

Organization: _____
Name EIN Date Incorporated

Address: _____

Contact Name: _____ Email: _____

Contact Phones: _____
(Office) (Home) (Mobile)

Contact Mailing Address: _____

This Organizer is provided to help you gather and organize information relating to preparation of your Organizational return.

- If you maintain your organization's books using a bookkeeping system such as QuickBooks, Quicken or Excel, you can provide us with a revenue/expense statement and balance sheet rather than completing the income and expense and balance sheet sections of this organizer.
- If you would like our accounting staff to prepare organizational income and expense reports for you, there will be an additional fee to do so. If you prefer this option, please provide us with the following documents:
 - Organizational bank statements for all months of the year
 - Credit card statements (for organizational-use credit cards)
 - Receipts for cash purchases not shown on bank or credit card statements
 - Checkbook register (please identify all checks by entering an expense category in the memo section)

Filing Information. Please answer ALL of the following questions.
What is the organization type? 501(C) () (insert no.) other: _____
Is the organization's application for tax exempt status pending with the IRS?
Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this an initial return? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a final return? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a group return for affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", how many? _____
What accounting method does the Organization use? Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (describe) _____
Does the organization file under a calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/> If "no", what is the fiscal year? _____
Did the organization engage in any activity not previously reported to IRS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe here.
Were any changes made in the organizing or governing documents? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, were changes made to the organization's name? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization have Unrelated Business Income of \$1,000 or more this year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was there a liquidation, dissolution, termination, or significant disposition of assets during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the organization related (other than by association with a statewide organization or nationwide organization) to any other exempt or non-exempt organization? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization make any direct or indirect political expenditures? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization lobby/attempt to influence any legislation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", \$ spent _____ If organization makes lobbying expenditures, has Form 5768 been filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization comply with IRS public inspection or returns/applications? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization solicit it any contributions that were not tax deductible? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the organization make grants for scholarships or student loans? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Organization conduct activities in any state other than Oregon? Yes <input type="checkbox"/> No <input type="checkbox"/> Or, to any country outside the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", which states &/or countries? _____
Does the organization have any foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>

Current Officers, Directors, Trustees & Key Employees

Name and Address	Title	Average hours/wk	Compensation
1.			
2.			
3.			
4.			
5.			
6.			
7.			

How many officers, directors, trustees & key employees are permitted to vote at board meetings? _____

**Complete the following for all employees paid more than \$100,000/year:
(attach separate sheet if you have more than 2)**

Name and Address	Title	hours/wk	Compensation
1.			
2.			

**Complete the following for independent contractors paid more than \$100,000/year:
(attach separate sheet if you have more than 2)**

Name and Address	Type of Service	Compensation
1.		
2.		
3.		

Organization Income:	
	Total:
Contributions, gifts, grants	
Membership dues	
Program service revenue	
Government contracts	
Investment (Interest)	
Fundraiser or special event income (list)	
1.	
2.	
3.	
4.	
5.	
6.	
Other income (list)	

Organization Expenses:	
	Total:
Accounting fees	
Bank Fees	
Employee Benefits	
Credit Card Fees	
Dept. of Justice Fee (OR)	
Equipment	
Fundraising	
Grants paid	
Insurance	
Internet	
Meetings	
Payroll taxes	
Postage and shipping	
Printing & publications	
Rent	
State Corporation Fees	
Supplies	
Telephone	
Travel	
Wages	
Website fees	
Other (list)	

Program Accomplishments		
In general categories, list the organization's accomplishments for the year. Include approximate number of people served, publications issued, etc. Also, indicate \$ amount of grants provided.		
1.		
Grants: \$	Expenses: \$	
2.		
Grants: \$	Expenses: \$	
3.		
Grants: \$	Expenses: \$	
4.		
Grants: \$	Expenses: \$	
What is the organization's primary purpose?		

Assets at beginning of year:		Assets at year end :	
Checking Account	\$	Checking Account	\$
Savings Account	\$	Savings Account	\$
Accounts/Pledges receivable	\$	Accounts/Pledges receivable	\$
Other current assets (describe)	\$	Other current assets (describe)	\$
	\$		\$
	\$		\$
	\$		\$

Liabilities at beginning of year:		Liabilities at year end :	
Accounts payable	\$	Accounts payable	\$
Grants payable	\$	Grants payable	\$
Other liabilities (describe)	\$	Other liabilities (describe)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Schedule of Contributors For Organizations Exempt Under Section 501(c)(3)		
(don't complete if organization is a Private Foundation, Section 501(e), 501(k), 501(n) or 4947(a)(1))		
Complete the following for any contributors who gave \$5,000 or more (cash & non-cash). Attach separate additional pages if needed.		
Name and Address	Contribution (year total)	If non-cash, provide description
1.		
2.		
3.		
4.		
5.		
6.		

I affirm that the information contained in this tax organizer, submitted to Tax Pros LLC for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation/receipts to support this information.

Signature Print Name Title Date