Less cost of goods sold b _____					
c Net income or loss from sales of inventory					
Miscellaneous Revenue		Business Code			
13a _____					
b _____					
c _____					
d _____					
e Total \$ _____					
14 Total Revenue. Add lines 1g, 2g, 3–8, 9d, 10d, 11c, 12c, and 13c.					

Part V Statement of Functional Expense

501(c)(3) and (4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 9b, 10b, 11b, and 12b of Part IV.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants to governments and organizations in the U.S. Complete Parts I and III of Schedule I if total exceeds \$5,000				
2 Grants and other assistance to individuals in the U.S. Complete Parts II and III of Schedule I if total exceeds \$5,000				
3 Grants and other assistance to governments, organizations and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising (Complete Schedule G if total exceeds \$10,000)				
f Investment management fees				
g Other				
12 Advertising				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 24 below)				
a				
b				
c				
d				
e				
f				
24 Total. Functional expenses. Add lines 1 through 23f				

Part VI Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing		1
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Receivables from current officers, directors, trustees, key employees or other related parties. Complete Schedule L.		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10 Investments—publicly-traded securities		10
	11 Investments—other securities. Complete Part I of Schedule D		11
	12a Investments—Land, buildings, and equipment: Cost basis. Complete Part II, Schedule D	12a	
	12b Less accumulated depreciation	12b	12c
	13 Investments—other. Complete Part III of Schedule D		13
	14 Investments—Program Related. Complete Part IV of Schedule D		14
	15a Program Related—land, buildings, and equipment: cost basis. Complete Part V of Schedule D	15a	
	15b Less: accumulated depreciation	15b	15c
16 Other assets. Complete Part VI of Schedule D		16	
17 Total assets. Add Columns A and B, lines 1 through 16 (must equal line 35)		17	
Liabilities	18 Accounts payable and accrued expenses		18
	19 Grants payable		19
	20 Deferred revenue		20
	21 Tax-exempt bond liabilities. Complete Schedule K		21
	22 Escrow account liability		22
	23 Payable to current and former officers, directors, trustees, or key employees (attach Schedule L)		23
	24 Mortgages and notes payable to unrelated third parties secured by:		
	a Investment property shown on lines 10, 11, 13, and 14		24a
	b Land, building, and equipment shown on lines 12 and 15		24b
	25 Unsecured notes and loans payable		25
26 Other liabilities. Complete Part VII of Schedule D		26	
27 Total liabilities. Add lines 18 through 26		27	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 28 through 30, and lines 34 and 35		
	28 Unrestricted net assets		28
	29 Temporarily restricted net assets		29
	30 Permanently restricted net assets		30
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 31 through 35.		
	31 Capital stock or trust principal, or current funds		31
	32 Paid-in or capital surplus, or land, building or equipment fund		32
33 Retained earnings, endowment, accumulated income, or other funds		33	
34 Total net assets or fund balances		34	
35 Total liabilities and net assets/fund balances		35	

Part VII Statements Regarding General Activities

		Yes	No																								
1 Did the organization conduct any of the following outside the U.S.?	1																										
a grantmaking, fundraising, trade, business, or program service activities?	1a																										
b maintain an office, employees or agents?	1b																										
c maintain an interest in, or signature or other authority, over a financial account <i>If "yes" to any of these questions, complete Schedule F.</i>	1c																										
2 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If yes, complete Part VIII of Schedule D and Schedule M	2																										
3 Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? If "yes", complete part XI of Schedule D.	3																										
4 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes", complete Part IX of Schedule D and Schedule M	4																										
5 Did the organization maintain collections of works of art, historical treasures, or other similar assets for public exhibition, education, or research in furtherance of public service rather than financial gain? If "yes", complete part X of Schedule D.	5																										
6a Did the organization have any tax-exempt bonds outstanding at any time during the year? If yes, answer 6b–6d and complete Schedule K. If no, go to question 7.	6a																										
6b Did the organization invest any net proceeds of tax-exempt bonds beyond a temporary period exception?	6b																										
6c Did the organization maintain an escrow account other than an advance refunding escrow at any time during the year to defease any tax-exempt bonds?	6c																										
6d Did the organization act as an "on behalf of issuer" for bonds outstanding at any time during the year?	6d																										
7 At any time during the year,																											
a Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If yes, attach Schedule R	7a																										
b Was the organization related to any tax-exempt or taxable entity? If yes, attach Schedule R	7b																										
8a During the tax year, did the filing organization conduct all or a substantial part of its exempt activities through or using a partnership, LLC, or corporation?	8a																										
b If yes, identify below the name and primary activity of such partnership, LLC, or corporation in which the filing organization's ownership or control was 50% or less (attach additional pages if necessary):																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name</th> <th style="width:35%;">Primary Activity</th> <th style="width:15%;">Ownership %</th> <th style="width:15%;">Type of Entity</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Primary Activity	Ownership %	Type of Entity																							
Name	Primary Activity	Ownership %	Type of Entity																								
c Is the organization a partner in a partnership, member of an LLC, or shareholder of a corporation that was managed by a company that was controlled by taxable partners, members or shareholders?	8c																										
9 Did the organization operate, or maintain a facility to provide hospital or medical care? If yes, complete Schedule H.	9																										
10 Is the organization a school as described in section 170(b)(1)(A)(ii)? If yes, complete Schedule E	10																										
11 Does the organization have a written policy or procedure to review the organization's investments or participation in disregarded entities, joint ventures, or other affiliated organizations (exempt or non-exempt)?	11																										
12 Does the organization have a written policy that requires the organization to safeguard its exempt status with respect to its transactions and arrangements with related organizations?	12																										
13 Is the organization filing Form 990 in lieu of Form 1041? Enter the amount of tax exempt interest received or accrued during the year ► _____	13																										
14 <i>501(c)(7) Organizations.</i> Enter:																											
a Initiation fees and capital contributions included on Part IV, line 14	14a																										
b Gross receipts, included on Part IV, line 14, for public use of club facilities	14b																										
15 <i>501(c)(12) Organization.</i> Enter:	15																										
a Gross income from members or shareholders	15a																										
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	15b																										
16 Does the organization hold assets in term or permanent endowments? If yes, complete Schedule D, Part XII	16																										
17 Is the organization required to attach Schedule B, Schedule of Contributors?	17																										

Part VIII Statements Regarding Other IRS Filings

	Yes	No
1 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes", complete Schedule C, Political Campaign and Lobbying Activities.		
2 Did the organization engage in lobbying activities? If "Yes", complete Schedule C.		
3a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
c If "yes" to 3a, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
4a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
5a <i>501(c)(3) and 501(c)(4) Organizations.</i> Did the organization engage in an excess benefit transaction with a disqualified person during the year?		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person during a prior year?		
c If "Yes," complete the table below.		

Name of Disqualified Person	Description of Transaction	Corrected? (Y/N)

	Yes	No
d Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.	5d	
e Enter the amount of tax on line 5d reimbursed by the organization.	5e	
6 <i>501(c)(3) supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organizations, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	6	
7 <i>501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a Did the organization make any taxable distributions under section 4966?	7a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	7b	
8a Did the organization have unrelated business gross income of \$1000 or more during the year covered by this return?	8a	
b If "Yes," has it filed a Form 990-T for this year?	8b	
9a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	9a	
b If at least one, did the organization file all required employment tax returns?	9b	
10a Did the organization provide Forms 1099 as required?	10a	
b If "Yes", indicate the number filed.	10b	
11a Did the organization provide goods or services in exchange for any contribution of \$75 or more?	11a	
b If "Yes", did the organization notify the donor of the value of the goods or services provided?	11b	
12a Did the organization solicit any contributions that were not tax deductible?	12a	
b If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	12b	
13a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it filed Form 8282?	13a	
b If "Yes", how many Forms 8282 did the organization file during the tax year?	13b	
14 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	14	

Part IX Statement of Program Service Accomplishments (See the instructions.)

1 Did the organization make any significant changes in its activities or methods of conducting activities? Yes No
 If "Yes," describe these changes.

.....

2 Describe the organization's most significant program service accomplishment for the year:

.....

**Total must equal Part V, line 24, column (B)

		(A) Direct Revenue*	(B) Program Service Expenses** Required for 501(c)(3) and (4) orgs. and 4947 (a)(1) trusts; optional for others
3a	Activity Code: _____ (Grants and allocations \$ _____)		
b	Activity Code: _____ (Grants and allocations \$ _____)		
c	Activity Code: _____ (Grants and allocations \$ _____)		
d	Other program services (attach schedule) (Grants and allocations \$ _____)		
e			
Total			

Part X Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed
 Preparer's SSN or PTIN (See Gen. Inst.) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____
 Phone no. _____ () _____

Third party designee

Do you want to allow another person to discuss this return with the IRS? Yes. Complete the following. No
 Designee's name _____ Phone no. _____ () _____
 Personal identification number (PIN) _____