



Exempt Organization Tax Organizer

FORM 990 · TAX YEAR 2026

This organizer will help you gather the information needed to prepare your organization's return. If you maintain the organization's books in accounting software or Excel, you may provide an income statement and balance sheet rather than completing the income, expense, and balance-sheet sections.

1 ORGANIZATION INFORMATION

Organization name EIN Date incorporated
Address City State ZIP
Contact name Email
Contact phones Office Home Mobile
Contact mailing address (if different)

2 FILING INFORMATION *please answer every question*

- 1 What is the organization type? 501(c)() (insert number) other:
- 2 Is the organization's application for tax-exempt status pending with the IRS? ☐ Yes ☐ No
- 3 Is this a new address? ☐ Yes ☐ No Is this an initial return? ☐ Yes ☐ No Is this a final return? ☐ Yes ☐ No
- 4 Is this a group return for affiliates? If yes, how many? ☐ Yes ☐ No
- 5 What accounting method does the organization use? ☐ Cash ☐ Accrual ☐ Other if other, describe:
- 6 Does the organization file under a calendar year? If not, what is the fiscal year? ☐ Yes ☐ No
- 7 Did the organization engage in any activity not previously reported to the IRS? If yes, describe: ☐ Yes ☐ No
- 8 Were any changes made in the organizing or governing documents? ☐ Yes ☐ No
- 9 If yes, were changes made to the organization's name? ☐ Yes ☐ No
- 10 Did the organization have unrelated business income of \$1,000 or more this year? ☐ Yes ☐ No
- 11 Was there a liquidation, dissolution, termination, or significant disposition of assets during the year? ☐ Yes ☐ No
- 12 Is the organization related to any other exempt or non-exempt organization (other than by association with a statewide or nationwide organization)? ☐ Yes ☐ No
- 13 Did the organization make any direct or indirect political expenditures? ☐ Yes ☐ No
- 14 Did the organization lobby or attempt to influence legislation? If yes, amount spent: \$ ☐ Yes ☐ No
- 15 If the organization makes lobbying expenditures, has Form 5768 been filed? ☐ Yes ☐ No
- 16 Did the organization comply with IRS public-inspection requirements for returns and applications? ☐ Yes ☐ No
- 17 Did the organization solicit any contributions that were not tax-deductible? ☐ Yes ☐ No
- 18 Did the organization make grants for scholarships or student loans? ☐ Yes ☐ No
- 19 Did the organization conduct activities in any state other than Washington or Oregon, or in any country outside the U.S.? If yes, which states or countries? ☐ Yes ☐ No
- 20 Does the organization have any foreign bank accounts? ☐ Yes ☐ No

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OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES

current

NAME AND ADDRESS	TITLE	AVG. HOURS / WEEK	COMPENSATION

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

4

EMPLOYEES PAID MORE THAN \$100,000 / YEAR

attach a separate sheet if more than two

NAME AND ADDRESS	TITLE	AVG. HOURS / WEEK	COMPENSATION

5

INDEPENDENT CONTRACTORS PAID MORE THAN \$100,000 / YEAR

attach a separate sheet if more than three

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION

6 ORGANIZATION INCOME

Contributions, gifts, grants \$

Membership dues \$

Program service revenue \$

Government contracts \$

Investment income (*interest, dividends*) \$

Fundraiser or special-event income (*list each event*)

..... \$

..... \$

..... \$

..... \$

Other income (*list*)

..... \$

..... \$

7 ORGANIZATION EXPENSES

Accounting fees \$

Bank fees \$

Employee benefits \$

Credit card fees \$

OR Dept. of Justice fee (*Oregon charities*) \$

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 expenses (*list*)

..... \$

..... \$

8 PROGRAM ACCOMPLISHMENTS

In general categories, list the organization's accomplishments for the year. Include the approximate number of people served, publications issued, etc., and the dollar amount of grants provided.

1.
 Grants \$ Expenses \$
2.
 Grants \$ Expenses \$
3.
 Grants \$ Expenses \$

What is the organization's primary purpose?

9

BALANCE SHEET

Assets at beginning of year

Checking account \$

Savings account \$

Accounts / pledges receivable \$

..... \$

..... \$

Assets at year end

Checking account \$

Savings account \$

Accounts / pledges receivable \$

..... \$

..... \$

Liabilities at beginning of year

Accounts payable \$

Grants payable \$

..... \$

..... \$

Liabilities at year end

Accounts payable \$

Grants payable \$

..... \$

..... \$

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SCHEDULE OF CONTRIBUTORS

contributors of \$5,000 or more

For organizations exempt under Section 501(c)(3) — do not complete if the organization is a private foundation or exempt under 501(e), 501(k), 501(n), or 4947(a)(1). List any contributor who gave \$5,000 or more (cash & non-cash) during the year; attach additional pages if needed.

NAME AND ADDRESS	CONTRIBUTION (YEAR TOTAL)	IF NON-CASH, PROVIDE DESCRIPTION

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

SIGNATURE

PRINT NAME

TITLE

DATE