



_____ **EXEMPT ENTITY TAX QUESTIONNAIRE**

GENERAL EXEMPT ORGANIZATION INFORMATION

Legal Name

Trade Name/DBA

EIN

Year End

Address

City

State

Zip Code

ORGANIZATION'S PRIMARY PURPOSE

Briefly describe the mission or primary reason for the organization's existence.

PROGRAM ACCOMPLISHMENTS

Summarize the organization's top three key activities, achievements, or services provided during the year.

1.

2.

3.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, & KEY EMPLOYEES

Complete the following for any current officers, directors, trustees, and key employees, including their name, title, and average hours worked per week.

Full Name	Title	Hours/Wk

NON-PROFIT SPECIFIC QUESTIONS

Please answer each of the following questions to the best of your knowledge.

Is the organization's application for tax exempt status pending with the IRS?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization engage in any activity not previously reported to IRS?	<input type="radio"/> Yes	<input type="radio"/> No
Were any changes made in the organizing or governing documents?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization have Unrelated Business Income of \$1,000 or more this year?	<input type="radio"/> Yes	<input type="radio"/> No
Was there a liquidation, dissolution, termination, or significant disposition of assets during the year?	<input type="radio"/> Yes	<input type="radio"/> No
Is the organization related (other than by association with a statewide organization or nationwide organization) to any other exempt or non-exempt organization?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization make any direct or indirect political expenditures?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization lobby/attempt to influence any legislation?	<input type="radio"/> Yes	<input type="radio"/> No
If organization makes lobbying expenditures, has Form 5768 been filed?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization comply with IRS public inspection or returns/applications?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization solicit it any contributions that were not tax deductible?	<input type="radio"/> Yes	<input type="radio"/> No
Did the corporation pay \$600 or more of nonemployee compensation to any individual?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, did you issue Form 1099-NEC?	<input type="radio"/> Yes	<input type="radio"/> No
Does the organization have any foreign bank accounts?	<input type="radio"/> Yes	<input type="radio"/> No
Did the organization make grants for scholarships or student loans?	<input type="radio"/> Yes	<input type="radio"/> No

SCHEDULE OF CONTRIBUTORS

Complete the following for any contributors who gave \$5,000 or more (cash and non-cash).

Name	Address	Contribution