

INFORMATION RETURN FOR NON-PROFIT ENTITIES

For the Fiscal Year Period Beginning _____ and Ending _____

PART I: ENTITY IDENTIFICATION

Legal Name of Organization _____

Doing Business As (DBA) _____

Registration / Corporate ID
Number _____

Tax Identification Number
(TIN) _____

Principal Office Address _____

City, State/Province, Postal
Code _____

Country _____

Telephone Number _____

Website Address _____

Contact Email _____

PART II: GOVERNANCE & OFFICERS

Full Name	Title / Position	Average Hours/Week Devoted	Compensation (If Any)

PART III: FINANCIAL SUMMARY

A. Revenue & Support		Amount
1.	Contributions, Gifts, Grants, and Similar Amounts Received	
2.	Program Service Revenue (including Government Fees and Contracts)	
3.	Investment Income / Interest	
4.	Other Revenue	
5.	Total Revenue (Add lines 1 through 4)	

B. Expenses		Amount
6.	Program Services Expenses	

B. Expenses		Amount
7.	Management and General Expenses (Administrative)	
8.	Fundraising Expenses	
9.	Total Expenses (Add lines 6 through 8)	

C. Net Assets / Fund Balances		Amount
10.	Excess or (Deficit) for the year (Subtract line 9 from line 5)	
11.	Net Assets / Fund Balances at Beginning of Year	
12.	Net Assets / Fund Balances at End of Year (Add lines 10 and 11)	

PART IV: DECLARATION AND SIGNATURE

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.

Signature of Officer

Date

Print Name

Title
