|  |  |  |
| --- | --- | --- |
| **S.No** | **DETAILS** | **INFO** |
| 1 | Full Name of Organization |  |
| 2 | Mailing Address, city state zip code county |  |
| 3 | Employer Identification Number (if available) |  |
| 4 | Month Tax Year Ends (MM) | 12/31 |
| 5 | Person to Contact |  |
| 6 | Contact Telephone Number |  |
| 7 | Fax Number |  |
| 8 | Organization's Website (if available)  Organization's Email |  |
| 9 | type of organization |  |
| 10 | Date incorporated if a corporation, or formed |  |
| 11 | State of incorporation or other formation: |  |
| **List the names, titles, and mailing addresses of your officers, directors, and/or trustees BELOW.** | | |
| 1 | First Name |  |
|  | Last Name |  |
|  | Title |  |
|  | Street Address, City, State, Zip Code |  |
| 2 | First Name |  |
|  | Last Name |  |
|  | Title |  |
|  | Street Address, City, State, Zip Code |  |
| 3 | First Name |  |
|  | Last Name |  |
|  | Title |  |
|  | Street Address, City, State, Zip Code |  |
|  |  |  |
| **Your Specific Activities** | | |
| 1 | Briefly describe the organization's mission or most significant activities (limit 250 characters)  IF AVAILABLE |  |
|  |  |  |