

The fee to participate in Idaho Gives depends on the size of your organization and if you are a member of the Idaho Nonprofit Center.

Not a member? Join [here](#) or call (208)-424-2229 if you'd like to join by phone.

To check the size of your organization, refer to line 18 (total expenses) on your most recent Form 990. You may subtract line 13 (grants and similar amounts paid) from your total expenses.

See the example below:

Form <b>990</b>		Return of Organization Exempt From Income Tax		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		<b>2011</b> Open to Public Inspection
<b>A</b> For the <b>2011</b> calendar year, or tax year beginning <b>2011</b> , and ending <b>2011</b>				
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization EXEMPT ORGANIZATION Doing Business As		<b>D</b> Employer identification number 12-3456789	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 MAIN STREET		<b>E</b> Telephone number (555) 555-5555	
	City or town, state or country, and ZIP + 4 ANYCITY, NY 10001		<b>G</b> Gross receipts \$ 13,603,000.	
	<b>F</b> Name and address of principal officer: EMPLOYEE A 1 MAIN STREET ANYCITY, NY 10001		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: WWW.EXEMPTORG.ORG <b>H(c)</b> Group exemption number				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: NY				
<b>Part I Summary</b>				
<b>1</b> Briefly describe the organization's mission or most significant activities: ESTABLISHED TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE LIVING WITH SERIOUS AND PERSISTENT MENTAL ILLNESSES.				
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		15.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		13.
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>		124.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		8.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		9,458,000.	9,458,000.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		288,000.	288,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		337,000.	307,000.
			10,083,000.	10,053,000.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,152,000.	4,062,000.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		60,000.	60,000.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		495,000.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,601,000.	4,601,000.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,813,000.	8,723,000.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		1,270,000.	1,330,000.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)		21,301,000.	22,289,000.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		5,857,000.	5,703,000.
		15,444,000.	16,586,000.	
<b>Part II Signature Block</b>				
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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	Signature of officer _____ Date _____			
	Type or print name and title _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00736879
	Firm's name ▶ EISNERAMPER LLP			Firm's EIN ▶ 13-1639826

If your organization does not file a 990, please refer to your postcard (You should have received an email from the IRS confirming your postcard)

Please upload your most recent 990 or your IRS approved annual budget (if your organization has a budget of less than \$50,000)\*\*

*\*\*Note: Do NOT upload confirmation of your tax exemption status or your determination letter. We need your 990 or your postcard\*\**

**Our team will be checking these documents to ensure your organization in the correct registration bracket.**