

2020 Organization General Info

Name and Address Information

Employer ID number

Organization name

Doing business as

Address Suite #

City

U.S. ONLY: State, ZIP, County

Foreign ONLY: Province/State, Country Postal Code

Phone number

General Information

Form 990-T only

990 **EZ** **PF**

B B C Exemption application pending

B B G Initial return Final return Amended return

Change in address Change in name

Initial return of a former public charity

XII G J Accounting method:

Cash Accrual Other

Ha Is this a group return for subordinates? Yes No

Hb Are all subordinates included? (SCH4 for List) Yes No

Hc F Group exemption number

I J H Tax-exempt status Exempt under section other than 501(c)

501(c) section # Form 990 - T

Section 4947(a)(1) Section 527

J I Website:

K K Type of organization:

Corporation Trust

Association Other

L Year of formation

IV H 2 Mark this box if organization is NOT required to file Schedule B

990-N only Organization's gross receipts are normally not more than \$50,000

If not calendar year

Fiscal year begins

Fiscal year ends

Books In Care Of

Name

Street

City

U.S. ONLY: State, ZIP

Foreign ONLY: Province, Country, Postal Code

Phone Number

Fax Number

State Information

Resident State

W/H Tax AC

Sales Tax #

Other Information

Misc code 1

Misc code 2

Invoice #

Preparer fee

Firm #

Preparer #

Data entry operator #

ERO #

Client Information

Email Cell Fax

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1-1

2020 Compensation of Officers and Others

Information entered on this screen for Form 990 will be used to generate Schedule J, Part II.

	First Name	MI	Last Name
Officer Name	1	2	3
	Suffix	Designation	
	4	5	
Title	6		
Address	7	Use entity address	8
City	9		
U.S. ONLY State, ZIP	10	11	
Foreign ONLY Province/State, Postal Code	12		13 14
Phone number		Fax	16
Email Address	17		
Average Hours Per Week	18	Average hours per week (related organization)	19
		Officer SSN	20
21 Signs return	25 Officer	28 Former	31 Former covered employee
22 Books in care of	26 Key employee	29 Individual trustee or director	32 Principal officer (Form 990, item F)
23 Do not update next year	27 Highest compensated employee	30 Institutional trustee	33 Current Principal Officer if different from tax year's Principal Officer (Form 990, Item F only)
Signing officer information for eSign (For use with Drake Portals)			
24	Officer date of birth		
34	Compensated by any unrelated organization for services rendered		

OFF
1-2

	Organization		Related Organization	
	2019	2020	2019	2020
Base compensation		35		41
Bonus and incentive compensation		36		42
Other reportable compensation		37		43
Deferred compensation		38		44
Nontaxable benefits		39		45
Prior reported compensation		40		46

	Form 990 - EZ		Form 990 - PF	
	2019	2020	2019	2020
Compensation		47		50
Benefit plan and deferred compensation		48		51
Expense account and other allowances		49		52

53

	Organization		Related Organization	
	2019	2020	2019	2020
Remuneration exception		54		55
Excess parachute payment		56		

2020 Sch B - Schedule of Contributors

Answer the questions below on only the first occurrence of this screen.

General Rule 1 Received during the year more than \$5,000 from one contributor

Special Rules

2 501(c)(3) filing Form 990 or 990-EZ that met 33 1/3% support test

3 501(c) (7, 8, 10) filing Form 990 or 990-EZ received > \$1,000 from any contributor

4 501(c)(7, 8, 10) filing Form 990 or 990-EZ received < \$1,000

Total contributions for exclusively religious, charitable, etc., purpose 5

6 Voluntarily disclose name and address of contributors on Part I

Part I - Contributors

Aggregate Amount
2019 2020

Name	<input type="text"/> 7				<input type="text"/> 15	
Address	<input type="text"/> 8				Type	
City	<input type="text"/> 9			<input type="checkbox"/> 16		
U.S. ONLY State, Zip	<input type="text"/> 10	<input type="text"/> 11			<input type="checkbox"/> 17	Payroll
Foreign ONLY Province/State, Country, Postal Code	<input type="text"/> 12		<input type="text"/> 13	<input type="text"/> 14	<input type="checkbox"/> 18	Noncash

Part II - Noncash Property

Description of property given	FMV (or estimate)	Date received
<input type="text"/> 19	<input type="text"/> 20	<input type="text"/> 21

B
3-6

Part III - Section 501(c)(7), 501(c)(8), and 501(c)(10)

Purpose of gift	Use of gift	Description	Relationship to transferee
<input type="text"/> 22	<input type="text"/> 23	<input type="text"/> 24	<input type="text"/> 25

Recipient's Name & Address

Name	<input type="text"/> 26			
Address	<input type="text"/> 27			
City	<input type="text"/> 28			
U.S. ONLY State, ZIP	<input type="text"/> 29	<input type="text"/> 30		
Foreign ONLY Province/State, Country, Postal Code	<input type="text"/> 31		<input type="text"/> 32	<input type="text"/> 33

Prior-Year Contributions for Schedule A

2016	2017	2018	2019	
<input type="text"/> 34	<input type="text"/> 35	<input type="text"/> 36	<input type="text"/> 37	<input type="checkbox"/> 38 Exempt from the 2% limitation