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| <b>Form W-9</b>   |  |
| Request for Taxpayer Identification Number and Certification  |  |
| <b>A. For the 2019 calendar year, or tax year beginning _____, 2019, and ending _____, 20_____</b>  |  |
| <input checked="" type="checkbox"/> Organization name<br><input type="checkbox"/> Doing business as _____<br><input type="checkbox"/> Name change _____<br><input type="checkbox"/> Initial return _____<br><input type="checkbox"/> Find returns/revised _____<br><input type="checkbox"/> Amended return _____<br><input type="checkbox"/> Application pending _____  |  |
| <input checked="" type="checkbox"/> Name and address of organization<br>Street and number<br>Name and street for P.O. box if mail is not delivered to street address<br>Room/suite _____<br>City or town, state or province, country, and ZIP or foreign postal code _____  |  |
| <input checked="" type="checkbox"/> Employer identification number<br>EIN _____<br>Telephone number _____   |  |
| <input checked="" type="checkbox"/> Gross receipts \$ _____<br>Due to a prior plan for subdivision _____ Yes _____ No _____<br>If "Yes," attach a list of new institutions _____  |  |
| <input checked="" type="checkbox"/> This entity exists _____ S corporations _____ C corporations _____ Partnership(s) _____ SOI _____<br><b>B. Institution information</b><br><input checked="" type="checkbox"/> Institution _____<br><input type="checkbox"/> Individual _____<br><input type="checkbox"/> Association _____<br><input type="checkbox"/> Corporation _____<br><input type="checkbox"/> Trust _____<br><input type="checkbox"/> Other _____  |  |
| <input checked="" type="checkbox"/> Form of organization _____ Corporation _____ Trust _____ Association _____ Other _____  |  |
| <input checked="" type="checkbox"/> Year of formation _____   |  |
| <input checked="" type="checkbox"/> State of legal domicile _____   |  |
| <b>C. Part I Summary</b>  |  |
| 1. Briefly describe the organization's mission or most significant activities.  |  |
| 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.<br>a. Number of voting members of the governing body (Part VI, line 1a) _____ 3 _____<br>b. Number of employees including part-time employees (Part VI, line 1b) _____ 4 _____<br>c. Total number of full-time employees (calendar year 2019) (Part VI, line 2a) _____ 5 _____<br>d. Total number of volunteers (estimate if necessary) _____ 6 _____<br>e. Total unrelated business revenue from Part VIII, column (C), line 12 _____ 7a _____<br>f. Net unrelated business taxable income from Form 990-T, line 39 _____ 7b _____ |  |
| Prior Year _____ Current Year _____   |  |
| <b>D. Part II Governance</b>  |  |
| 8. Contributions and grants (Part VIII, line 1g)<br>9. Program service revenue (Part VIII, line 2g)<br>10. Investment income (Part VIII, column (A), lines 3, 4, and 7b)<br>11. Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)<br>12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |  |
| 13. Grants and similar amounts paid (Part IX, column (A), lines 1-3b)<br>14. Salaries, compensation, employee benefits (Part IX, column (A), lines 4-6)<br>15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>16. Professional fundraising fees (Part IX, column (A), line 11a)<br>17. Total fundraising expenses (Part IX, column (D), line 25) _____<br>18. Other expenses (Part IX, column (A), lines 11a-11b, 11b-24d)  |  |