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Checklist for Form 990 for the 2009 Tax Year

Name of organization		
Organization exempt status # - 501 (c)(?)		
Name of principal officer		
Website address		
E-mail address		
Phone number		
Year of formation		
Employer Identification Number		
Department of Justice registration number if you are a 501(c)(3)		
Description of organizations mission or most significant activities.		
How many W-2's did you send for 2009? You can find the number in box c on the Form W-3.		
How many 1099's did you send out for 2009? You can find the number in box 3 on the Form 1096.		
Estimated number of volunteers		
Describe any new, altered or discontinued services you provide.		
Did the organization make any significant changes to it's organization documents since the prior Form 990 was filed? If yes, please describe those changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the organization have the following written policies?		
* Conflict of Interest Policy? If so, does your policy require annual disclosure by officers, directors and key employees? How do you monitor enforcement of your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Whistleblower Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Document retention and destruction policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Compensation process for CEO, Executive Director, or top management official or other key employees of the organization? Describe the process.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Expense reimbursement policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Gift acceptance policy to review non-standard gifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the organization make its governing documents, conflict of interest policy and financial statements available to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List the five current highest compensated employees of more than \$100,000 (other than an officer, director, trustee or key employee)		
List all the organization's former officers, key employees and highest compensated employees who received more than \$100,000.		
List all the organization's directors or trustees who received more than \$10,000.		
List five highest compensated independent contractors of more than \$100,000.		
Whether the organization has an audit committee.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the organization received more than \$25,000 in non-cash contributions provide a detailed description of all property contributed.		
Did the organization receive, during the year, an aggregate of \$5,000 or more from any one contributor? If yes, please include amount, name and address of contributor(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 501(c)(3) organizations. Did the organization engage in lobbying activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the organization report more than \$15,000 in gross fundraising revenue? If yes, list the activity and revenue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any trustee, director, officer, key employee (TDOKE) or highly compensated employee receive or accrue compensation from any unrelated organization for services rendered to your organization? List the name of the TDOKE, the name of the unrelated organization and amount paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the organization provide goods or services in exchange for any contribution of \$75 or more? If yes, was the donor notified of the value of the goods or services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did any trustee, director, officer, or key employee have a family relationship or business relationship with another officer, director, trustee or key employee? If yes, list the TDOKE and relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the organization contemporaneously document the meeting held or written actions undertaken during the year by the following?		
* The governing body?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Each committee with authority to act on behalf of the governing body? If no, please describe the circumstances or process as to why documentation did not occur.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will a copy of the Form 990 be provided to the organizations governing body before it is filed? Please describe the organizations process, if any, for reviewing the Form 990.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

