



The Office of Secretary of State  
Securities and Charities Division

<b>Form C200</b>	
<b>For the Calendar Year 20</b> , or tax year beginning      , 20 <b>and ending</b> , 20	
A. Name of Organization:	
B. Primary Address of Charitable Organization:	C. Employer Identification Number:
D. Contact Person:	E. Telephone:
F. Contact Person Email Address for Official Correspondence:	
G. Website:	
H. Location of Books and Records:	

<b>Part I. Revenue, Expenses, Changes in Net Assets or Fund Balances</b>			
<b>Revenues</b>	1. Contributions, gifts, grants, and similar amounts received	1	
	2. Program service revenue including government fees and contracts	2	
	3. Membership Dues and assessments	3	
	4. Investment Income	4	
	5. Gain or Loss from sale of assets other than inventory	5	
	6. Gross income from Fundraising Events (Not including events reported on line 1)	6	
	7. Gain or Loss from sales of inventory	7	
	8. Other Revenue	8	
	9. <b>Total Revenue</b>	9	
<b>Expenses</b>	10. Grants and similar amounts paid	10	
	11. Benefits paid to or for members	11	
	12. Salaries, other compensation and employee benefits	12	
	13. Professional fees and other payments to independent contractors	13	
	14. Occupancy, rent, utilities, and maintenance	14	
	15. Printing, publications, postage, and shipping	15	
	16. Other Expenses	16	
	17. <b>Total Expenses</b>	17	
	18. Excess or (deficit) for the year (subtract line 17 from line 9)	18	
	19. Net assets at beginning of year	19	
	20. <b>Net assets at end of year</b> (subtract line 19 from line 18)	20	

## Part II. Balance Sheet

21. Cash, Savings, and Investments	21	
22. Land and buildings	22	
23. Other Assets	23	
24. <b>Total Assets</b>	24	
25. <b>Total Liabilities</b>	25	
26. <b>Net Assets</b> (Must match line 20 )	26	

## Part III. Program Description and Accomplishments

27. Please describe the organization's primary purpose, services provided, number of persons benefited, and any other relevant information:

## Part IV. List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Other Compensation

## Part V. Other Information

Answer "Yes" or "No"

28. Were any significant changes made to the organization's organizing or governing documents? (If so, please attach the new documents)	28	
29. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? (If so, please describe these activities in Schedule A)	29	
30. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? (If so, please describe these activities in Schedule A)	30	
31. Did the organization incur any, direct or indirect, political expenditures during the year? This includes lobbying and donations made in support of individuals running for a publicly elected position or currently in a publicly elected position? (If so, please disclose how much in Schedule A)	31	
32. Did the organization borrow from, or make any loan to, any officer, director, trustee, or key employee? (if so, please disclose the total amount involved in Schedule A)	32	
33. Does the organization operate in other states or countries? (if so, please disclose the other states or countries in Schedule A)	33	
34. Does the organization utilize paid solicitors? (if so, please disclose the name and compensation for each paid solicitor used during this year)	34	

## ATTESTATION

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>Sign Here</b>	<p>_____</p> <p><b>Signature of Officer</b></p>	<p>_____</p> <p><b>Date</b></p>
	<p>_____</p> <p><b>Type or Print Name and Title</b></p>	

## Schedule A

Please Disclose Any Additional Information Here  
Attach Additional Sheets if Necessary