



## 20-20 Non-Profit Organizer (Form 990)

If you are a new client, please upload a copy of your prior year return.

### General Information

Legal Name of Entity: \_\_\_\_\_  
 Employer ID: \_\_\_\_\_ Business Start / Organization Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Formation Date: \_\_\_\_\_ Tax Exempt Status - 501(c) sec # \_\_\_\_\_  
 IRS Exemption Date: \_\_\_\_\_  
 Primary purpose: \_\_\_\_\_  
 Type of Organization:  Corp  Trust  Association  Other

If a Corporation

Principal Product / Service: \_\_\_\_\_  
 State withholding number: \_\_\_\_\_  
 States in which you operate:  
 1) \_\_\_\_\_ 3) \_\_\_\_\_  
 2) \_\_\_\_\_ 4) \_\_\_\_\_

### Misc Info

1. What is the organization's mission or most significant activity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If so, describe: Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If so, describe: Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Describe the organization's program service accomplishments for its three largest program services as measured by expenses.  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Did the organization receive any contributions from a single donor (individual, organization, or business) of over \$5,000 during the year? If yes, provide the following for each contributor:

Name _____						
Address: _____						Suite: _____
City: _____			State: _____		Zip: _____	
Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Goods	Date _____	Amount (FMV)	\$ _____	
Name _____						
Address: _____						Suite: _____
City: _____			State: _____		Zip: _____	
Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Goods	Date _____	Amount (FMV)	\$ _____	
Name _____						
Address: _____						Suite: _____
City: _____			State: _____		Zip: _____	
Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Goods	Date _____	Amount (FMV)	\$ _____	
Name _____						
Address: _____						Suite: _____
City: _____			State: _____		Zip: _____	
Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Goods	Date _____	Amount (FMV)	\$ _____	

If you had more contributors over \$5,000 print out extra copies of this page and attach.

**Officer, Director, Trustee, Employee Information**

ODTE 1

Title	_____
SSN	____ - ____ - _____
First Name	_____ MI _____
Last Name	_____
Address 1	_____
Address 2	_____
City	_____
State	_____ Zip _____
Phone	_____
Base Comp	\$ _____
Bonus Comp	\$ _____
Other Comp	\$ _____
Avg Hrs per wk	_____

ODTE 2

Title	_____
SSN	____ - ____ - _____
First Name	_____ MI _____
Last Name	_____
Address 1	_____
Address 2	_____
City	_____
State	_____ Zip _____
Phone	_____
Base Comp	\$ _____
Bonus Comp	\$ _____
Other Comp	\$ _____
Avg Hrs per wk	_____

ODTE 3

Title	_____
SSN	____ - ____ - _____
First Name	_____ MI _____
Last Name	_____
Address 1	_____
Address 2	_____
City	_____
State	_____ Zip _____
Phone	_____
Base Comp	\$ _____
Bonus Comp	\$ _____
Other Comp	\$ _____
Avg Hrs per wk	_____

ODTE 4

Title	_____
SSN	____ - ____ - _____
First Name	_____ MI _____
Last Name	_____
Address 1	_____
Address 2	_____
City	_____
State	_____ Zip _____
Phone	_____
Base Comp	\$ _____
Bonus Comp	\$ _____
Other Comp	\$ _____
Avg Hrs per wk	_____

**If you have more officers, directors, trustees, employees, print out extra copies of this page and attach.**

Principal Officer of Organization \_\_\_\_\_

Officer Responsible for Tax Return \_\_\_\_\_

Number of Voting Directors / Trustees \_\_\_\_\_

Number of Voting Directors / Trustees that are Independent (non-employees) \_\_\_\_\_

Number of individuals employed during year \_\_\_\_\_

Number of volunteers during the year \_\_\_\_\_

**Financial Information**

- 20-20 keeps our books, so we're done!
- 20-20 does not keep our books, but we keep separate books for this business and will upload the following information to the portal:
  - Trial balance report for the full year
  - Listing of all fixed asset additions with description, date purchased, cost, and whether it was new or used
  - Listing of all fixed asset disposals with description, date of disposal, original cost, and proceeds amount.
- We do not keep separate books for this business and will fill out the financial portion below:

Accounting method:  Cash  Accrual  Other

**Income Statement**

**Revenues**

Contributions: \_\_\_\_\_  
 Gov Grants: \_\_\_\_\_  
 Other Grants: \_\_\_\_\_  
 Program Rev: \_\_\_\_\_  
 Member Dues: \_\_\_\_\_  
 Events: \_\_\_\_\_  
 Investments: \_\_\_\_\_  
 Service Rev: \_\_\_\_\_  
 Rent Rev: \_\_\_\_\_  
 Admissions Rev: \_\_\_\_\_  
 Other Rev: \_\_\_\_\_

**Cost of Good Sold**

Do you manufacture and/or sell goods? If so:  
 Beginning Inventory (January 1): \_\_\_\_\_  
 Purchased Inventory (less personal use) \_\_\_\_\_  
 Cost of Labor: \_\_\_\_\_  
 Ending Inventory (December 31): \_\_\_\_\_

**Expenditures**

For Exempt Purpose \_\_\_\_\_  
 Benefit of Members \_\_\_\_\_

**Funcional Expenses**

Accounting	_____	Insurance	_____	Salary/Wages	_____
Advertising	_____	P&C	_____	Sales Expense	_____
Automobile	_____	Liability	_____	Security	_____
Bad Debts	_____	Workes Comp	_____	Software	_____
Bank Charges	_____	Other	_____	Supplies & Materials	_____
Cell Phone	_____	Janitorial	_____	Website	_____
Commissions	_____	Cleaning	_____	Taxes	_____
Computer	_____	Legal & Prof	_____	City	_____
Consultants	_____	Marketing	_____	Franchise	_____
Collections	_____	Meals & Ent	_____	Property	_____
Delivery	_____	Meetings	_____	Personal Property	_____
Disc given	_____	Office Exp	_____	Licenses	_____
Dues	_____	Parking & Tolls	_____	Telephone	_____
Ed & Training	_____	Payroll Process	_____	Tools	_____
EEBenefits	_____	Permits/Licenses	_____	Travel	_____
Freight	_____	Post / Shipping	_____	Uniforms	_____
Fuel	_____	Printing	_____	Utilities	_____
Gifts	_____	Recruiting	_____	Waste Removal	_____
Health Ins	_____	Repairs & Maint	_____	Other	_____
Contract Lab	_____	Rent	_____	Other	_____
Interest	_____	Building	_____	Other	_____
Internet	_____	Equipment	_____	Other	_____

**Balance Sheet**

Assets

Cash (Checking)	_____
Cash (Savings)	_____
Pledge / grant rec	_____
Accounts rec	_____
Less: Bad debts	_____
Inventories	_____
Loans to off / directors	_____
Notes receivable	_____
Other investments	_____
Depreciable assets	_____
Less: Accumulated depr	_____
Depletable assets	_____
Less: Accumulated depl	_____
Land	_____
Intangible assets	_____
Less: Accumulated amor	_____
Other assets	_____
<b>Total Assets</b>	=====

Liabilities

Accounts payable	_____
Grants payable	_____
Deferred rev	_____
Short-term notes payable	_____
Other current liab	_____
Non-recourse loans	_____
Loans from officer / director	_____
Long-term notes payable	_____
Other liabilities	_____
<b>Total Liabilities</b>	=====
 <u>Net Assets or Fund Balance</u>	
Unrestricted fund balance	_____
Temp restricted fund balance	_____
Perm restricted fund balance	_____
<b>Total fund balance</b>	=====
<b>Total Liabilities &amp; Fund Balance</b>	=====