



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF ADMINISTRATION
BUDGET AND FISCAL MANAGEMENT BUREAU

PURCHASING MEMORANDUM

DATE: September 3, 2014

TO: **Prospective Responders**

FROM: Pamela A. Harrington, *Contract Management Specialist I*

TITLE: Request for Information (RFI) for FileNet Document Scanning and Records Disposition (FDS/RD)

SUBJECT: Answers to Questions/Inquiries

In reference to the above RFI, we have received the following questions/inquiries and are providing answers as follows:

QUESTION 1: Has funding been allocated for the solution and if so from where?

ANSWER: **Scanning services are a budgeted general operational expense of the Office of the Attorney General.**

QUESTION 2: When might the RFP be released?

ANSWER: **The Office of the Attorney General does not have a date for the release of a formal RFP related to these services.**

QUESTION 3: Who provided the current document management system?

ANSWER: **The current document management system is an implementation of FileNet 5.1 (recently updated from FileNet 3.5) originally developed by the OAG, IBM, and Bearing Point. The system was put into service in November 2006.**

QUESTION 4: Is there a technical contact in regard to this RFI?

ANSWER: **All questions should be directed to purchase@ag.ny.gov and if deemed necessary will be submitted to our IT staff to provide an appropriate answer.**

QUESTION 5: Whether companies from Outside USA can apply for this? (From India or Canada)

ANSWER: **The purpose of this Request for Information is to gather information related to pricing and service availability only. In the event of a formal Request for Proposals, all vendors will be considering in accordance with New York State procurement guidelines and procedures.**

QUESTION 6: Whether we need to come over there for meetings?

ANSWER: **Regular travel for meetings with the Office of the Attorney General's Charities Bureau is not an anticipated service requirement.**

QUESTION 7: Can we perform the tasks (related to RFP) outside USA? (From India or Canada)

ANSWER: **Due to the nature and location of the work, it is expected that the services would need to be provided locally in or near the New York or Albany metro areas. However, the Office of the Attorney General invites responses that illustrate competitively priced alternatives.**

QUESTION 8: Can we submit our proposals via email?

ANSWER: **Yes. Electronic proposals are preferred in either Microsoft Word or Adobe Acrobat formats and should be submitted to purchase@ag.ny.gov with the subject line RFI Response for FDS/RD.**

QUESTION 9: Are the sorted documents, bundled by type? Is there any bar coded separation within the bundle?

ANSWER: **Charities Bureau staff sort and bundle the documents by Filing ID (see document example), a unique identifier generated with the scanning barcode sheet for each bundle. The bundles are packed into a numbered box. Each bundle may contain a parent document and number of subdocuments with a separate barcode sheet each. There are 6 barcodes on a barcode sheet with the following values: Filing ID, Number of Documents, Received Date, Filing Type, Organization ID and Name, and Document Type. The bundle may contain after the first barcode sheet another sheet with a single separate barcode identifying a payment number (see document example G201408260000064). See attached PDF (Charities Bundle Example) of a typical example of a bundle.**

QUESTION 10: What information is contained on the bar coded coversheets? Is there a single bar code per bundle or multiple bar codes? What does the bar code represent? Can you provide a sample(s) coversheet?

ANSWER: **See Question 9.**

QUESTION 11: Is there any indexing required? If, yes what is the criteria, and where is it found?

ANSWER: **No, indexing is not a requirement for this service.**

QUESTION 12: Exception handling process -Please define what constitutes an exception and what is expected of vendor to process properly?

ANSWER: **Bundled documents related to Document Type CHAR410 (Registration of Charitable Organization) and CHAR500 (Annual Filing of Charitable Organization) are public upon upload to the document management system. The following exceptions should be returned to the Charities Bureau for processing in-house:**

1. **Barcode Coversheet Org Name and/or ID does not match document Organization Name or Org ID**
2. **Barcode Coversheet document type does not match bundle document type**
3. **Barcode Coversheet number of documents does not match bundle number of documents**
4. **Bank check is included in filing (these are separated and processed prior to bundling for scanning)**
5. **IRS Form 990 Schedule B "Schedule of Contributors" is embedded in another document and not a separate subdocument (these must be separated from the IRS Form 990 prior to bundling for scanning)**

QUESTION 13: What is data table type?

ANSWER: **We are currently using a pipe delimited index file with a .FNA file extension. Fields are Pipe Delimited. Property descriptions are delimited by ":".**

QUESTION 14: What is the browser used on the IBM FileNet 5.1 systems?

ANSWER: **Windows Explorer 9.**

QUESTION 15: Does 120 Broadway have a truck accessible loading dock? Off street truck parking? Is there a freight elevator accessible to the loading dock?

ANSWER: **Parking is limited around 120 Broadway. There is access to a freight elevator but no dedicated loading dock or off-street parking.**

QUESTION 16: Please define and elaborate on criteria for "accurate review" and "demonstrated controls" of documents?

ANSWER: **Hard criteria are not established. Please generally describe the controls and processes in place to guarantee quality results. What processes are in place to guarantee the integrity and image quality of the inventory to be scanned including the correct identification of exceptions?**

QUESTION 17: Please define and elaborate on "exception identification and handling" of documents?

ANSWER: **See Question 12.**

QUESTION 18: What information will be provided for document retrieval? Estimated number of retrievals per month?

ANSWER: Retrievals are expected to be a rare occurrence happening once or twice a month or less depending on the quality of the exception handling. Retrievals may be necessary when an exception is identified and originals are required to make the correction. A typical exception requiring retrieval is when a check image is located in a PDF and there is no evidence that a check was processed at the Charities Bureau prior to scanning. This is evidence that an uncashed check may be in the bundle. We may also identify a bundle that was not processed during scanning but barcode sheets were generated and inventory controls suggest that it was sent to the vendor. Information provided for retrieval may include the box number, Filing ID, organization name and organization ID.

QUESTION 19: What percentage of documents will be standard?

ANSWER: 99.9% of the documentation will be standard 8 ½ x 11 scanning to PDF for Charities Bureau workflow purposes.

QUESTION 20: What services are being requested with Format listings (Group 4 TIFF, LZW TIFF, Scanning PDF, and Miscellaneous Scanning)? The numbered items listed, converted to the various formats?

ANSWER: The primary services for the Charities Bureau FileNet workflow scanning are Scanning PDF item 2 (Letter 8 ½ x 11), Miscellaneous Scanning item 1 (OCR), Pick-up and Certified Destruction. All other items are incidental and may be related to other scanning services requested by the agency. The numbered items listed would be converted to the various formats.

QUESTION 21: Who is incumbent?

ANSWER: eDocNY, 10 County Center Rd #100, White Plains, NY 10607

QUESTION 22: What is desired turn around?

ANSWER: 2 weeks from pickup to FTP

QUESTION 23: Upon receipt of filings in the mail, the Charities Bureau initiates a workflow to process fees, sort the documents by type, generate barcoded coversheets, and bundle the documents for imaging. The documents are picked up by the contracted vendor at the Charities Bureau location of 120 Broadway New York, New York. The vendor proceeds with scanning and exception handling processes. Would there be additional prep work required i.e. removing staples?

ANSWER: The Charities Bureau currently removes staples and binding in order to pre-process. We request prices that include an option for destapling.

QUESTION 24: Please describe "exception handling process".

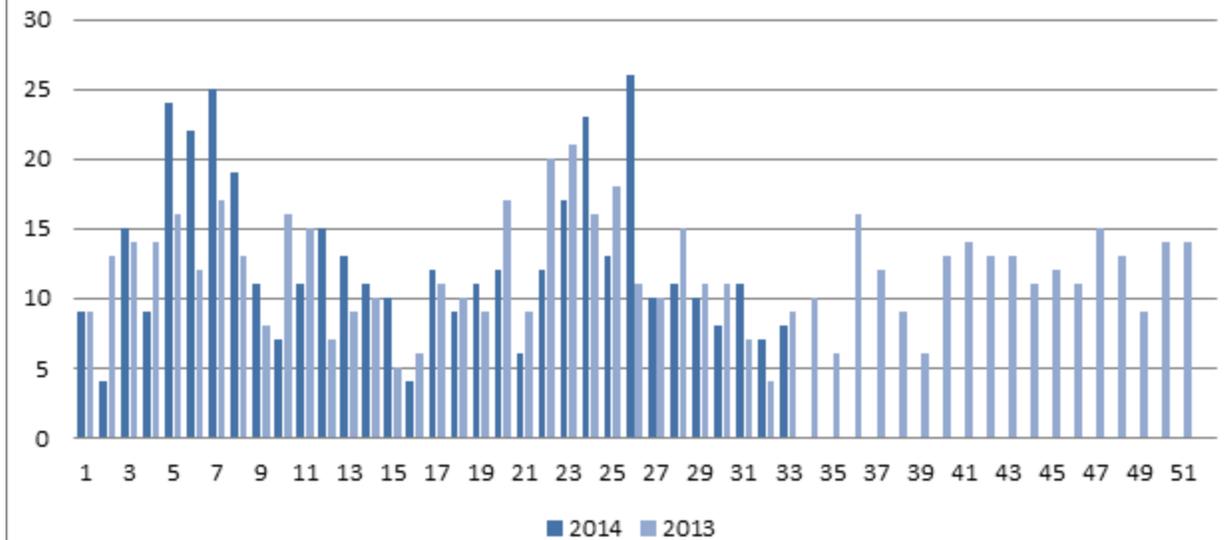
ANSWER: See Question 12.

QUESTION 25: Please provide historical volumes for seasonal fluctuation?

ANSWER: Box Pickup History for 2013 and 2014

There are two major filing deadlines, May 15th and November 15th, that generate higher volume for scanning. These deadlines generate larger box volume approximately 1 to 2 months after the deadline. Graph depicted on following page.

Weekly Box Pickup 2013 and 2014



QUESTION 26: Is there any form detail data to be captured possibly through OCR to be made part of the final data tables?

ANSWER: **No, Barcode sheet detail only. PDFs must be searchable.**

QUESTION 27: Is supplier to be responsible to load images into the document management system?

ANSWER: **No. Compile and transfer only.**

QUESTION 28: Is there any HIPPA classified data?

ANSWER: **No.**

QUESTION 29: Is there any potential need for document redaction?

ANSWER: **No.**

QUESTION 30: Who will be responsible for hosting the FTP site?

ANSWER: **It is requested that the vendor host the FTP site and the Office of the Attorney General will pull data.**

QUESTION 31: What is the FTP protocol?

ANSWER: **The Office of the Attorney General currently uses SFTP.**

QUESTION 32: Regularly scheduled pickup, please define frequency?

ANSWER: **Once a week at a predetermined time during regular business hours. Exceptions allowable with at least 24 hour notice.**

QUESTION 33: Storage of hardcopy originals – how long?

ANSWER: **Approximately 60 days after FTP.**

QUESTION 34: Are data table definitions available? If so, can this be provided?

ANSWER: **See Attached PDF (Data Table Definitions).**

QUESTION 35: Regarding film, would need to know if micro-film, 8, super 8, 16 or 35 mm? Regarding film would this be positive or negative? Regarding film would conversion be for all of the film or groups of documents within a roll of film? Regarding film would this be whole or partial rolls?

ANSWER: Unknown. Film processing is not required for the Charities Bureau document processing and may be an incidental service requested for support of litigation in other parts of the Office of the Attorney General. Please provide your best market price based on general experience.

QUESTION 36: It appears you have an incumbent vendor. Is there a reason you would not continue with them?

ANSWER: The Office of the Attorney General is seeking pricing information and service delivery options in order to better understand the marketplace and inform future procurement decisions.

QUESTION 37: You indicated that there may be a future solicitation. What would determine if you do create an RFP or RFQ?

ANSWER: See Question 2.

QUESTION 38: Of the 150,000 annual filings you receive, what percentage are electronic? Are these automatically converted to PDF's by OAG for FileNet input?

ANSWER: The Charities Bureau receives approximately 1% of its filings electronically through Form990.org. This information populates a PDF and other data tables for FileNet input.

QUESTION 39: What is the average number of images per filing?

ANSWER: 20, excluding blank pages.

QUESTION 40: Have you considered offering charities a financial incentive to submit via E-File to reduce the cost of paper scanning?

ANSWER: No.

QUESTION 41: What period of time do you require hardcopy storage? Can you estimate the number of boxes that will be in storage? Does hardcopy storage have to be in the same location as the scanning?

ANSWER: 60 days after FTP transmission. Approximately 100 top 150 boxes may accumulate in storage. The boxes do not have to be in the same location as the scanning.

QUESTION 42: The pricing section includes many items that are not part of the workflow (Group IV TIFF, LZW TIFF, Oversize, Film, Electronic Files, CD Creation, and Bates Labeling). Are you planning to modify the workflow or add different applications?

ANSWER: No. The other items may be leveraged by other sections of the Office of the Attorney General as needed to support regulatory or litigation functions. Use of the services is expected to be minimal.

QUESTION 43: When the documents are classified by document type - are they prepped as well (staples, paper clips, post - it notes removed or are they going to need to be prepared for scanning?

ANSWER: See Question 23.

QUESTION 44: Can we get a sample of the barcode cover sheet?

ANSWER: See Question 9.

QUESTION 45: What data will be captured from the barcode cover sheet?

ANSWER: See Question 9.

QUESTION 46: What data will be (if any) be data entered from the actual documents?

ANSWER: None.

QUESTION 47: What types of exceptions have you encountered currently?

ANSWER: See Question 12.

QUESTION 48: Can we get a sample of the data tables that are transmitted with the images?

ANSWER: See Question 9.

- QUESTION 49: Is the import utility used for IBM FileNet 5.1 the HPII module?
ANSWER: **Import will be completed by Office of the Attorney General staff.**
- QUESTION 50: Will the Charities Bureau be upgrading to FileNet P8 during the course of the engagement this RFI would cover?
ANSWER: **No.**
- QUESTION 51: Please define Regularly - daily / weekly/ 2x's a week/ M-W-F
ANSWER: **See Question 32.**
- QUESTION 52: Please define Timely - Daily - weekly - 2x's week M-W-F
ANSWER: **See Question 22.**
- QUESTION 53: What is your expected turnaround from when you get the paper ready for pick up to when you see it in the FTP?
ANSWER: **See Question 22.**
- QUESTION 54: How long do you anticipate from digital delivery to destruction (in days)?
ANSWER: **See Question 33.**
- QUESTION 55: How frequently is the hardcopy requested to be returned?
ANSWER: **See Question 18.**
- QUESTION 56: What are the limitations and requirements to pick up boxes at the 120 Broadway address?
ANSWER: **See Question 15.**
- QUESTION 57: If all the documents are 8 ½ x 11 - why are you looking for other pricing options?
ANSWER: **Other pricing for incidental services by other Bureaus in the agency.**
- QUESTION 58: Is LZW compression for color images required? Typical color scanning is done with JPEG compression?
ANSWER: **LZW compression for color images is not a requirement. Vendors may respond with pricing for an alternative color scanning compression with a format description.**
- QUESTION 59: Will this become a basis for additional work within the agency?
ANSWER: **It is possible but not guaranteed that the services provided may extend to the other regulatory Bureaus that require similar services.**
- QUESTION 60: What are the current seasonality cycles - when are the highs and lows - are they within a month (i.e. beginning of months are very heavy) or are there specific months which are very heavy and other which are lite?
ANSWER: **See Question 25.**
- QUESTION 61: Can the data be shipped out of state on a weekly basis?
ANSWER: **If shipping is cost efficient in the overall scope of services it may be considered.**
- QUESTION 62: Can a sample of the data table be made available so that we can see what information is needed to be collected?
ANSWER: **See Question 34.**
- QUESTION 63: Is there any preparation of the data needed before scanning?
ANSWER: **See Question 23.**

OAG CB Cover Sheet - 1 of 2

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08/28/2014



INITIAL



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CHAR500



Group Check ID

G201408260000064

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) / / / 2013 and Ending (mm/dd/yyyy) / /

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization:	Employer Identification Number (EIN): <input type="text"/>
	Mailing Address:	NY Registration Number: <input type="text"/> - <input type="text"/> - <input type="text"/>
	City / State / Zip:	Telephone: <input type="text"/>
	Website:	Email: <input type="text"/>

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____
Signature Title Date

Chief Financial Officer or Treasurer: _____
Signature Title Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ _____	Total fee: \$ _____	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you marked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2013

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number: - -
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2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number: - -
<input type="checkbox"/> Professional Fund Raiser	Mailing Address:	Telephone:
<input type="checkbox"/> Fund Raising Counsel	City / State / Zip:	
<input type="checkbox"/> Commercial Co-Venturer		

3. Contract Information

Contract Start Date:	Contract End Date:
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4. Description of Services

Services provided by FRP:

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
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6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2013

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number: □□ - □□ - □□
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2. Government Grants

Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total:

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details, tax-exempt status, and website information.

Part I Summary

Table with 22 rows detailing mission, governance, revenue, expenses, and net assets.

Part II Signature Block

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.

Signature lines for officer and preparer.

Preparer information section including name, signature, date, and firm details.

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1099, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		
6	Did the organization have members or stockholders?		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		
15b	Other officers or key employees of the organization		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f ▶				
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f ▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
	b	Less: direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
9a	Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b					
c	Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue Business Code					
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions. ▶					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)	(B)
		Beginning of year	End of year
Assets	1 Cash—non-interest-bearing		1
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities		11
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)		16	
Liabilities	17 Accounts payable and accrued expenses		17
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25		26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances		33	
34 Total liabilities and net assets/fund balances		34	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		
2b		
2c		
3a		
3b		

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IRS990B

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

rem . . . 4/24/2007 - biesele - property name changed to symbolic name for all fields (e.g. filing_id changed to filing_id)

rem . . . DocumentClassName starts each record; this field has no subfields . . .

rem . . . the third field, DocumentTitle, is formed by concatenating the first two fields with a separating underscore "_"

rem . . . e.g. DocumentClassName&"_"&filing_id would become 'DocClassName_filing_id'

rem . . . property fields are delimited by "|" == the 'pipe' character

rem . . . property description sub-fields == Propertyname:Type:DefaultValue == use a colon ':' as delimiter

rem . . . unless there is an explicit value in the DefaultValue sub-field, there is no default value

rem . . . the '*IRS*' and "AIRS*" types have publicflag value defaulted to 'Private' or 'Public' as appropriate . . .

rem . . . types with an asterisk may not be needed immediately, but I've put them in to be complete (biesele)

rem . . . Major types == assoc_grp_check_id field appended

CHAR410|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

CHAR410A|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

CHAR410R|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

CHAR500|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

CHAR500C|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

CHAR001LT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

CHAR001RT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

CHAR004|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

NOTEPROBATE|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

IRS8868|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

EXT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

FINALACCT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

MISCELLANEOUS|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

*MERGE|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

CLOSING|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

CHAR012|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

*CHAR013|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

*CHAR014|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No|assoc_grp_check_id:Float:

*CHAR016A|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

*CHAR037|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

*SUBCONTRACT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No|assoc_grp_check_id:Float:

rem . . . IRS types

IRSDETLTR|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

IRS990|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

IRS990A|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

IRS990B|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

IRS990EZ|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

IRS990PF|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

IRS990T|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

IRS10231024|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

IRS5227|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

rem . . . AIRS types

AIRS990|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

AIRS990EZ|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

AIRS990PF|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

AIRS990A|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

AIRS990B|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

AIRS990T|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

rem . . . Misc types (sorted alphabetically)

ACCTRPT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

BRIDER|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

BYLAWS|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

CAN|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

CHARAUTH|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

CHAR015|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

CHAR016B|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

COI|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

CONTRACT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

EXEMPTADD|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

INSUREFIN|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

FINALACCT|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

LASTWILL|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

MISCSUB|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

NOTERESPONSE|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

POA|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

*REFUND|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No

SCHEDULEE|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

TI|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Private|migrate:String:No

TNOTICE|filing_id:String:|DocumentTitle:String:DocumentClassName&"_"&filing_id|num_of_docs:Integer:|date_received:DateTime:|submission_type:String:|org_id:String:|publicflag:String:Public|migrate:String:No