

Form 990
Update Questionnaire
For All Organizations

Core Form Heading & Pt I Summary

Yes No N/A

1. The organization mission or most significant activities that you wish to highlight this year: _____

2. Total number of volunteers this year (estimate if necessary): _____

Part V, Other IRS Filings and Tax Compliance

1. Did the organization file any Forms 1096 *Annual Summary and Transmittal of US Information Returns* for the calendar year ending with or within the year covered by this return? _____

If so, enter the total number reported in Box 3 of all Forms 1096 filed: _____

How many of these were for Form W2-G *Gambling Winnings*: _____

2. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming winnings to prize winners? _____

3. What was the number of employees reported on Form W 3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return? _____

If any, did the organization file all required federal employment tax returns? _____

4. During this year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country? Note: Includes ownership of any interest in an offshore hedge fund or private equity investment regardless of the ownership percentage. _____

Form 990
Update Questionnaire
For All Organizations

5a. Number of voting members of the board or other governing body: _____

5b. Number of independent voting members of the board or other governing body: _____

Note: in order to be independent all four of the following must apply at all times during the year: the member must 1) not be compensated as an officer or other employee of the organization or any related organization; 2) not receive total compensation or other payments exceeding \$10,000 from the organization or related organization as an independent contractor other than for expense reimbursements or reasonable compensation as a board member; 3) not receive directly or indirectly material financial benefits from the organization or a related organization; AND 4) not have any family members that received compensation or other material financial benefits from the organization or related organizations.

6. We have reviewed our completed full Questionnaire for the prior year.

There were changes noted.
