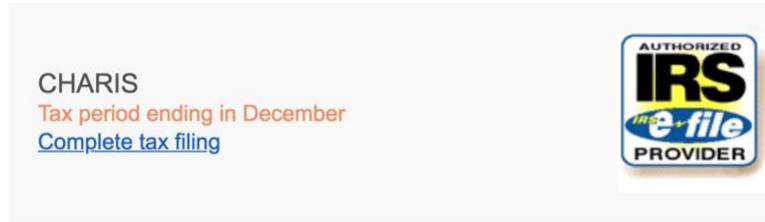


# File990.org 990EZ instructions

When it is time to file, you will receive an email reminder like this one:

Our records indicate that its time to file your annual 990-N return:



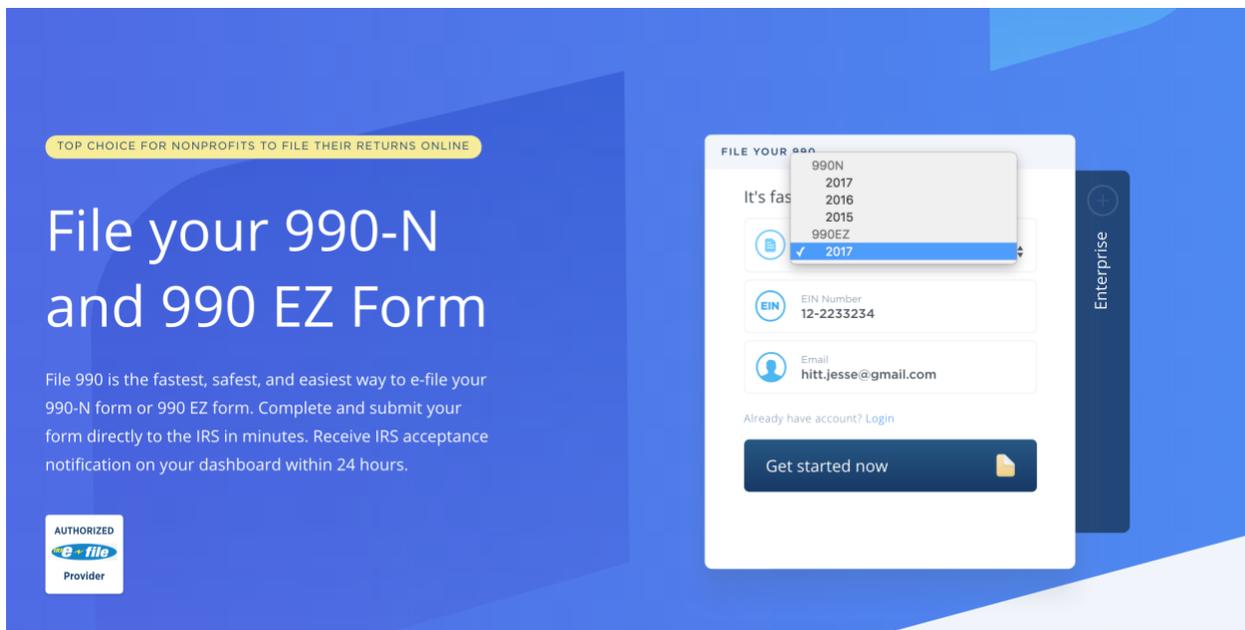
To make the process as quick and easy as possible, we have imported your filing information from the IRS database.



If you are no longer in charge of completing tax returns for CHARIS, please forward this email to the appropriate person.

[Click here to complete your filing](#)

When you receive this email, please go to [www.file990.org](http://www.file990.org) - Here you will select 990EZ from the dropdown menu.



TOP CHOICE FOR NONPROFITS TO FILE THEIR RETURNS ONLINE

## File your 990-N and 990 EZ Form

File 990 is the fastest, safest, and easiest way to e-file your 990-N form or 990 EZ form. Complete and submit your form directly to the IRS in minutes. Receive IRS acceptance notification on your dashboard within 24 hours.

AUTHORIZED **e-file** Provider

FILE YOUR 990

It's fast

990N  
2017  
2016  
2015  
990EZ  
✓ 2017

EIN Number 12-2233234

Email hitt.jesse@gmail.com

Already have account? [Login](#)

Get started now

Enterprise

This will take you to the opening page of the 990EZ. This page may be pre-populated for you, but you may have to fill out some general information about your unit. When complete, click next.

NEW 990

2017  
990EZ

990-EZ Assets At Least \$500,000  
Gross Receipts At Least \$50,000

AUTHORIZED  
**e-file**  
Provider

General	Part I	Part II	Part III	Part IV	Part V	Part VI
 EIN Number * 12-2233234	 Legal organization name *					
 Beginning of Tax Period * 01/01/2017	 End of Tax Period * 12/31/2017					
 Address Line *	 Address Line 2 (optional)					
 City *	 Alabama 					
 ZIP Code *	 Company Website (optional)					
 5-digit PIN Number *	 Group Exemption Number (optional)					

**Check if applicable (optional):**

- Address change    Name change    Initial return    Final return/terminated  
 Amended return    Application pending
- 

**Accounting Method: \***

- Cash    Accrual    Other \_\_\_\_\_
- 

**Tax-exempt status: \***

- 501(c)(3)    501(c)( \_\_\_\_\_ )    4947(a)(1)    527
- 

**Form of organization: \***

- Corporation    Trust    Association    Other \_\_\_\_\_
- 

- Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Next



Parts I and II will ask about the finances of the unit (revenue and expenses). Fill out these parts to continue to part III.

2017  
990EZ

990-EZ Assets Less Than \$500,000  
Gross Receipts Under \$200,000

AUTHORIZED  
e-file  
Provider

General Part I Part II Part III Part IV Part V Part VI Schedule A

Check if the organization used Schedule O to respond to any question in Part 1.

REVENUE

\$ 0 1. Contributions, gifts, grants, and similar amounts received.

\$ 0 2. Program service revenue including government fees and contracts.

\$ 0 3. Membership dues and assessments.

\$ 0 4. Investment income.

\$ 0 5a. Gross amount from sale of assets other than inventory.

\$ 0 5b. Less: cost or other basis and sales expenses.

\$ 0 5c. Gain (or loss) from sale of assets other than inventory. (Subtract line 5b from line 5a)

6. Gaming and fundraising events.

\$ 0 6a. Gross income from gaming. (Attach Schedule G if greater than \$15,000)

990EZ Gross Receipts Under \$200,000 Provider

General Part I Part II Part III Part IV Part V Part VI Schedule A

Check if the organization used Schedule O to respond to any question in Part 2.

BALANCE SHEETS

Beginning of year	End of year	
\$ 0	\$ 0	22. Cash, savings, and investments.
\$ 0	\$ 0	23. Land and buildings.
\$ 0	\$ 0	24. Other assets. (Describe below)
\$ 0	\$ 0	25. Total assets.
\$ 0	\$ 0	26. Total liabilities. (Describe below)
\$ 0	\$ 0	27. Net assets or fund balances. (Column (End of year) must agree with line 21 (\$0.00))

Previous Next

Part III will ask for your Primary Exempt Purpose. This is typically a statement that is similar to a mission statement.

General | Part I | Part II | **Part III** | Part IV | Part V | Part VI | Schedule A

Check if the organization used Schedule O to respond to any question in Part III.

Primary Exempt Purpose: \*

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (OPTIONAL)

Add Program Service Accomplishment +

Part IV will ask you to list your Officers. You can add more by clicking add at the bottom.

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES  
(AT LEAST 1 IS REQUIRED)

(a) Name and title *	(b) Average hours per week devoted to position *	(c) Reportable compensation * (Forms W-2/1099-MISC) (if not paid, enter 0)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation *	(e) Estimated amount of other compensation *

Add Key Personnel +

Part V will ask a few more questions related to the finances and activities of the unit.

2017 990EZ | 990-EZ Assets Less Than \$500,000  
Gross Receipts Under \$200,000 | AUTHORIZED e-file Provider

General | Part I | Part II | Part III | Part IV | **Part V** | Part VI | Schedule A

Check if the organization used Schedule O to respond to any question in Part 5.

REVENUE

33. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description below.

34. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change below. (see instructions)

35a. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2 [\$0], 6a [\$0], and 7a [\$0], among others)?

35b. If "Yes," to line 35a, has the organization filed a Form 990-T for the year?  
If "No," provide an explanation below.

35c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

Part VI will ask about employees of the organization and a few last details about the activities of the unit. Most units do not have employees.

General | Part I | Part II | Part III | Part IV | Part V | **Part VI** | Schedule A

Check if the organization used Schedule O to respond to any question in Part 6.

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SECTION 501(C)(3) ORGANIZATIONS ONLY

47. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part 1

48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a. Did the organization make any transfers to an exempt non-charitable related organization?

49b. If "Yes" to 49a, was the related organization a section 527 organization?

50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there are none, omit filling out this part and we will send "None".

a) Name and title of each employee	b) Average hours per week devoted to position	c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	e) Estimated amount of other compensation
------------------------------------	---	--	--	---

The Schedule A section of this form is actually where all of the Schedules can be completed. Completed any necessary schedules and you are ready to continue to the Filing Officer part of the form.

General | Part I | Part II | Part III | Part IV | Part V | Part VI | **Schedule A**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)).

3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:  
 Hospital's Name:  City:  Alabama

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

The last page to fill out is the Filing Officer form. This lets the IRS know who is completing the 990EZ for your unit.

**FILING OFFICER**

Great! We're almost there!

To e-file, the IRS requires us to know who you are, the officer filing this return. Please fill out the following form about the Filing Officer.

Check if you are a paid preparer.

 Officer Name *	 Officer Title (optional)
 Address Line 1 *	 Address Line 2 (optional)
 City *	 Illinois 
 ZIP Code *	 Phone (optional)
 Email (optional) hitt.jesse@gmail.com	 Password (for future access) (optional)

[Previous](#)  [Proceed to payment](#) 

When the form is filled out, click “Proceed to payment.” You will not be asked to pay anything.

**CHECKOUT**

TOTAL  
**\$0.00**

YOUR FILING INFORMATION

 Jesse Hitt

 90-0425311

 2017 990N

Payment Information

The payment for this filing for 90-0425311 will be covered by the organization:  
*TN PTA*

[Submit filing](#) 

On this page, click Submit filing. That's it!

You will receive a confirmation email from File990.org that the form was submitted immediately.

You will receive another email in 48 hours (approx) with an acceptance or rejection from the IRS. If your form has been rejected, you can go back to the form to make the necessary corrections.