

990, 990-EZ, or 990-PF Questionnaire			
Point of Contact Information			
Please provide the information for the person who we will be primarily contacting for the completion of this service.			
Name, address, phone #, and email address			
Will this person sign this tax return? If not, then who will?			
Name, address, phone #, and email address of signer			
What is your organization's main purpose or mission statement			
What are your organization's primary programs?			
Describe top program achievements for the past year in a couple of sentences			
Does your organization have members?			
if so, how many?			
Do they pay dues?			
Does your organization have volunteers?			
if so, how many?			
List the details of any donor who contributed \$5,000 or more during the latest fiscal year.			
Name, address, phone #, and email address			
Is this donar another organization?			
If so, what is their Federal ID number?			
Were there any loans to or from Board Members?			
If so who to or from?			
Who maintains your financial records?			
Name, address, title, phone number and email address.			
How many employees did the company have last year?			
How many volunteers did the company have last year?			
How many independent contractors did the company have last year?			
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial (bank) account in a foreign country?			
If so, which country or countries?			
What type of 990 was filed for the previous accounting year?			

Do you have a copy of your previous year's tax return?		
Do you have a copy of your IRS ruling or determination letter that shows your beginning date?		
Bank balance entering the last fiscal year (ending balance from previous fiscal year)		
Bank balance on the last day of the last fiscal year (the year that this tax return is for)		
Please provide the following for each board member and officer: Name, address, phone #, and email address		
approximate number of hours worked each week by each officer		
approximate number of hours worked for related organization each week by each officer		
amount of compensation or wages for the year for each		