

# Better Business Bureau of Metropolitan Houston

Serving Austin, Brazoria, Colorado, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, and Wharton Counties

## Philanthropy Review

1333 West Loop South, Ste. 1200

Houston, TX 77027

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# Non Profit Questionnaire

*This non-profit questionnaire assists us in gathering information about your organization. We will evaluate the information to determine whether your organization meets the "Standards for Charity Accountability". After the evaluation is completed, a report will be available by phone and on our website—www.bbbhou.org.*

*Submit the completed questionnaire and all requested information and mail to the address listed above.*

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Additional # \_\_\_\_\_

Web Address \_\_\_\_\_

Email Address \_\_\_\_\_

Date Organization Incorporated \_\_\_\_\_ IRS Status \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Name of Officials

A. Top Volunteer Officer/Title \_\_\_\_\_

Place of Employment/Title \_\_\_\_\_

B. Executive Director/Title \_\_\_\_\_

C. Financial Officer/Title \_\_\_\_\_

D. Accountant who prepared audit \_\_\_\_\_

Firm \_\_\_\_\_ Phone \_\_\_\_\_

# NON PROFIT QUESTIONNAIRE

## Staff & Governance

1. Number of Paid Employees (both full- and part-time): \_\_\_\_\_
2. Number of Volunteers: \_\_\_\_\_
3. Does your organization have a board policy to appraise the CEO's performance, at least once every two years? Yes \_\_\_\_ No \_\_\_\_ N/A (at this time) \_\_\_\_
4. Are any members of the board of directors relatives of fellow board members or staff members of the organization? Yes \_\_\_\_ No \_\_\_\_  
If yes, attach schedule identifying name(s), title(s) and relationship(s)
5. 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 copy of policy, statement, and/or board member duties/responsibilities.  
If **no**, please clarify board practices of assessment:  
\_\_\_\_\_
6. 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 \_\_\_\_ N/A (not at this time) \_\_\_\_
7. In the past year, has your organization purchased goods and/or services from either:
  - a. Any member of the board, and/or professional staff? Yes \_\_\_\_ No \_\_\_\_
  - b. Any firm, organization or institution with which this member or his/her direct family relation is affiliated? Yes \_\_\_\_ No \_\_\_\_If **yes**, 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's 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
8. In the past year, has your organization made any grants, contributions, or loans to
  - a. any member of the board and/or professional staff? Yes \_\_\_\_ No \_\_\_\_
  - b. any firm, organization or institution with which this member or his/her direct family relation is affiliated? Yes \_\_\_\_ No \_\_\_\_If **yes**, 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's 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

**Checklist of Enclosures**

- \_\_\_\_\_ 1. Certificate of Incorporation
- \_\_\_\_\_ 2. IRS exemption letter
- \_\_\_\_\_ 3. List of current Board of Directors with corporate affiliations
- \_\_\_\_\_ 4. Minutes for 3 full governing body meetings **OR** meeting dates and attendance records
- \_\_\_\_\_ 5. Conflict of interest policy
- \_\_\_\_\_ 6. Annual Report or a summary of program accomplishments
- \_\_\_\_\_ 7. Latest audited financial statements **AND** IRS 990

<i>Revenues</i>	<i>Requested Submission</i>
\$ 250,000 and over	CPA Audit and IRS 990
\$ 25,000 to \$249,999	IRS 990
less than \$25,000	Financial statements prepared by organization

- \_\_\_\_\_ 8. Current fiscal year budget (board-approved)
- \_\_\_\_\_ 9. Fundraising contracts/agreements (please enclose a copy if applicable)
- \_\_\_\_\_ 10. 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.).  
**Please enclose:**
  - a) Copies of such promotions from the past year
  - b) Any written agreements/contracts with these companies.

11. Fundraising Methods (Please check, where applicable)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>___ Mail Campaigns</li> <li>___ Personal Visits</li> <li>___ Self Conducted Events/Dinners</li> <li>___ Events/Dinners Conducted by Others</li> <li>___ Commercial Activities</li> <li>___ Capital Campaigns</li> <li>___ Memberships</li> </ul> | <ul style="list-style-type: none"> <li>___ Foundation and/or Corporate grants</li> <li>___ Telemarketing</li> <li>___ Car Donations</li> <li>___ Resale Store</li> <li>___ Government Grants/Contracts</li> <li>___ Other _____</li> </ul> |
|---|--|

\_\_\_\_ 12. Submit informational brochures/materials and fundraising solicitations such as a special events invitation, a letter of request, a grant proposal

\_\_\_\_ 13. If your organization has a website, please check the items that are available on your website or elsewhere in the internet:

\_\_\_\_ IRS 990, if so where: \_\_\_\_\_

\_\_\_\_ Mailing address

\_\_\_\_ Current board of directors roster

\_\_\_\_ 14. Submit a copy of a **privacy policy** or **statement** ensuring donors that their information will not be distributed.

\_\_\_\_ 15. Please identify the organization's major programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Questionnaire completed by:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Telephone (direct):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

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