



philanthropy  
new york

# The IRS Form 990: A Tool for Understanding Organizational Capacity

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## Today's Agenda

- Welcome and Introduction
- IRS Form 990: Background
- Summary & Program Service Accomplishments
- Governance & Leadership
- Operating Reserves & Other Key Financial Indicators
- Public Support & Fundraising
- Other Areas of Note

## Question for the Group

What do you think of when you think about  
organizational capacity?





# Using the 990 to Understand Capacity

## Critical Questions

- What are the organization's **programmatic activities**?
- How strong is the organization's **governance** function. What does it say about **leadership**?
- What does the 990 tell us about **fundraising** activities and the level of **public support**?



## Three Key Questions About Financial Health

1. How strong are the organization's reserves? How liquid are they?
2. How many months of operations can be covered with available cash?
3. What are the trends in operating results?
  - Surpluses or deficits?
  - How is the organization investing its resources?



# Tool: Assessing Capacity with the 990

Topic Area	Question	Where to Look in the 990	Notes
<b>Program Services</b>	What is the organization's mission?	Part III, Question 1	
	Were any significant changes made to program services?	Part III, Question 3; Schedule O	
	What are the program service accomplishments of the three largest programs?	Part III, Question 4	
<b>Governance, Management &amp; Disclosure ("Tone at the Top")</b>	How many board members are there? Are they independent?	Part VI, Section A, Question 1	
	Did the organization recently become aware of a significant diversion of assets?	Part VI, Section A, Question 5	
	Are board and committee meetings documented?	Part VI, Section A, Question 8	
	Is there a conflict of interest policy in place? Is compliance with the policy monitored?	Part VI, Section B, Question 12	
	Is there a policy for whistleblower protection?	Part VI, Section B, Question 13	
	Is there a document retention policy?	Part VI, Section B, Question 14	
	In which states does the organization file a 990?	Part VI, Section C, Question 17	
	How does the organization make key documents available to the public?	Part VI, Section C, Question 18	
<b>Compensation</b>	Are compensation levels reviewed and approved by independent persons?	Part VI, Section B: Question 15	
	Is comparability data used when setting compensation levels?		
	Is there substantiation of the deliberation and decision to set compensation?		
	What sources are being used to substantiate the compensation of the CEO/Executive Director?	Schedule J, Part I: Question 3	
	Who are the highest compensated employees?	Part VII, Section A	



# Tool: Financial Health Analysis

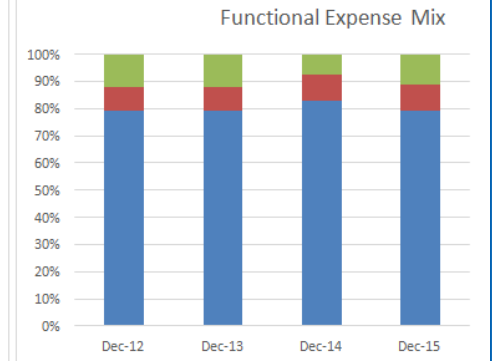
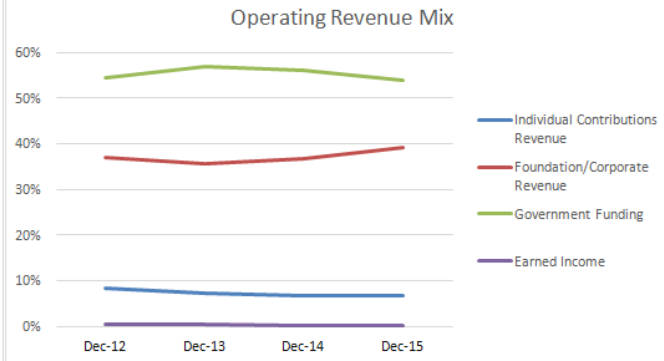
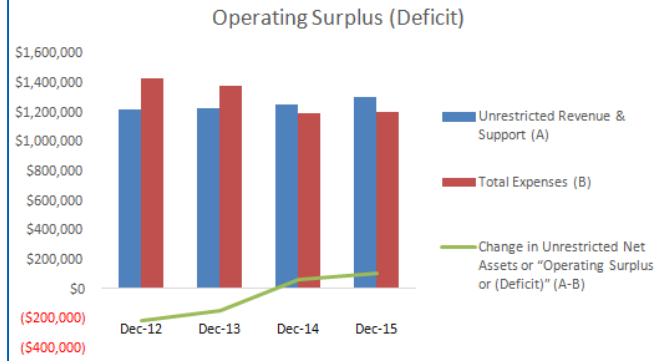
Oldest -----> Newest

		Document:	1. 990 from 3 years ago	2. 990 from 2 years ago	3. 990 from last year	4. Next Year: Budget*	Source on IRS Form 990	
		Fiscal Year Ending:						
Balance Sheet	<b>Did your organization have an operating surplus or deficit?</b>							
		Unrestricted Net Assets, End of Year (A)					Part X, column (B), line 27	
		Less:						
		Unrestricted Net Assets, Beginning of Year (B)					Part X, column (A), line 27	
	<b>Change in Unrestricted Net Assets or "Operating Surplus or (Deficit)" (A-B)</b>		\$0	\$0	\$0	\$0		
Statement of Functional Expenses	<b>How are resources allocated across programs and supporting services?</b>							
		Total Expense					Part IX, column (A), line 25	
		Total Program Expense					Part IX, column (B), line 25	
		Divided by total expense:						
		<b>Program Expense %</b> $\left( \frac{\text{Program Expenses}}{\text{Total Expenses}} \right)$						
		Total Management & General Expense					Part IX, column (C), line 25	
		Divided by total expense:						
		<b>Management &amp; General Expense %</b> $\left( \frac{\text{Management \& General Expenses}}{\text{Total Expenses}} \right)$						
		Total Fundraising Expense					Part IX, column (D), line 25	
		Divided by total expense:						
	<b>Fundraising Expense %</b> $\left( \frac{\text{Fundraising Expenses}}{\text{Total Expenses}} \right)$							
	<b>How liquid are the organization's reserves?</b>							
		Unrestricted Net Assets, end of year (A)	\$0	\$0	\$0		Automatically populates	
	Board Designated Net Assets** (B)						N/A	

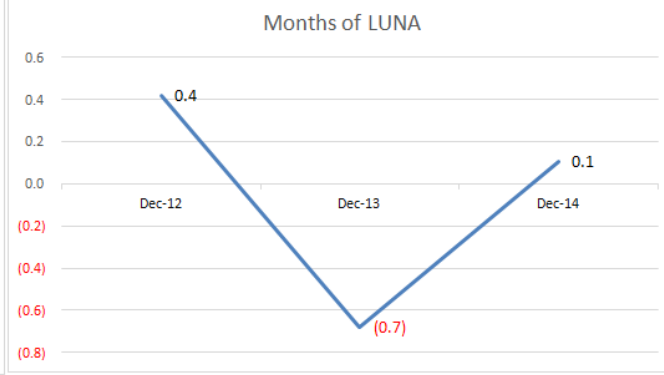
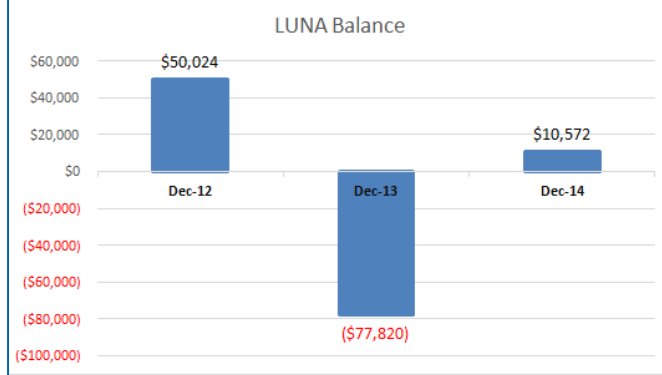


# Tool Output: Trends Charts

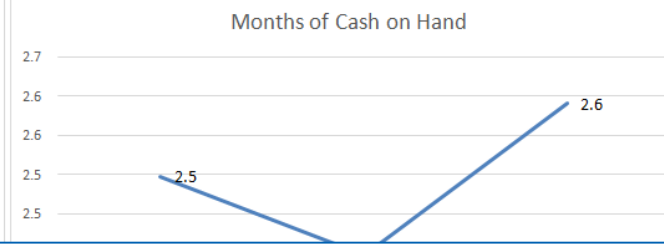
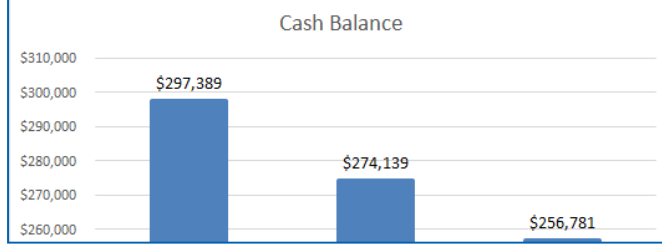
## Operating Results



## Liquid Unrestricted Net Assets



## Cash on Hand





# THE IRS FORM 990: BACKGROUND

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## IRS Form 990

### What is it?

- Information return for organizations exempt from income tax
- Provides the IRS and state charity agencies with information to assist them in enforcing the laws governing nonprofits
- The most publicly available document about an organization



## What Are the Filing Requirements?

- Annual gross revenue of \$50K or less: **990-N (E-postcard)**
- Annual gross revenue of \$200K or less and total assets of less than \$500K: **990-EZ or 990**
- Gross revenue greater than \$200K, or total assets of \$500K or more: **990**
- **Extensions on the due date:** organizations may request an automatic 3-month extension without showing cause; another 3-month extension may be requested where reasonable cause is explained



## How is Data in the 990 Different from the Audit?

- Form 990 does not provide detail about donor-imposed restrictions on revenue
- Does not show board designated net assets
- In-kind donations of services are not recognized in the 990
- Sales of merchandise, special events, and rental activities are shown on the 990 net of expenses
- Audits conform to Generally Accepted Accounting Principles (GAAP), which is not required of data in the 990

Source **GuideStar**: Retrieved from: <http://www.guidestar.org/rxg/help/faqs/financial-scan/metrics-and-data-faqs.aspx>

# **SUMMARY & PROGRAM SERVICE ACCOMPLISHMENTS**

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# Front Page: Part I, Summary

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2014 calendar year, or tax year beginning _____, 2014, and ending _____, 20		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return	<b>C</b> Name of organization Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite City or town, state or province, country, and ZIP or foreign postal code	<b>D</b> Employer identification number  <b>E</b> Telephone number  <b>G</b> Gross receipts \$

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: _____		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .			

# Front Page: Part I, Summary (continued)

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
<b>Sign Here</b>	*****				2015-05-14
	Signature of officer				Date
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00543002
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .					<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>For Paperwork Reduction Act Notice, see the separate instructions.</b>			Cat No 11282Y	Form <b>990</b> (2014)	

→ *Key Question: How long after the end of the fiscal year was the organization's 990 filed?*





# Part III: Statement of Program Service Accomplishments

## **Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . .

**1** Briefly describe the organization's mission:

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  **Yes**  **No**

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  **Yes**  **No**

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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# Program Service Accomplishments

## Every organization can update its profile on [Guidestar.org](https://www.guidestar.org)

- Different “seals” awarded based on level of information shared:
  - Bronze, Silver, or Gold
- Organizations can answer 5 “charting impact” questions:
  - *What is your organization aiming to accomplish?*
  - *What are your strategies for making this happen?*
  - *What are your organization's capabilities for doing this?*
  - *How will your organization know if you are making progress?*
  - *What have and haven't you accomplished so far?*

# GOVERNANCE & LEADERSHIP

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## Part VI, Section A: Governing Body and Management

- Use of management company
- Changes to organizational documents
- Documentation of board and committee meetings
- Presentation of 990 to board
- List of officers, directors, trustee or key employees
- Did the org become aware of a significant diversion of assets?

**→ Key Questions: How many board members? Are they reviewing the 990? Is there an unusual management structure?**

# Part VI, Section A: Governing Body and Management

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## Part VI, Section B: Policies

- Conflict of Interest
  - Monitoring and enforcement of conflict of interest policy
  - Whistle Blower Policy
  - Document retention and destruction
- *Key Questions: Does the organization have appropriate governance policies in place to set the right “tone at the top?”*

# Part VI, Section B: Policies

**Section B. Policies** *(This Section B requests information about policies not required by the Internal Revenue Code.)*

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input type="checkbox"/>	<input type="checkbox"/>
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



## Part VI, Section C: Disclosure

- States in which 990 is filed
- How key documents are made public

**→ Key Questions: How wide is this organization casting its fundraising net? How committed to transparency are they?**



# Part VI, Section C: Disclosure

- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . .
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . .
- 13** Did the organization have a written whistleblower policy? . . . . .
- 14** Did the organization have a written document retention and destruction policy? . . . . .
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official . . . . .
- b** Other officers or key employees of the organization . . . . .
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

<b>11a</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12a</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12b</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12c</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15a</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15b</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16a</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16b</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (*explain in Schedule O*)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

## Part VI, Section B: Policies

- Process for determining **compensation**. Process should include:
  - A review and approval by independent persons
  - Comparability data
  - Contemporaneous substantiation of the deliberation and decision

→ *Key Question: Is there a deliberate, fair, comprehensive process to set compensation for leadership?*

# Part VI, Section B: Policies

**Section B. Policies** *(This Section B requests information about policies not required by the Internal Revenue Code.)*

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input type="checkbox"/>	<input type="checkbox"/>
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



# Compensation of Officers, Directors, Key Employees and Others

## Part VII, Section A

- Highest compensated employees (paid \$100,000 or more)
- Current and past officers, “key employees,” directors, and trustees receiving more than in \$100,000 in compensation

**→ Key Questions: Does compensation seem reasonable? Are there significant pay disparities between employees? Are any board members being paid?**





# Additional Compensation Information

## Schedule J

Provides additional information on compensation practices for officers, directors, trustees and key employees

### → *Key Questions:*

- Did the organization pay for first class or charter travel?
- Was there access to discretionary spending accounts?
- Did the organization pay for “business use” of a personal residence?
- Were personal services (e.g. maid, chauffeur, etc.) provided?

**SCHEDULE J  
(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

	Yes	No
<b>1a</b>		
<b>1b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>		
<b>4</b>		

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:



# Using the 990 to Understand Capacity

## Three Key Questions About Financial Health

1. How strong are the organization's reserves? How liquid are they?
2. How many months of operations can be covered with available cash?
3. What are the trends in operating results?
  - Surpluses or deficits?
  - How is the organization investing its resources?



# **OPERATING RESERVES & LIQUIDITY**

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# Operating Reserves

## Why do organizations need operating reserves?

- Unexpected shortfall in revenue
- Unexpected demands on resources
- Unanticipated opportunities
- Inevitable instances of less than perfect judgment and foresight
- The need for a change in direction
- Normal day-to-day fluctuations in income and expenses and associated cash flows

Source: *Operating Reserve Policy Toolkit for Nonprofit Organizations*, sponsored by the National Center for Charitable Statistics, Center on Nonprofit and Philanthropy at the Urban Institute, and United Way Worldwide



# Balance Sheet

## What We Own:

- Cash
- Receivables
- Investments
- Property, Plant & Equipment, net

Assets

=

Liabilities

## What We Owe:

- Bills due
- Line of Credit
- Deferred Revenue
- Long-term Debt

+

Net Assets

## Our Available Capital

- Unrestricted
  - Board Designated
  - Fixed Assets
  - Other
- Temp. Restricted
- Perm. Restricted



# Information in the Audit vs. Form 990

## Audit: Statement of Financial Position

## 990: Balance Sheet (Part X)

NONPROFIT ORG, INC. STATEMENT OF FINANCIAL POSITION JUNE 30, 2013 and 2014			
ASSETS			
	2014	2013	
<b>Assets:</b>			
Cash	\$274,139	\$297,389	
Pledges and contracts receivable	200,000	210,000	
Prepaid expenses	17,000	22,000	
<b>Total Current Assets</b>	<b>491,139</b>	<b>529,389</b>	
Property and equipment, less accumulated depreciation of \$27,505	39,393	64,393	
Other Assets - security deposit	12,000	12,000	
<b>Total Assets</b>	<b>\$542,532</b>	<b>\$605,782</b>	
<b>LIABILITIES AND NET ASSETS</b>			
<b>Liabilities:</b>			
Accounts payable and accrued expenses	\$29,578	\$140,054	
Advances	51,300	78,500	
Current portion of long-term debt	10,500	9,750	
<b>Total Current Liabilities</b>	<b>91,378</b>	<b>228,304</b>	
Long-term debt	160,744	170,494	
<b>Total Liabilities</b>	<b>252,122</b>	<b>398,798</b>	
<b>Net Assets:</b>			
Unrestricted	(38,427)	114,417	
Temporarily restricted	328,837	92,567	
<b>Total Net Assets</b>	<b>290,410</b>	<b>206,984</b>	
<b>Total Liabilities and Net Assets</b>	<b>\$542,532</b>	<b>\$605,782</b>	



Form 990 (2014)		Page 11	
<b>Part X Balance Sheet</b>			
Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>			
		(A)	(B)
		Beginning of year	End of year
<b>Assets</b>	1	Cash—non-interest-bearing	1
	2	Savings and temporary cash investments	2
	3	Pledges and grants receivable, net	3
	4	Accounts receivable, net	4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4956(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6
	7	Notes and loans receivable, net	7
	8	Inventories for sale or use	8
	9	Prepaid expenses and deferred charges	9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a
	10b	Less: accumulated depreciation	10b
	10c		10c
	11	Investments—publicly traded securities	11
	12	Investments—other securities. See Part IV, line 11	12
	13	Investments—program-related. See Part IV, line 11	13
	14	Intangible assets	14
15	Other assets. See Part IV, line 11	15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	16	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	17
	18	Grants payable	18
	19	Deferred revenue	19
	20	Tax-exempt bond liabilities	20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22
	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25
	26	<b>Total liabilities.</b> Add lines 17 through 25	26
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27	Unrestricted net assets	27
	28	Temporarily restricted net assets	28
	29	Permanently restricted net assets	29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30	Capital stock or trust principal, or current funds	30
	31	Paid-in or capital surplus, or land, building, or equipment fund	31
	32	Retained earnings, endowment, accumulated income, or other funds	32
33	<b>Total net assets or fund balances</b>	33	
34	<b>Total liabilities and net assets/fund balances</b>	34	

**STATEMENTS OF FINANCIAL POSITION**  
**March 31, 2014 and 2013**

**ASSETS**

<b>ASSETS</b>	<b>2014</b>	<b>2013</b>
Cash and equivalents	\$ 3,747,291	\$ 3,281,734
Accrued investment income	2,488	6,575
Dues and other receivables, net	28,032	35,451
Grants, contracts and contributions receivables, net	4,547,523	3,380,934
Prepaid expenses and other	172,712	99,904
Cash and equivalents - endowment	859,023	416,225
Investments - endowment	3,725,152	2,717,424
Property and equipment, net	1,725,538	1,730,506
Funds held by trustees	<u>9,178,413</u>	<u>10,856,154</u>
<b>TOTAL ASSETS</b>	<u><u>\$23,986,172</u></u>	<u><u>\$22,524,907</u></u>

**LIABILITIES AND NET ASSETS**

<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 517,477	\$ 587,845
Scholarships payable	1,388,097	952,382
Deferred revenue	246,031	178,497
Accrued pension cost	579,469	856,211
Deferred rent obligation	<u>62,752</u>	<u>7,466</u>
Total Liabilities	<u>2,793,826</u>	<u>2,582,401</u>

**NET ASSETS**

Unrestricted:		
Board designated	599,376	544,434
Undesignated	<u>4,559,986</u>	<u>219,647</u>
Total Unrestricted	5,159,362	764,081
Temporarily restricted	3,227,571	7,768,647
Permanently restricted	<u>12,805,413</u>	<u>11,409,778</u>
Total Net Assets	<u>21,192,346</u>	<u>19,942,506</u>

<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$23,986,172</u></u>	<u><u>\$22,524,907</u></u>
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# IRS Form 990: Balance Sheet

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>		
	<b>2</b> Savings and temporary cash investments . . . . .	3,281,734	<b>2</b>	3,747,291	
	<b>3</b> Pledges and grants receivable, net . . . . .	3,380,934	<b>3</b>	4,547,523	
	<b>4</b> Accounts receivable, net . . . . .	35,451	<b>4</b>	28,032	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	99,904	<b>9</b>	172,712	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	3,400,188			
	<b>b</b> Less accumulated depreciation . . . . .	1,674,650	1,730,506	<b>10c</b>	1,725,538
	<b>11</b> Investments—publicly traded securities . . . . .	2,717,424	<b>11</b>	3,725,152	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	10,856,154	<b>12</b>	9,178,413	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets See Part IV, line 11 . . . . .	422,800	<b>15</b>	861,511	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	22,524,907	<b>16</b>	23,986,172		

# IRS Form 990: Balance Sheet (continued)

Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	587,845	<b>17</b>	517,477
	<b>18</b>	Grants payable . . . . .	952,382	<b>18</b>	1,388,097
	<b>19</b>	Deferred revenue . . . . .	178,497	<b>19</b>	246,031
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b>	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	863,677	<b>25</b>	642,221
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,582,401	<b>26</b>	2,793,826
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .	764,081	<b>27</b>	5,159,362
	<b>28</b>	Temporarily restricted net assets . . . . .	7,768,647	<b>28</b>	3,227,571
	<b>29</b>	Permanently restricted net assets . . . . .	11,409,778	<b>29</b>	12,805,413
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	19,942,506	<b>33</b>	21,192,346	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	22,524,907	<b>34</b>	23,986,172	



# Capital Structure



*\*To be accessed only if delivering on donor expectations*

*\*\*Only earnings are accessible*





# Balance Sheet: Operating Reserves

## Liquid Unrestricted Net Assets (LUNA)

- The portion of unrestricted net assets that could be converted to cash relatively easily (may or may not include board designated funds, based on accessibility)
- Funds available for purposes such as supplying working capital, guarding against downturns, and pursuing new opportunities

$$\text{LUNA} = \text{Unrestricted Net Assets} - (\text{Fixed Assets} - \text{Mortgages})$$

**Benchmark:** LUNA sufficient to cover 3-6 months of operating expenses is generally considered healthy, but *this depends* on an organization's business model, plans, and goals.



# Measuring Liquidity (Level of Reserves)

## Using the Form 990: Liquid Unrestricted Net Assets (LUNA)

### *Calculation using the 990*

Unrestricted Net Assets, End of Year

– Net Fixed Assets

+ Mortgages

---

**Total LUNA**

÷ (Total Expenses ÷ 12)

---

**Months of LUNA**

### *Location in 990*

*Part X, column (B), line 27*

*Part X, column (B), line 10c*

*Part X, column (B), line 23*

*Part IX, column (A), line 25*



# Calculating LUNA Using the Form 990

## Understanding Components of Net Assets



### Liquid Unrestricted Net Assets (LUNA)

	Year 2: _____	Year 1: _____
Total Unrestricted Net Assets:	<input type="text"/>	<input type="text"/>
Subtract Board Designated Net Assets:	— <input type="text"/>	<input type="text"/>
Subtract Net Fixed Assets:	— <input type="text"/>	<input type="text"/>
Add Mortgages:	+ <input type="text"/>	<input type="text"/>
<b>TOTAL LUNA:</b>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>
<i>Average Monthly Expenses</i>		
Total annual expense divided by 12:	<input type="text"/>	<input type="text"/>
<b>MONTHS OF LUNA:</b>		
Total LUNA divided by avg. monthly expenses:	<input type="text"/>	<input type="text"/>

# Calculating LUNA: Example

## Liquid Unrestricted Net Assets (LUNA)

Year: 2014

Location in Form 990

Unrestricted Net Assets, End of Year

\$ 5,159,362

Part X, column (B), line 27

Subtract Net Fixed Assets

— \$ 1,725,538

Part X, column (B), line 10c

Add Mortgages:

+ \$ -

Part X, column (B), line 23

**TOTAL LUNA:**

\$ 3,433,824

*Average Monthly Expenses*

Total annual expense divided by 12:

\$ 692,979

Part IX, column (A), line 25 ÷ 12

**MONTHS OF LUNA:**

Total LUNA divided by avg. monthly expenses:

5.0

## Other Net Assets

Temporarily Restricted Net Assets:

\$ 3,227,571

Part X, column (B), line 28

Permanently Restricted Net Assets:

\$ 12,805,413

Part X, column (B), line 29



## Measuring Liquidity (Cash)

### Months of Cash on Hand

#### *Calculation using the 990*

Cash, non-interest bearing

+ Savings and temp. cash investments

---

**Total Cash and Equivalents**

÷ (Total Expenses ÷ 12)

---

**Months of Cash on Hand**

#### *Location in 990*

*Part X, column (B), line 1*

*Part X, column (B), line 2*

*Part IX, column (A), line 25*

# **OTHER KEY FINANCIAL INDICATORS**

---



# Using the 990 to Understand Capacity

## Three Key Questions About Financial Health

1. How strong are the organization's reserves? How liquid are they?
2. How many months of operations can be covered with available cash?
3. What are the trends in operating results?
  - Surpluses or deficits?
  - How is the organization investing its resources?



# Information in the Audit vs. Form 990

## Audit: Statement of Activities

NONPROFIT ORG. INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2013 and 2014				
	Unrestricted	Temporarily Restricted	Total	2013
<b>Revenue and support:</b>				
Government contracts	\$ 692,998	--	\$ 692,998	659,650
Grants and contributions, non-government	188,760	559,100	747,860	834,982
Fundraising event	--	11,100	11,100	12,500
Satisfaction of program restrictions	333,930	(333,930)	--	--
Interest income	3,915	--	3,915	4,578
<b>Total revenue and support</b>	<b>1,219,603</b>	<b>236,270</b>	<b>1,455,873</b>	<b>1,511,710</b>
<b>Expenses:</b>				
Program A	357,953	--	357,953	387,997
Program B	118,378	--	118,378	127,738
Program C	381,238	--	381,238	380,694
Program D	229,861	--	229,861	232,894
<b>Total program expenses</b>	<b>1,087,430</b>	<b>--</b>	<b>1,087,430</b>	<b>1,129,323</b>
<b>Supporting Services</b>				
Administrative and general	118,058	--	118,058	128,765
Fundraising	166,959	--	166,959	170,780
<b>Total expenses</b>	<b>1,372,447</b>	<b>--</b>	<b>1,372,447</b>	<b>1,428,868</b>
Change in net assets	(152,844)	236,270	83,426	82,842
Net assets - beginning of year	114,417	92,567	206,984	124,142
Net assets - end of year	\$ (38,427)	\$ 328,837	\$ 290,410	\$ 206,984

## 990: Stmt of Revenues (Part VIII)

Form 990 (2014) Page **9**

**Part VIII Statement of Revenue**  
Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .				
	<b>b</b> Membership dues . . . . .				
	<b>c</b> Fundraising events . . . . .				
	<b>d</b> Related organizations . . . . .				
	<b>e</b> Government grants (contributions)				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$				
	<b>h Total.</b> Add lines 1a-1f . . . . .				
Program Service Revenue	<b>2a</b> . . . . .				
	<b>b</b> . . . . .				
	<b>c</b> . . . . .				
	<b>d</b> . . . . .				
	<b>e</b> . . . . .				
	<b>f</b> All other program service revenue . . . . .				
<b>g Total.</b> Add lines 2a-2f . . . . .					
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					



## 990: Stmt of Expenses (Part IX)

Form 990 (2014) Page **10**

**Part IX Statement of Functional Expenses**  
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(E) . . . . .				
<b>7</b>	Other salaries and wages . . . . .				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .				
<b>11</b>	Fees for services (non-employees): . . . . .				



**STATEMENTS OF ACTIVITIES**  
**Years Ended March 31, 2014 and 2013**

**Two columns**

	2014			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
<b>OPERATING REVENUE, GAINS AND OTHER SUPPORT</b>				
Special events revenue	\$ 1,763,481			\$ 1,763,481
Less: Direct costs of special events	(263,311)			(263,311)
Special events, net	1,500,170			1,500,170
Contributions and private grants	2,391,033	\$ 2,240,672	\$ 941,158	5,572,863
In-kind contributions	668,170			668,170
Government grants and contracts		(18,829)		(18,829)
Program revenue	646,722			646,722
Other income	59,434			59,434
	<u>5,265,529</u>	<u>2,221,843</u>	<u>941,158</u>	<u>8,428,530</u>
Net assets released from restrictions	7,727,937	(7,727,937)		
	<u>12,993,466</u>	<u>(5,506,094)</u>	<u>941,158</u>	<u>8,428,530</u>
Total Operating Revenue, Gains and Other Support				
<b>EXPENSES</b>				
Program Services:				
Affiliate services/growth	2,157,347			2,157,347
Program, research and training	4,570,196			4,570,196
Public education and advocacy	1,128,422			1,128,422
Total Program Services	<u>7,855,965</u>			<u>7,855,965</u>
Supporting Services:				
Management and general	300,903			300,903
Fundraising	809,677			809,677
Total Supporting Services	<u>1,110,580</u>			<u>1,110,580</u>
Total Expenses	<u>8,966,545</u>			<u>8,966,545</u>
<b>CHANGE IN NET ASSETS</b>	4,395,281	(4,541,076)	1,395,635	1,249,840
<b>NET ASSETS</b>				
Beginning of Year	764,081	7,768,647	11,409,778	19,942,506
End of Year	<u>\$ 5,159,362</u>	<u>\$ 3,227,571</u>	<u>\$ 12,805,413</u>	<u>\$ 21,192,346</u>

# Front Page: Part I, Revenue and Expense

		Prior Year	Current Year
<b>ACTIV</b>	<b>5</b> Total number of individuals employed in calendar year 2013 ( ) . . . . .	<b>5</b>	48
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	40
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>b</b>	0
		<b>Prior Year</b>	<b>Current Year</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	7,389,001	7,160,157
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	706,706	646,722
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	446,002	659,810
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-20,551	-29,152
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	8,521,158	8,437,537
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,704,504	2,128,994
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	4,080,754	4,426,951
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>787,109</u> . . . . .		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	1,983,874	1,759,797
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	7,769,132	8,315,742
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	752,026	121,795	
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	22,524,907	23,986,172
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	2,582,401	2,793,826
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	19,942,506	21,192,346

Only one column



# Operating Results

## Calculating Operating Results

### *Calculation using the 990*

### *Location in 990*

Unrestricted Net Assets, End of Year

*Part X, column (B), line 27*

– Unrestricted Net Assets, Beginning of Year

*Part X, column (A), line 27*

---

**Change in Unrestricted Net Assets\***

*\*Represents operating surplus or deficit for the year*



# Operating Results

## Calculating Operating Results

*Calculation using the 990*

5,159,362  
– 764,081  

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\$4,395,281

*Location in 990*

*Part X, column (B), line 27*

*Part X, column (A), line 27*



# Information in the Audit vs. Form 990

## Audit: Statement of Functional Expenses

	Program Services				Program Expenses
	Program A	Program B	Program C	Program D	
Salaries	\$168,189	\$ 67,710	\$247,474	\$129,323	\$612,696
Payroll taxes and Employee benefits	34,037	13,703	49,962	26,120	123,822
Rent	97,288	8,215	24,436	13,271	143,210
Utilities	2,935	1,180	3,509	1,906	9,530
Office cleaning	1,797	723	2,149	1,167	5,836
Consultants	6,989	3,237	8,668	7,440	26,334
Accounting & Auditing Fees	-	-	-	-	-
Office expense	6,123	2,462	7,248	3,945	19,778
Supplies	7,907	2,500	3,355	2,514	16,276
Telephone	7,591	3,052	9,078	4,930	24,651
Postage and messengers	1,500	750	600	1,584	4,434
Photocopying	135	145	80	2,565	2,925
Equipment leasing	3,535	1,421	4,227	2,296	11,479
Insurance	2,848	1,145	3,406	1,849	9,248
Local transportation	667	268	798	434	2,167
Meals and entertainment	1,798	723	1,371	125	4,017
Seminars and training	500	250	750	2,500	4,000
Fees	560	3,247	1,003	-	4,810
Data processing	496	199	593	322	1,610
Dues and subscriptions	385	532	130	683	1,730
Advertising	5,017	3,838	3,245	5,979	18,079
Depreciation	2,284	918	2,731	1,483	7,416
Miscellaneous	522	210	625	16,275	17,632
<b>Total expenses</b>	<b>\$357,953</b>	<b>\$118,378</b>	<b>\$381,238</b>	<b>\$229,861</b>	<b>\$1,087,430</b>



## 990: Stmt of Functional Expenses (Part IX)

Form 990 (2014) Page 10

**Part IX Statement of Functional Expenses**  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . .				
4 Benefits paid to or for members . . .				
5 Compensation of current officers, directors, trustees, and key employees . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .				
9 Other employee benefits . . .				
10 Payroll taxes . . .				
11 Fees for services (non-employees):				
a Management . . .				
b Legal . . .				
c Accounting . . .				
d Lobbying . . .				
e Professional fundraising services. See Part IV, line 17 . . .				
f Investment management fees . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expense on Schedule O.) . . .				
12 Advertising and promotion . . .				
13 Office expenses . . .				
14 Information technology . . .				
15 Royalties . . .				
16 Occupancy . . .				
17 Travel . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .				
20 Interest . . .				
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .				
23 Insurance . . .				
24 Other expenses. Itemize expense not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . .				
a . . .				
b . . .				
c . . .				
d . . .				
e All other expenses . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24e . . .				
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising activity. See instructions . . .				

**STATEMENTS OF FUNCTIONAL EXPENSES**  
**Years Ended March 31, 2014 and 2013**

	<b>Program, Research and Training</b>		<b>Management and General</b>		<b>Fundraising</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Salaries	\$ 1,984,812	\$ 1,803,069	\$ 113,941	\$ 125,136	\$ 502,402	\$ 468,645
Payroll taxes and employee benefits	611,422	506,689	33,415	34,532	147,696	130,483
Consultants and professional fees	255,287	445,685	32,789	42,295	74,653	86,399
Supplies	17,922	15,750	1,579	2,158	18,376	3,694
Telephone and computer expense	109,558	103,301	853	1,741	3,621	6,229
Postage and shipping expense	10,457	8,504	1,616	1,406	7,650	3,706
Occupancy	165,605	197,444	49,570	68,370	42,418	50,668
Insurance	30,283	27,842	9,078	9,704	7,768	7,192
Equipment rental and maintenance	55,710	69,441	4,529	5,811	3,876	4,306
Travel and meetings expense	275,573	281,527	9,994	11,219	178,643	165,962
Printing and publications expense	53,973	9,166	3,136	18,466	64,232	52,293
Subscriptions	1,534	4,208	408	1,321	557	1,230
Membership dues	17,154	13,894	5,181	4,843	7,183	3,589
Scholarships	33,246	39,124				
Pass-through grants to affiliates	897,610	799,197				5,000
Depreciation	48,188	49,544	14,634	17,269	12,522	12,798
Miscellaneous	1,862	713	20,180	217	1,391	4,510
Direct costs of special events					(263,311)	(219,346)
<b>TOTAL EXPENSES</b>	<b>\$ 4,570,196</b>	<b>\$ 4,375,098</b>	<b>\$ 300,903</b>	<b>\$ 344,488</b>	<b>\$ 809,677</b>	<b>\$ 787,358</b>

# Part IX: Statement of Functional Expenses

Are expenses spread across all three columns?

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,297,994	1,297,994		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	819,789	819,789		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	11,211	11,211		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	774,685	511,680	64,792	198,213
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	2,689,085	2,313,785	54,406	320,894
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	721,590	606,230	20,063	95,297
<b>10</b> Payroll taxes . . . . .	241,591	197,802	8,095	35,694
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	23,864		23,864	
<b>d</b> Lobbying . . . . .	9,049	9,049		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	34,914		34,914	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				



# Allocation of Resources

## Functional Expense Composition

### *Calculation using the 990*

Total Program Expense

---

Total Expense

Total Management & General Expense

---

Total Expense

Total Fundraising Expense

---

Total Expense

### *Location in 990*

*Part IX, column (B), line 25*

*Part IX, column (A), line 25*

*Part IX, column (C), line 25*

*Part IX, column (A), line 25*

*Part IX, column (D), line 25*

*Part IX, column (A), line 25*



# Part IX: Statement of Functional Expenses

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
-----------------------	---------------------------------	--	-----------------------------



<b>a</b> PRINTING AND PUBLICATIO	156,682	140,981	3,136	12,565
<b>b</b> EQUIPMENT RENTAL AND MA	69,694	61,289	4,529	3,876
<b>c</b> MEMBERSHIP DUES	35,670	23,306	5,181	7,183
<b>d</b> MISCELLANEOUS	26,083	4,747	20,179	1,157
<b>e</b> All other expenses	3,843	2,878	408	557
<b>25 Total functional expenses.</b> Add lines 1 through 24 e	8,315,742	7,195,323	333,310	787,109
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

# **PUBLIC SUPPORT & FUNDRAISING**

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# Schedule A: Public Charity Status and Public Support

## Public Support Test and “Tipping”

- **Tipping:** Occurs when a donor makes so large a grant that the grantee fails the IRS public support test and is “tipped” out of public charity status into private foundation status.
- **Public Support Test:** charities must prove that they receive at least one-third of their total support in contributions from the general public.

→ **Key Questions:** *Is the organization over-reliant on one funder? If so, what risks may that pose?*

# Schedule A: Public Charity Status and Public Support

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2014**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

### **Part I** Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.



## Schedule G: Fundraising / Gaming

### Key Questions on Fundraising

- Part I: Types of fundraising activities conducted; engagement of outside contractors for fundraising
- Part II: Financial return on special events

→ *Key Questions: Who is doing fundraising for this organization? How are they doing on special events?*

# Schedule G: Fundraising Activities

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

Employer identification number

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1			<input type="checkbox"/>	<input type="checkbox"/>			
2			<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>			

# Schedule G: Fundraising Activities (continued)

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

inue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
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# OTHER AREAS OF NOTE

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## Other Areas of Note

### Schedule D: Depreciation of Fixed Assets

Shows depreciation of fixed assets by category: land, buildings, leasehold improvements, and equipment

**→ Key Questions: *How depreciated are the organization's buildings and equipment? If highly depreciated (over 80%), are there reserves to fund replacement/repair?***

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				



## Other Areas of Note

### Some Additional Questions to Consider:

- **Part IV, Question 26:** Did the organization take out a loan from a board member? *(if so, more info will be provided in Schedule L)*
- **Part IV, Question 32:** Did the organization sell or transfer more than 25% of its net assets *(if so, more info will be provided in Schedule N)*
- **Part XII, Question 2c:** Does the organization have a board committee that oversees the audit process?

# RESOURCES

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## Resources

- ***The Key to Long Term Financial Health Liquid Unrestricted Net Assets (LUNA)***, Hilda Polanco, New York Nonprofit Press, May 2012:  
<http://www.nynp.biz/index.php/strengthening-nonprofits/10505-the-key-to-long-term-financial-health-liquid-unrestricted-net-assets-luna->
- ***Maintaining Nonprofit Operating Reserves: A Whitepaper***, by the Nonprofit Operating Reserves Initiative Workgroup, December 2008  
<http://www.nccs2.org/wiki/images/3/3c/OperatingReservesWhitePaper2009.pdf>
- ***Public Support Test: What is “Tipping?”*** Rasmuson Foundation:  
[https://www.rasmuson.org/\\_attachments/tipping.doc](https://www.rasmuson.org/_attachments/tipping.doc)
- ***IRS Form 990: Overview and Resources***, Independent Sector:  
<http://www.wallacefoundation.org/knowledge-center/Resources-for-Financial-Management/Pages/Resource-Center-for-Good-Governance-and-Ethical-Practice.aspx>



# Resource: Financial Health Analysis Tool

## Excel Tool (for Audits)

Coming in April: Online Tutorial  
[www.fmaonline.net](http://www.fmaonline.net)

**Nonprofit Financial Health Analysis**

Organization Name: ABC Nonprofit, Inc.   
 End of Current Fiscal Year: 12/31/2016

Fiscal Year Ending:		1. Three Years Ago	2. Two Years Ago	3. Last Year (Actuals)	4. Current Year (Budget)
Fiscal Year Ending:		12/31/2013	12/31/2014	12/31/2015	12/31/2016
<b>Statement of Activities</b>	Did your organization have an operating surplus or deficit?				
	Unrestricted Revenue & Support	\$1,211,710	\$1,219,603	\$1,252,965	\$1,300,500
	<i>Less:</i>				
	Total Expenses	\$1,428,868	\$1,372,447	\$1,189,573	\$1,200,750
	Change in Unrestricted Net Assets or "Operating Surplus or (Deficit)"	(\$217,158)	(\$152,844)	\$63,392	\$99,750
<b>Statement of Activities</b>	What was the mix of unrestricted revenue? (use only unrestricted in calculations)				
	Individual Contributions Revenue	\$100,500	\$88,760	\$85,469	\$86,000
	Individual Contributions Revenue % <small>( Individual Contributions Revenue / Total Revenue )</small>	8%	7%	7%	7%
	Foundation/Corporate Revenue	\$326,982	\$323,930	\$362,647	\$375,500
	<i>Plus:</i>				
	Satisfaction of Restrictions	\$120,000	\$110,000	\$98,000	\$135,000
	Foundation/Corporate Revenue % <small>( Foundation/Corporate Revenue / Total Revenue )</small>	37%	36%	37%	39%
	Government Funding	\$659,650	\$692,998	\$702,954	\$700,000
	Government Funding % <small>( Government Funding / Total Revenue )</small>	54%	57%	56%	54%
	Earned Income	\$4,578	\$3,915	\$3,895	\$4,000
	Earned Income % <small>( Earned Income / Total Revenue )</small>	0%	0%	0%	0%
<b>Statement of Functional Expenses</b>	How are resources allocated across programs and supporting services?				
	Total Program Expense	\$1,129,323	\$1,087,430	\$985,614	\$950,650
	Program Expense % <small>( Program Expenses / Total Expenses )</small>	79%	79%	83%	79%
	Total Management & General Expense	\$128,765	\$118,058	\$115,894	\$115,850
	Management & General Expense % <small>( Management &amp; General Expenses / Total Expenses )</small>	9%	9%	10%	10%
	Total Fundraising Expense	\$170,780	\$166,959	\$88,065	\$134,250
	Fundraising Expense % <small>( Fundraising Expenses / Total Expenses )</small>	12%	12%	7%	11%

**Nonprofit Financial Health: An Assessment Tool**

Sarah Walker, MPA  
 Lead Consultant, FMA



# Resources for Your Grantees

## StrongNonprofits.org

In collaboration with the Wallace Foundation, FMA has created a library of tools and resources to help organizations become “fiscally fit”

Four Topic Areas: [Planning](#) | [Monitoring](#) | [Operations](#) | [Governance](#)

The Wallace Foundation / Knowledge Center / Resources for Nonprofit Financial Management Share | Print | Email

## Resources for Nonprofit Financial Management

Search Financial Management Resources

[Overview](#) | [Planning](#) | [Monitoring](#) | [Operations](#) | [Governance](#) | [All Resources](#)

**SHOW:**

- General Resources
- Tools and Templates
- Case Studies

### Planning Resources for Nonprofit Financial Management

Good planning finds the most effective ways to deploy your organization's resources – and meet your overall objectives. Materials here include help with budgeting, cost calculations and cash projections.

[Strengthening the Budget Development Process](#)





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### Online Tutorials for StrongNonprofits.org

FMA offers complimentary orientation one-hour webinars that feature an overview of the website and drill down on several of its key resources

Upcoming webinar dates:

- April 20th at 3:00pm
- June 2nd at 2:00pm

*To register, or see upcoming webinar dates:*

<http://fmaonline.net/strongnonprofits>

*For a 15-minute, on-demand webinar tour of the site:*

<http://fmaonline.net/SNPonDemand>



**QUESTIONS?**

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# Fiscal Management Associates, LLC

- Established in 1999 to serve not-for-profit organizations around the country
- Provides customized financial management, accounting, software, organizational development, human resources, and other consulting services
- Works directly with organizations or through funder-supported management assistance programs

*FMA's mission is to empower not-for-profit organizations with the knowledge and skills to successfully serve their constituents and fulfill their missions*

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