



# BBB CHARITY ACCOUNTABILITY PROGRAM

30 East 33rd Street, 12th Floor • New York, NY 10016

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## CHARITY PROFILE QUESTIONNAIRE FOR SOLICITING NONPROFIT ORGANIZATIONS

Thank you for taking the time to apply for BBB Charity Accreditation. By sharing information with us, your charity is helping donors make giving decisions to charities they can trust. Please know that your time and effort to complete this questionnaire is appreciated and you will see a draft report of the results of your charity review prior to its being published by this organization. As always, we are available to answer your questions throughout this process.

Organization's Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ General Email: \_\_\_\_\_

Primary Contact for this Form (Name, Title): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## **BACKGROUND INFORMATION**

Year/State of Incorporation: \_\_\_\_\_ Primary Scope:  National  Regional  Local

Former Name, if applicable: \_\_\_\_\_

Number of Employees<sup>1</sup>: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Full Time & Part-Time Volunteers: \_\_\_\_\_

Name of Executive Director/CEO: \_\_\_\_\_

Executive Director/CEO Past Year's Compensation<sup>2</sup>: \_\_\_\_\_

Name of Chairman Person of the Board of Directors: \_\_\_\_\_

Chairman's Company Name, Address & Title: \_\_\_\_\_

Board Treasurer's Name: \_\_\_\_\_

Does your organization have affiliates, chapters, subsidiaries, and/or other related entities? Choose: Yes  No

*If yes, on a separate sheet, please: Provide a list of the names and addresses of these organizations and/or businesses and briefly describe the nature of the relationship with those listed. If applicable, please include program, financial, fundraising, and/or governing board relationships.*

**On a separate sheet, please include the following (these items will be included in your public report):**

- **Mission Statement & Purpose.** Please limit to 100 words or less.
- **Description of Programs and Services.** Please summarize your organization's principal program services or where it can easily be found within the materials you submitted with this questionnaire.

<sup>1</sup> Please indicate 0 if there are none.

<sup>2</sup> Please identify the total past year's compensation for your organization's chief executive. This total compensation should include annual salary and if applicable, benefit plans, expense account and other allowances. If this person is not the highest paid executive, on a separate piece of paper please also provide the name, title and compensation for that person.

**To download an electronic copy of this Questionnaire please go to:**

[newyork.bbb.org/participate](http://newyork.bbb.org/participate) or email us at [charity@newyork.bbb.org](mailto:charity@newyork.bbb.org)

## CHECKLIST OF ENCLOSURES

Please provide the following items. All items listed below are essential for completing a report.  
If any item is not available, please note why on a separate piece of paper.

### Enclosed?

Yes No

- A.   **Annual Report\*** - This is an annually produced fact sheet, brochure or other publication that includes your: **Mission Statement, Program Accomplishments, Board Roster** and **Financials** (which should include: revenue, expenses & ending year net assets) for the past year. (If not available, but planned for the near future please provide us with mm/yyyy on a separate piece of paper.)
- B.   **Most Recent Audited Financial Statements** (if not audited, send unaudited statements)  
Approximately how many months after the close of your organization's fiscal year are your audited financial statements complete? \_\_\_\_\_
- C.   **Complete IRS Form 990** (with Schedule A, if applicable) and **NYS Form CHAR500**
- D.   **Budget for the current fiscal year\*** - **Budget should include Program Breakdown, Total Program Expense, Total Fundraising Expense and Total Administrative Expense.** (If not available, but planned for the near future please provide us with mm/yyyy on a separate piece of paper.)
- E.   **Current Board Roster** – Please specify 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)
- F.   **Fundraising Requests** - Please check all fundraising methods used in the past year and include a copy of all versions of appeals used for each applicable item.
- a)  Direct mail appeals
  - b)  Invitations to fundraising events
  - c)  Print ads (newspapers, magazines, etc.) and/or scripts of television or radio appeals
  - d)  Telephone appeal scripts
  - e)  Grant proposals (only one recent sample of one of the 3 types listed below is needed):
    - Foundations
    - Corporations
    - Government agencies
  - f)  Planned giving appeals
  - g)  Internet appeals
  - h)  Other, please specify: \_\_\_\_\_
- G.   **Cause-Related Marketing Promotions** - 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.)  
**If applicable, please enclose:** Copies of such promotions from the past year, any written agreements/contracts with these companies and there are any privacy restrictions regarding these marketing arrangements, please contact the BBB.
- H.   **Board-approved Conflict of Interest Policy**
- I.   **Website Privacy Policy** - Please print out from your website.  
**If not available,** but planned for the near future please provide us with mm/yyyy on a separate piece of paper.
- J.   **Informational brochures & other materials that describe your organization's activities.**
- K.   **Board policy of Measuring and Assessing effectiveness\*** - This is a written board approved policy stating how the organization will measure mission effectiveness and determine future actions required to achieve your mission. We do not ask to see the resulting report, only the policy.
- L.   **If applicable, agreements with affiliate(s) and/or a national office**

**Only for organizations that were not previously reviewed** (If not available, please clarify on a separate piece of paper):

M.   **By-Laws**

N.   **Articles of Incorporation**

O.   **IRS Determination Letter**

P. How did you hear about our program? \_\_\_\_\_

\* **Sample documents** are available at our website at [newyork.bbb.org/participate](http://newyork.bbb.org/participate) or you can request it by email at [charity@newyork.bbb.org](mailto:charity@newyork.bbb.org).

## GOVERNANCE & OVERSIGHT

- Yes No
1.   Does the board of directors formally approve the annual budget?
2.   Does your organization have a board policy to appraise the CEO's performance?  
**If yes**, what was the date of the last CEO performance appraisal (mm/yyyy)? \_\_\_\_\_  
a) How often is the CEO's performance reviewed?  Annually  Between 1 & 2 years  Every 2 years  
 Other Explain: \_\_\_\_\_  
**If No**, is there one planned for the near future (mm/yyyy)? \_\_\_\_\_
3. Does the board of directors receive the following documents on an **annual** basis?
- a) Most recent **IRS Form 990**  
  b) Most recent **audited financial statements** (or most recent unaudited financial statements)  
  c) **Auditor's management letter** (if one was issued)
4. Are the following documents available to the public on request?  
  a) Most recent **IRS Form 990**  
  b) Most recent **audited financial statements** (or most recent unaudited financial statements)  
  c) Most recent **annual report** (an annual report can be as simple as a one-page document containing your mission, annual program accomplishments, board roster noting officers, past fiscal year's functional expenses, and ending net assets. For sample documents, please visit [newyork.bbb.org/participate](http://newyork.bbb.org/participate))
5.   Does your organization have a board approved Conflict of Interest policy? \_\_\_\_\_  
**If not available**, but planned for the near future please provide us with mm/yyyy: \_\_\_\_\_
6.   Do any compensated staff members serve as voting members of the board?  
**If yes, on a separate sheet, please:** attach their name(s), title(s) and total compensation during the past fiscal year for each member.
7.   Other than paid staff members who may serve on the board, are there any other members of the board of directors who receive some type of direct compensation (e.g. fixed expense accounts or honoraria)?  
**If yes, on a separate sheet, please:** answer (a) and (b)  
a) Please describe the nature of the compensation and identify the board member(s) and amount(s) involved.  
b) Please list any board members who are relatives (e.g. spouse, parent, sibling or child) of the individual(s) named above.
8.   Are any members of the board of directors relatives of paid staff members of the organization?  
**If yes, on a separate sheet, please:** attach their name(s), title(s) and relationship(s).

## MEASURING EFFECTIVENESS

9.   Does your organization have a board policy of assessing the organization's performance and effectiveness and of determining future actions required to achieve its mission?  
**If yes**, how often is the policy carried out?  
 Annually  Between 1 & 2 year  Every 2 years  
 Other Explain: \_\_\_\_\_  
**If No**, is there one planned for the near future (mm/yyyy)? \_\_\_\_\_
10.   Does your organization submit a written report to its governing body outlining the results of the aforementioned performance and effectiveness assessment?  
  a) Does the report include recommendations for future actions?  
**If No**, is there one planned for the near future (mm/yyyy)? \_\_\_\_\_

## FUNDRAISING PRACTICES

Yes No

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

**If yes, answer a-c and on a separate sheet, provide the name(s), describe the relationship(s) or service(s) provided.**

**If no, on a separate sheet, please indicate who conducts your fundraising activities (i.e., the number of employees and their titles, the number of volunteers, etc.).**

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?

*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?

12.  If your organization has a **website**, please identify the internet address for the specific page where each piece of information can be found. *If not applicable, please indicate so.*

Annual report: \_\_\_\_\_

Organization's mission statement: \_\_\_\_\_

Program service accomplishments of the past year: \_\_\_\_\_

Most recent board of directors roster including officers: \_\_\_\_\_

Most recent financial information: \_\_\_\_\_

Most recent IRS Form 990: \_\_\_\_\_

Donation/contribution information: \_\_\_\_\_

Organization's mailing address: \_\_\_\_\_

Internet privacy policy: \_\_\_\_\_

13.   In regards to written appeals; does your organization rent, exchange, or sell names, addresses, or other donor information to outside organizations?

**If yes, on a separate sheet, please provide solicitations from the past year indicating how donors can "opt out" if they do not want their information shared outside your organization and indicate how often this option is offered.**

## COMPLAINTS AND COMPLIANCE

14.   Has your organization received any complaints brought to your attention by local Better Business Bureaus in the past three years?

**If yes, on a separate sheet, please let us know which Bureau and provide details on actions taken, if applicable.**

15.   Does any city, county, state or federal agency have: any currently pending legal action against your organization and/or have any concluded legal action within the past 3 years?

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

**RELATED PARTY TRANSACTIONS**

16. **Yes**  **No**  In the past year, has your organization **purchased goods/services** from OR **provided loans/grants** to:
- a) Any member of the board and/or professional staff?
- b) Any firm/organization or institution with which this member or his/her direct family relation is affiliated?

***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 and or the details of the loan/grant.*
- c) List the value of each transaction.*
- 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) For purchases, state if at least two other competitive bids were considered.  
For grants, describe the process through which grantees were selected.*
- 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.*

**BOARD OF DIRECTORS MEETING ATTENDANCE**

16. On the following chart\*, please list:
- a)** The dates of all board of directors meetings held during the most recently ended fiscal year
  - b)** Total number of voting members present at the meeting
  - c)** Total number of members that were present via other means (e.g. telephone, video conferencing, internet, etc.)
  - d)** Number of voting board members serving at the time of meeting
  - e)** Of those present from (b), list the total number of members that were present via proxy (person authorized to act/vote for another)

Attach additional sheets for more meetings, if needed

<b>Fiscal Year:</b>	Meeting 1	Meeting 2	Meeting 3	Meeting 4	Meeting 5	Meeting 6	Meeting 7
<b>a.</b> Board Meeting Dates:							
<b>b.</b> Total number of voting members <u>present</u> at meeting							
<b>c.</b> Total number of members that were present via video conferencing (able to both see and hear all participants)							
<b>d.</b> Total number of members that were present via telephone (audio only)							
<b>e.</b> Number of voting board members serving at the time of meeting							
<b>f.</b> Of those present from (b), the total number of members that were present via proxy (person authorized to act/vote for another).							

\*Please do not include meetings of the executive committee or other interim governing body that meets between meetings of the full board.

## Use of Information

**Thank you** for completing this questionnaire. Your reply will assist the Education and Research Foundation of the Better Business Bureau of Metropolitan New York, Inc. (“BBBF”) in responding to inquiries about your organization. We believe the public and soliciting organizations will benefit from voluntary disclosure of an organization’s activities, finances, fundraising practices and governance. The information in BBB Charity Reports is provided to help donors in their contribution decisions and to recognize charities that meet high standards of accountability.

We will be glad to help you with questions about completing this form or how to meet the BBB Standards for Charity Accountability (“BBB Charity Standards”). Please do not hesitate to contact us at 212.358.2815 or [charity@newyork.bbb.org](mailto:charity@newyork.bbb.org) if we may assist you.

If your organization publicly solicits for charitable contributions, the information provided will be used to determine if your organization meets the BBB Charity Standards. **The results of this evaluation will, at the sole and exclusive discretion of BBBF, be published online in a BBB Charity Report and made available to the public.** The completed Charity Report will be based on the information received with this submission and/or on file with, maintained and compiled by BBBF. Omission of any of the requested information or item(s) could affect this report and might result in the organization not meeting one or more BBB Charity Standards. Without your organization’s voluntary disclosure of information for BBBF report preparation, a “Non-Disclosure Report” will be published. Once a report is produced, your organization will be provided a draft copy for your review prior to publication.

In addition to providing your answers to this questionnaire, please submit the requested materials as indicated. If your organization is in the midst of completing a more current annual report, financial statement, IRS Form 990 and/or NYS Form CHAR500, please let us know, provide the latest available copy now, and submit the most current report(s) when available. Should you need to submit additional/supplemental information for our consideration, you are welcome to email it to us at [charity@newyork.bbb.org](mailto:charity@newyork.bbb.org) or mail it to: BBB Charity Accountability Program, 30 East 33<sup>rd</sup> Street, 12<sup>th</sup> Floor, New York, NY 10016.

## Use of the Better Business Bureau Name and Service Marks

The *Better Business Bureau* (“BBB”) name and the BBB torch logo are federally registered service marks owned by the Council of Better Business Bureaus, Inc. Unless validly and currently licensed for use, others may not use the *Better Business Bureau* or related BBB names, trademarks/service marks or any version of the BBBF name. The completion of this form and the submission of information to BBBF does not constitute any form of endorsement, approval, Accreditation or membership.

By submitting the information requested on this form, your organization is:

- (1) Certifying that all submitted facts are fully accurate;
- (2) Certifying that your organization’s Executive Director, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer or other senior level executive with actual binding organizational authority has fully reviewed and authorized this submission and all factual information reported therein;
- (3) Authorizing the unrestricted use of this information by BBBF as described herein; and
- (4) Agreeing that it will not use the BBBF/BBB names, trademarks/service marks, evaluation/report conclusions, link to the BBBF/BBB website, or make any reference as to whether your organization meets the BBB Charity Standards in any advertising, marketing, promotional or other materials by your organization unless validly and currently licensed to do so (*i.e.*, your organization is actively participating in the optional fee-based BBBF Accredited Charity Seal program exclusively for BBB Accredited Charities, has signed a separate Seal licensing agreement and maintains full compliance with that agreement’s terms on an ongoing basis).

Please provide the following information:

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Preparer's Name, Full Title and Email

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Name, Full Title and Email of **Executive Director, President, CEO, COO, CFO or other senior level executive with actual binding organizational authority** who has fully reviewed and validly authorized this submission and all factual information reported therein.

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Name and Full Title

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Signature

Date

