



Charity Information Network

BBB Serving Central Ohio 1335 Dublin Rd., Suite 30-A, Columbus, OH 43215 www.centralohiobbb.org

Charity Profile Questionnaire for Charities and Nonprofit Organizations

Name of Organization: _____

Main Location Address: _____

Main Mailing Address: _____

City, State: _____ Zip Code: _____

Main Phone: _____ Fax: _____

Email (general): _____ Website: _____

Additional Organization Names, Acronyms: _____

Additional Locations/Addresses/Phone #s: _____

Name & title of primary contact at your organization: _____

Telephone (direct): _____ Email: _____ Fax: _____

Preferred method of contact (check one): Email: _____ Fax: _____ Regular Mail: _____

USE OF INFORMATION

To assist the Better Business Bureau in responding to inquiries about your organization, please complete the following questionnaire and submit the requested materials. Attach separate sheets as necessary. We believe both the public and soliciting organizations will benefit from voluntary disclosure of an organization's activities, finances, fundraising practices and governance.

If your organization solicits for charitable contributions, the information provided may be used to determine if your organization meets the 20 voluntary Standards for Charity Accountability. **Please note: It is important to submit all of the requested information and the questionnaire as one complete package. If a charity evaluation is completed, it will be based on the information received with this package or on file with the BBB. The omission of any of the requested information or item(s) could affect this evaluation and may result in the organization not meeting one or more charity standards.** If your organization is in the midst of completing a more current annual report, financial statement, IRS Form 990, please submit the latest available copy with your completed questionnaire & submit the more current reports when available.

USE OF THE BETTER BUSINESS BUREAU NAME

The name "Better Business Bureau" and the BBB torch logo are federally registered service marks owned by the Council of Better Business Bureaus, Inc. Unless licensed for use, others may not use the Better Business Bureau service marks. The completion of this form and the submission of information to the Better Business Bureau does not imply any form of endorsement, approval or membership. The information is provided solely to help us assist donors in their contribution decisions.

Signing this form indicates your organization's agreement to the above conditions regarding use of submitted information. In addition, by signing below your organization agrees that it will not use the BBB name, evaluation conclusions, or make any reference to whether your organization meets the Standards for Charity Accountability.

Preparer's name and title (Please type or print)

Signature: _____ Date: _____

***If you have any questions, please contact the following BBB staff member:
Marilyn Bergman 614-486-6531, ext 129 email: mbergman@columbus-ohbbb.org***

CHECKLIST OF ENCLOSURES: (Please provide a copy of the following items.)

Enclosed? (Please mark if enclosed) If not applicable, please indicate N/A:

- _____ 1. **Annual Report.** This is an annually produced fact sheet, brochure, or other publication that summarizes your mission, programs, finances, & governance for the past year. (To request a sample annual report, please email mbergman@columbus-ohbbb.org)
If not available, please clarify _____
- _____ 2. Latest **audited financial statements** (if not audited, send unaudited statements)
If not available, please clarify _____
- _____ 3. Complete **IRS Form 990** (with Schedule A, if applicable)
If not available, please clarify _____
- _____ 4. **Budget** for the current fiscal year.
If not available, please clarify _____
- _____ 5. **Board Roster**, specifying the officers (i.e., chairman, secretary, treasurer) and the professional affiliations and title of each board member (i.e., John Jones, Marketing Director, XYZ Bank)
- _____ 6. **Fundraising Requests.** Please check all fundraising methods used in the past year and please include a copy of all versions of appeals used for each applicable item.
- a) _____ direct mail appeals
 - b) _____ cause-related marketing solicitations (see #7)
 - c) _____ invitations to fundraising events
 - d) _____ print ads(newspapers, magazines, etc.) and/or scripts of television or radio appeals
 - e) _____ telephone appeal scripts
 - f) _____ grant proposals (only one recent sample of one of the 3 types listed below is needed):
 - _____ foundations
 - _____ corporations
 - _____ government agencies
 - g) _____ planned giving appeals
 - h) _____ internet appeals
 - i) _____ other, please specify _____
- _____ 7. **Cause-related Marketing Promotions.** If your organization has promotions that involve arrangements with for-profit firms that sell consumer goods or services that state the charity will benefit from sales (for example, affinity credit cards, household products, breakfast cereals, merchandise catalogs, etc.).
- a) If applicable, please enclose copies of such promotions from the past year
 - b) Did your organization have any written agreements/contracts with these companies?
Yes _____ No _____
- If yes, please provide copies of these arrangements. If there are any privacy restrictions regarding these marketing arrangements, please contact the BBB.
- _____ 8. **Board-approved Conflict of Interest Policy**
If not available, please clarify _____
- _____ 9. **Informational brochures & other materials** that describe your organization's activities.
- _____ 10. Board policy of measuring and assessing effectiveness (for information on measuring effectiveness policies and a sample policy, please visit www.columbusohbbb.org - or email mbergman@columbus-ohbbb.org)
If not available, please clarify _____
- _____ 11. If applicable, **agreements with affiliate(s)** and/or a national office

_____ 12. **By-Laws - If not available, please clarify**_____

_____ 13. **Articles of Incorporation - If not available, please clarify**_____

_____ 14. **IRS Determination Letter - If not available, please clarify**_____

15. **Year and State Incorporated**_____

16. Please state your organization's mission/purpose(s)._____

17.. On a separate sheet, please summarize your organization's principal program service activities. So that we may include this program description in our report, it would be helpful if it is no more than 250 words, includes objective language, and appropriate statistics.

18. Have there been any significant changes in your organization's purpose(s) and/or program activities in the past year? (For example, amending of the official stated mission, adding or terminating a major program, etc)

If yes, please explain

19. Did your organization use any outside fundraising firm(s) and/or fundraising consultant(s) in the past year?

Yes ____ No ____ **If yes,**

(a) How many fundraising firms or consultants were used in the past year? _____

(b) Did your organization have written agreements with each of these firms? Yes ____ No ____ . If you did not have written agreements for all or some, please clarify on a separate sheet of paper.

(c) Was the board of directors informed of all of the terms of these agreements? Yes ____ No ____

20. What is the scope of your organization's fundraising activities? _____ National _____ Regional _____ Local

21. Does your organization have affiliates, chapters, subsidiaries, and/or other related entities?

Yes ____ No ____

If yes, (a) please provide a list of the names and addresses of these organizations and/or businesses, and (b) briefly describe the nature of the relationship with the affiliates and/or other entities listed. In answering this question, please describe any program, financial, fund raising, and/or governing board relationship.

22. In regard to your organization's fund raising activities, does any city, county or state either (a) have any currently pending legal action against your organization and/or (b) have any concluded legal action within the past three years? Yes____ No _____

If yes, on a separate sheet, name the places and briefly describe the nature and status/resolution of the action(s).

23. If applicable, on a separate sheet of paper, please provide the following information based on your most recent financial statements:

(a) the total amount of donated goods and/or services included as part of income,

(b) the total amount of donated goods and/or services that were recognized as part of expenses. Also, identify the portion of this amount that was allocated to fund raising, administrative and each major program service expense category,

(c) a breakdown that shows the nature of the recognized in-kind expenses (e.g., how much of this total consisted of food, clothing, medical equipment, pharmaceuticals, legal services, accounting services, etc.) and

(d) briefly describe how your organization determined the value of these in-kind contributions.

24. Do any compensated staff members serve as voting members of the board? Yes ___ No ___
If yes, please provide name(s), title(s) and total compensation during the past fiscal year?
25. Do any paid staff of affiliated organizations serve as voting members of the board? Yes ___ No ___
26. Do any relatives of compensated individuals serve on the board? Yes ___ No ___
If yes, attach schedule identifying the name(s), title(s) and relationship(s).
27. Do board members receive paid honoraria or receive reimbursements? Yes ___ No ___.
If yes, please describe the nature of the compensation and identify the board member(s) and amount(s) involved.
28. Does your organization's Board regularly review the CEO's performance? Yes ___ No ___
If Yes, how often? _____
29. Does your organization have a board policy of assessing, no less than every two years, the organization's performance and effectiveness and of determining future actions required to achieve its mission?
Yes ___ No ___
If Yes, please provide a copy of the **policy**.
30. Does your organization submit a written report to its governing body outlining the results of the aforementioned performance and recommendations for future actions? Yes ___ No
31. Does the board of directors formally approve the annual budget? Yes ___ No ___
32. In the past year, has your organization purchased goods and/or services from either:
1. any member of the board, and/or professional staff? Yes ___ No ___
 2. any firm, organization or institution with which a board member's and/or professional staff members' direct family relation is affiliated? Yes ___ No ___
- If yes, on a separate sheet, please:
- a) provide names and titles of individuals, and identify their relationship to the related party,
 - b) identify goods or services purchased,
 - c) list amounts paid for such goods or services,
 - d) identify the size of the transaction relative to like expenses of the charity (for example, if the transaction is for printing expenses, what portion of the total printing expenses in the past year were purchased through the board member or professional staff member related entity?)
 - e) state if at least two other competitive bids were considered,
 - f) state if the interested board member(s) participated in the vote to hire the related firm(s)
 - g) describe if the transaction is one-time, recurring or ongoing, and
 - h) identify any other steps taken to ensure arm's length transactions.
33. In the past year, has your organization made any grants, contributions or loans to
- (a) any member of the board and/or professional staff, or to Yes ___ No ___
 - (b) any firm, organization or institution with which this board member, professional staff member, or his/her direct family relation is affiliated? Yes ___ No ___
- If yes, on a separate sheet, please:
- a) provide names and titles of individuals, and identify their relationship to the related party,
 - b) provide details of the arrangements,
 - c) list the amount of the award or loan,
 - d) identify the size of the transaction relative to other grants, contributions, or loans made by the charity (for example, if the transaction is for grants, what portion of the total grant expenses in the past year were purchased through the board member related entity?)
 - e) state if the interested board member(s) participated in the vote to hire the related firm(s)

- f) describe if the transaction is one-time, recurring or ongoing, and
- g) identify any other steps taken to ensure arm's length transactions.

34. Total number of (full-time plus part-time) employees: _____

35. Please identify the total past year's compensation for your organization's chief paid executive. This total compensation should include annual salary and, if applicable, benefit plans, expense accounts and other allowances. If this person is not the highest paid executive, please also provide the name, title and compensation for that person.

36. If your organization has a website, please identify the internet address for the **specific** page on the website where the following information can be found, where applicable:

- Annual report: _____
- Organization's mission statement: _____
- Program service accomplishments of the past year: _____
- Most recent roster of the officers and members of the board of directors: _____
- Most recent financial information: _____
- Most recent IRS Form 990: _____
- Donation/contribution information: _____
- Organization's mailing address: _____
- Internet Privacy Policy: _____

37. Regarding written appeals; does your organization rent, exchange, or sell names, addresses, or other donor information with outside organizations? Yes ___ No ___
If yes, please provide solicitations from the past year indicating how donors can "opt out" if they do not want their information shared outside your organization.

Please also indicate how often this option is offered: _____

38. Does the board of directors receive, on an annual basis, the following documents?

- Most recent IRS Form 990 Yes ___ No ___
- Most recent audited financial statements Yes ___ No ___
- Auditor's management letter (if one was issued) Yes ___ No ___
- It there is no audited statement, then the charity's unaudited financial statement Yes ___ No ___

39. Has your organization received any complaints brought to your attention by local Better Business Bureaus in the past three years? Yes ___ No ___
If yes, please let us know which Bureau and provide details on actions taken, if applicable.

