

Current Officers, Directors, Trustees & Key Employees

Name and Address	Title	Average hours/wk	Compensation
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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

**Complete the following for all employees paid more than \$100,000/year:
(attach separate sheet if you have more than 2)**

Name and Address	Title	hours/wk	Compensation
1.			
2.			

**Complete the following for independent contractors paid more than \$100,000/year:
(attach separate sheet if you have more than 2)**

Name and Address	Type of Service	Compensation
1.		
2.		
-		

Organization Income:	
	Total:
Contributions, gifts, grants	
Membership dues	
Program service revenue	
Government contracts	
Investment (Interest)	
Fundraiser or special event income (list)	
1.	
2.	
3.	
4.	
5.	
6.	
Other income (list)	

Organization Expenses:	
	Total:
Accounting fees	
Bank Fees	
Employee Benefits	
Credit Card Fees	
Dept. of Justice Fee (OR)	
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 (list)	

Program Accomplishments	
In general categories, list the organization's accomplishments for the year. Include approximate number of people served, publications issued, etc. Also, indicate \$ amount of grants provided.	
1.	
Grants: \$	Expenses: \$
2.	
Grants: \$	Expenses: \$
3.	
Grants: \$	Expenses: \$
4.	
Grants: \$	Expenses: \$
What is the organization's primary purpose?	

Assets at beginning of year:		Assets at year end :	
Checking Account	\$	Checking Account	\$
Savings Account	\$	Savings Account	\$
Accounts/Pledges receivable	\$	Accounts/Pledges receivable	\$
Other current assets (describe)	\$	Other current assets (describe)	\$
	\$		\$
	\$		\$
	\$		\$

Liabilities at beginning of year:		Liabilities at year end :	
Accounts payable	\$	Accounts payable	\$
Grants payable	\$	Grants payable	\$
Other liabilities (describe)	\$	Other liabilities (describe)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Schedule of Contributors For Organizations Exempt Under Section 501(c)(3)		
(don't complete if organization is a Private Foundation, Section 501(e), 501(k), 501(n) or 4947(a)(1))		
Complete the following for any contributors who gave \$5,000 or more (cash & non-cash). Attach separate additional pages if needed.		
Name and Address	Contribution (year total)	If non-cash, provide description
1.		
2.		
3.		
4.		
5.		
6.		