

Registration # _____

ORGANIZATION'S FINANCIAL INFORMATION

Please check the type of tax return filed and complete the financial report below by providing the account year and financial information: 990 990EZ 990PF 990N Other: _____

The tax form must be attached

FINANCIAL REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

ALL below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific field. The organization's form 990 or other tax form **MUST** be enclosed.

Organization's Accounting Year Begin Date

Organization's Accounting Year End Date

(mm/dd/yyyy)

(mm/dd/yyyy)

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- 1. Beginning Gross Assets: \$ _____
 - 2. Total Revenue: \$ _____
 - 3. Grants, Contributions and Program Services: \$ _____
 - 4. Compensation officer/directors/trustees: \$ _____
 - 5. Total Expenses: \$ _____
 - 6. Ending Gross Assets: \$ _____
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