TAX EXEMPT ORGANIZATION 2024 QUESTIONNAIRE (Form 990)

Organization Name

- 1. If this is a Membership Organization, total number of Members _____
- 2. Total number of volunteers (estimate if necessary):_____
- 3. Number of 1099s reported in Box 3 of Form 1096:_____
- Number of employees reported on *Form W-3*, Transmittal of Wage and Tax Statements:__________
 If you have a paid Executive Director, please provide their *Form W-2*.
- 5. Number of voting members of the governing body:
- 6. Number of independent voting members (not paid) of the governing body:_____
- 7. Did the organization make significant changes to governing documents during the year? Y/N
- 8. Is the organization related to another tax-exempt organization or taxable entity? Y/N
- 9. Did the organization maintain **donor advised funds**, hold **assets in an endowment**, or hold a

conservation easement? Y/N

- 10. Did the organization engage in gambling, lobbying or political campaign activities? Y/N
- 11. Did the organization engage in **ANY** activity outside the United States (provide grants, have employees/offices, generate revenues and/or expenses, hold a foreign bank account)? **Y/N**
- 12. Did the organization provide grants or other assistance in excess of \$5k to any one recipient? Y/N
- 13. Did the organization hold fundraising events that grossed over \$15k in revenues per event? Y/N
- 14. Did the organization receive non-cash contributions (donated auction items) valued over \$25k? Y/N
- 15. Did the organization receive contributions of art, historical treasures, or other similar assets? Y/N
- 16. UPDATE attached Board of Directors schedule including Title/Position, Weekly Hours.
 - a. Were any Officers or Board members compensated?
 - b. If a family relationship exists between any board members please provide explanation.
 - c. If business activity or receivables/payables exists between organization and Board members, employees or families of such please provide explanation.
- 17. If the organization received GRANTS <u>and/or</u> CONTRIBUTIONS in excess of \$5,000 from any one Grantor or Donor, provide **name, address, amount, and whether Grantor or Donor requests anonymity**.
- 18. ASSETS
 - a. Did the organization purchase assets over \$2,500 (or per your capitalization policy) Y/N
 - b. If yes, provide a list with (1) **description** (2) **date** purchased and (3) **cost** of new asset(s).
 - c. Review enclosed *Future Depreciation Report* and note date disposed and sale price of any assets no longer in service or sold.