## **Annual Filing Questionnaire**

Grange l	Name and Number:			
Grange I	EIN:			
End of IRS Reporting Year (check one):		December 31	April 30	)
Contact	Name and Phone Number (this is for	r any questions Ferol may have):		
Name: _				
Phone #:				
Y	es, we would like State Grange to fi	ile for us		
N	No, we will file on our own (please so	end a copy of your confirmation t	o State Gr	ange)
O	ur non-profit status has been revoke	d. (Effective date if known		)
990N (el	Postcard) Info:			
1. F	las your Grange terminated or gone	out of business?	Yes	No
2. A	are your gross receipts normally \$50	0,000 or less?	Yes	No
3. P	rincipal Officer for your Grange:			
	Name:			
	Address:		<del></del>	
Office U File date	:			
Accepted	d / Rejected			

May be returned via email to: fmax@wa-grange.org