

# Financial Series – Mastering the Form 990 Part II



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## Part II – Intended Outcomes

- Upon the completion of this session, we envision that you will be able to:
  - Demonstrate an ability to understand the Form 990 Schedules
  - Use the entire Form 990 to better understand the organization
  - Analyze an organization's entire Form 990 for potential red flags
  - Identify questions to raise with the grant applicant or grantee about their Form 990
  - Identify the challenges and limitations that certain organizations run by people of color face



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## Form 990 – Supplemental Schedules

- A – Public charities\*
- B – Donations\*
- C – Political and Lobbying
- D – Financial\*
- E – Schools
- F – Foreign Activities
- G – Events & Gaming\*
- H – Hospitals
- I – Domestic Grants
- J – Compensation\*
- K – Bonds
- L – Interested Persons
- M – Non-Cash\*
- N – Discontinued
- O – Other\* **(Required)**
- R – Related Orgs

**\* Most commonly triggered schedules**



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# Schedule A – Public Charity Status

## Part I: Reason for Public Charity Status

- Why is this schedule needed?
  - ☐ IRS – Information about type of public charity status
- Part II or Part III
  - ☐ Main Source of Revenue
  - ☐ Accounting Method
    - Should be same method as Form 990, Part XII, Line 1
    - Should agree to the organization's financial statements and/or books and records

# Schedule A – Public Charity Status

Schedule A requires the public charity to choose which of the 12 categories below:

<b>SCHEDULE A</b> (Form 990 or 990-EZ)  <small>Department of the Treasury Internal Revenue Service</small>	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	<small>CMB No. 1545-0047</small> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2020</b>          Open to Public Inspection       </div>
Name of the organization		Employer identification number
<b>Part I Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)		
1 <input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> 2 <input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).) 3 <input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> 4 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state: _____ 5 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.) 6 <input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> 7 <input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.) 8 <input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.) 9 <input type="checkbox"/> An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____ 10 <input type="checkbox"/> An organization that normally receives (1) more than 33 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 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 <b>section 509(a)(2).</b> (Complete Part III.) 11 <input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> 12 <input type="checkbox"/> 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2).</b> See <b>section 509(a)(3).</b> Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a <input type="checkbox"/> <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B.</b> b <input type="checkbox"/> <b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <b>You must complete Part IV, Sections A and C.</b> c <input type="checkbox"/> <b>Type III functionally integrated.</b> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <b>You must complete Part IV, Sections A, D, and E.</b> d <input type="checkbox"/> <b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <b>You must complete Part IV, Sections A and D, and Part V.</b> e <input type="checkbox"/> Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations _____ g Provide the following information about the supported organization(s).		



# Schedule A – Public Charity Status

**Organizations that check the box for categories 5, 7 or 8 must complete Schedule A, Part II, Public Support Test:**

- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 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 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.)

**Public Support Test is calculated as follows:**

**Total 5 Years of:**

- Gifts, grants, contributions and membership fees
- Tax revenues levied for the organization's benefit
- Value of services or facilities furnished by a gov't unit to the organization without charge

**Less: Excess Contributors Calc**

**5 Years of total support**

# Schedule A – Public Charity Status

## ➤ Part II, Section A – Public Support

- Gifts, Grants and Contributions
  - Government contracts that benefit the public – Rev. Rul. 81-276
  - Membership fees – Reg. 1.170A-9(f)(7)(iv)
  - Qualified sponsorship payments – IRC 513(i)
  - Donated services or facilities not included
  - Unusual grants not included
    - ☐ Describe in Schedule A, Part VI for five years
    - ☐ Do not include donor name
- Unusual Grants
  - Substantial gifts from disinterested persons
  - Attracted by the public nature of organization
  - Unusually large and unexpected
  - Other Factors - Reg. Sec. 1.509(a)-3(C)(4)
  - Applies to both 509(a)(1) and 509 (a)(2) organizations





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# Schedule A – Public Charity Status

## ➤ Part II, Section A – Public Support

- Value of Services or Facilities Provided at No Charge by Governmental Unit
  - Not normally furnished to the general public
- Excess Contributions
  - A. From Whom?  
Government - Foreign vs. Domestic – Rev. Rul. 75.435
  - B. Not open to public inspection
  - C. Requested on examination
  - D. Calculation example



## Schedule A – Public Charity Status

### ➤ Part II, Section A – Public Support

- What are excess contributions?
  - Excess contributions are the portion of total contributions by each person (other than a governmental unit or publicly supported organization) included in gifts, grants, contributions and membership fees that exceed 2% of the amount shown as total support
- These are removed from an organization's public support test on Line 5 of Part II, Section A

# Schedule A – Public Charity Status

Schedule A (Form 990 or 990-EZ) 2020

Page **2**

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

# Schedule A – Public Charity Status

## ➤ Part II, Section B – Total Support

- Gross Income from investment income (Line 8)
  - Capital gains not included
- Net Income – Unrelated Activities (Line 9)
  - Special Events
- Other Income
  - Explain in Schedule A, Part IV
- Gross Receipts – Related Activities (Line 12)
  - Program Service Revenue
- First Five Years
  - Newly created organizations should monitor
  - Activities while a 501(c)(3) only
  - Short year (Sch. O) / Year with no activity (Sch. O)





# Schedule A – Public Charity Status

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

# Schedule A – Public Charity Status

## Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
15	Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	15	%
16a	<b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . 		
b	<b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . 		

- **Part II, Section C – Computation of Public Support Percentage**
  - Above 33 1/3%
  - Below 33 1/3%
  - Above 10% But below 33 1/3% - Facts and Circumstances Test
- **Facts and Circumstances Test**
  - 10% Public Support
  - Continuous and Bona Fide Program for Solicitation of Funds
  - Representative Governing Body
  - Provides Facilities or Services to the Public
  - Other Factors

# Schedule A – Public Charity Status

- Should you be concerned as a donor if the organization has failed the public support test (% is less than 33 1/3%)?
  - Is it a “Young Organization” that is within its first five years? These do not have to have to complete the test and that’s acceptable!
  - Is there a pattern of failing for this Organization?
  - Was the % less than 10%?

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

## Section C. Computation of Public Support Percentage

**14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . . **14** %

**15** Public support percentage from 2019 Schedule A, Part II, line 14 . . . . . **15** %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Schedule A (Form 990 or 990-EZ) 2020

## Schedule B – Schedule of Contributors

- **Not open to public inspection**
  - Be aware of state filing requirements regarding copy of schedule
  - Exception (990-PF, Political organization filing Form 990)
- Contributors who contribute more than \$5,000 must be reported
- Organization meets the “one-third contribution test” of Sections 509(a)(1) and 170(b)(1)(A)(vi), then the “two percent of total contribution” test applies

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.



# Schedule B – Schedule of Contributors

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Name of organization	Employer identification number
----------------------	--------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<p> <b>Person</b> <input type="checkbox"/>  <b>Payroll</b> <input type="checkbox"/>  <b>Noncash</b> <input type="checkbox"/>                      (Complete Part II for noncash contributions.)                 </p>

Name of organization	Employer identification number
----------------------	--------------------------------

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>

# Schedule C – Political Campaign and Lobbying Activities

- Filed by organizations that engage in political campaign or lobbying activities (501(c) and 527 organizations)

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>  For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold;">2020</div> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service		
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then <ul style="list-style-type: none"> <li>• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> <li>• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> <li>• Section 527 organizations: Complete Part I-A only.</li> </ul>		
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then <ul style="list-style-type: none"> <li>• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.</li> <li>• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.</li> </ul>		
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then <ul style="list-style-type: none"> <li>• Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> </ul>		
Name of organization		Employer identification number
<b>Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.</b>		
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")		
2 Political campaign activity expenditures (See instructions)		▶ \$
3 Volunteer hours for political campaign activities (See instructions)		▶
<b>Part I-B Complete if the organization is exempt under section 501(c)(3).</b>		
1 Enter the amount of any excise tax incurred by the organization under section 4955		▶ \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955		▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," describe in Part IV.		
<b>Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).</b>		



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## Schedule D – Supplemental Financial Statements

- Schedule D is a compilation of various supplemental financial statement information that is either summarized or not discussed in the CORE Form 990
- Consists of thirteen Parts – not all are required to be completed; only those that are triggered based on questions answered in previous questions.
- Specific questions about organizations maintaining art, historical treasures, conservation easements, donor advised funds, endowment funds, escrow and custodial accounts, etc.

<b>SCHEDULE D</b> <b>(Form 990)</b>	<b>Supplemental Financial Statements</b> ▶ 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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <b>2020</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization	Employer identification number

# Schedule D – Supplemental Financial Statements

- Following is a brief description of the various parts to Schedule D

## Supplemental Financial Statements

- **Part I** – Organizations Maintaining Donor Advised Funds
  - Number of Funds and Roll forward of Activity
  - Communication Compliance Requirements for Donor Advised Funds
- **Part II** – Conservation Easements
  - Detailed Disclosure of Easements
- **Part III** – Organizations Maintaining Collections of Art, Historical Treasures or Similar Assets
  - Organization must disclose whether the election was made to record or not record collections and show financial statement disclosure
- **Part IV** - Escrow and Custodial Arrangements
  - Disclosure required regarding arrangement for escrow or custodial arrangements
- **Part V** - Endowment Funds
  - Five year disclosure
  - Roll forward for each year for activity
  - Percentage of endowment by net asset classification
  - Disclosure required for intended use of endowment funds



# Schedule D – Supplemental Financial Statements

## Supplemental Financial Statements

- **Part VI** – Property, Plant and Equipment
  - Cost basis, accumulated depreciation and book value reported for each category of property and equipment
- **Part VII** – Investments – Other Securities
  - Description, book value (fair value) and method of evaluation is disclosed for each position reported as Investment – Other Securities on the Balance Sheet.
- **Part VIII** – Investments – Program Related
- **Part IX** – Other Assets
  - If Other Assets exceeds 5% of total assets on balance sheet, must report detail here. Example “Other Investments” shown on page 11 of the Core Form.
- **Part X** - Other Liabilities
  - If any amount is reported as other liability on balance sheet, must report detail here. Example – Post-retirement liability
  - Must include footnote disclosure regarding ASC 740 – Check the Box!
- **XIV – Supplemental Information**
  - Document other required disclosures throughout the form

# Schedule F – Statement of Activities Outside the U.S.

- Schedule F is used for an Organization that has any “Foreign” transactions or filings
- How do we know if the Organization should be completing this Schedule?
  - By noting various responses to questions in the Core Form 990
- On Page 3, Part IV, Checklist of Required Schedules, if any of the following are answered “Yes” then the Organization should be completing Parts on Schedule F:

14 a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If “Yes,” complete Schedule F, Parts I and IV.</i> . . . . .	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If “Yes,” complete Schedule F, Parts II and IV</i> . . . . .	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If “Yes,” complete Schedule F, Parts III and IV.</i> . . . . .	16		

## ➤ On Page 5, Part V, Other IRS Filings and Tax Compliance

- 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .
- b If “Yes,” enter the name of the foreign country: ► \_\_\_\_\_  
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

4a		



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# Schedule F – Statement of Activities Outside the U.S.

- Part I: Schedule must be completed and information must be provided if aggregate revenue or expenses from activities exceed \$10,000:
  - Activity reported by region
  - Number of accounts or offices in the region
  - Types of activities
  - Number of employees or agents
  - Total expenditures in the region
  - Identification of grants made
  - Relationships between grantor and grantee
- Report investments in foreign entities if balance exceeded \$100,000 at any point during the tax year

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					



# Schedule F – Statement of Activities Outside the U.S.

- Part II and Part III - For grants over \$5,000 made to organizations and individuals outside of the U.S.
  - Names of recipients do not have to be specifically designated in the interest of their safety, but the following information is required
  - IRS Code and EIN
  - Region
  - Purpose of grant
  - Amount & Manner of Cash Disbursement
  - Amount of Non-Cash
  - Description of Non-Cash Amount

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								



KNOW  
GREATER  
VALUE

# Schedule F – Statement of Activities Outside the U.S.

- Part IV – Is a checklist for the possible types of foreign filings an exempt organization might need to file:

Part IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



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## Schedule G - Fundraising Activities

- Schedule G – Supplemental Information Regarding Fundraising or Gaming Activities:
- Schedule must be completed if the organization reported more than \$15,000 from fundraising, special events or gaming activities on Form 990, Part IX
- Organizations is required to list all states in which they are registered or licensed to solicit funds
- Detailed schedules required for special events, fund raising and gaming activities including cash and non-cash prizes and other costs, including rent and facility costs
- Schedule must also indicate whether the fundraiser has custody or control of the contributions and the amounts retained by the fundraiser and the organization



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# Schedule G - Fundraising Activities

- Part I – Fundraising Activities
  - Methods of raising funds
  - Professional fundraisers used
  - State filing disclosure compliance
- Part II – Fundraising Events
  - Disclosures regarding events held
  - Top two events must show total receipts, charitable portion and direct expenses
  - \$15,000 reporting threshold
- Part III – Gaming
  - \$15,000 reporting threshold
  - Often overlooked – make sure definitions of gaming are understood
  - Might have state reporting requirements

# Schedule G - Fundraising Activities

## ➤ Part I – Fundraising Activities

- Complete this section only if organization spent more than \$15,000 on professional fundraising services.

**Part I** **Fundraising Activities.** Complete if the organization answered “Yes” on 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.

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**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						

# Schedule G - Fundraising Activities

## ➤ Part II – Fundraising Events

- Complete this section only if organization reported more than \$15,000 of fundraising contributions and gross income.

**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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (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) . . . . . ▶					



KNOW  
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VALUE

# Break Time!

➤ Time for a quick break!





KNOW  
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# Schedule H - Hospitals

- Form has been phased in over time
- Focus on community benefits
- Worksheets in instructions provide guidance
- Schedule H is divided into six parts:
  - Part I / Worksheets- Community Benefit, including charity care and benefits provided to the community by the Hospital
  - Part II - Community Building Activities
  - Part III - Bad Debt, Medicare and Collection Practices
  - Part IV - Ownership information regarding management companies and joint ventures
  - Part V: Facility information including community health needs assessment
  - Part VI – Supplemental information

<b>SCHEDULE H</b> (Form 990)	<b>Hospitals</b>	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold;">2020</div> <b>Open to Public Inspection</b>								
Department of the Treasury Internal Revenue Service										
▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.										
Name of the organization	Employer identification number									
Part I Financial Assistance and Certain Other Community Benefits at Cost										
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . <b>b</b> If "Yes," was it a written policy? . . . <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.	<table border="1" style="margin: auto;"> <tr> <td></td> <td style="font-size: 0.8em;">Yes</td> <td style="font-size: 0.8em;">No</td> </tr> <tr> <td style="font-size: 0.8em;"><b>1a</b></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="font-size: 0.8em;"><b>1b</b></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>		Yes	No	<b>1a</b>			<b>1b</b>		
	Yes	No								
<b>1a</b>										
<b>1b</b>										

# Schedule I – Grants in the U.S.

- Schedule is used to report grants to U.S. persons (Not Foreign Grants)
  - Part II – Grants to other organizations and governments in the U.S.
  - Part III – Grants to Individuals in the U.S
- Organization is required to provide:
  - EIN of recipient
  - Amount \$ / Method of valuation
  - Description (Non-Cash) & Purpose
  - Total # of Individual grants
  - Verify with client the IRC status of each recipient
- Describe monitoring procedures, grant documentation and records

Part I General Information on Grants and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>							
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(i)							



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VALUE

# Schedule J – Supplemental Compensation Information

- Schedule J is required to be completed by any:
  - Current officers, directors, key employees or highly compensated employees “reportable compensation” is greater than \$150,000.
  - **Former** officers, key employees or highly compensated employees who received “reportable compensation” greater than \$100,000.
  - **Former** director or trustee receiving “reportable compensation” in excess of \$10,000.
  - Asks about the types of compensation the organization provides
  - Written policies over payments/reimbursements
  - Inquires about the process of setting the compensation of the organization’s CEO/Executive Director

<b>SCHEDULE J</b> (Form 990)	<b>Compensation Information</b> 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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold;">2020</div> <b>Open to Public Inspection</b>										
Department of the Treasury Internal Revenue Service Name of the organization		Employer identification number										
<b>Part I Questions Regarding Compensation</b>												
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30px;">Yes</th> <th style="width: 30px;">No</th> </tr> </thead> <tbody> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </tbody> </table>	Yes	No								
Yes	No											



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VALUE

# Schedule J – Supplemental Compensation Information

<b>2</b>	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 on line 1a? . . . . .	<b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Indicate which, if any, of the following the 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<b>4</b>	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:			
<b>a</b>	Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Participate in or receive payment from an equity-based compensation arrangement? . . . . .	<b>4c</b>	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b>	The organization? . . . . .	<b>5a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Any related organization? . . . . .	<b>5b</b>	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes" on line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b>	The organization? . . . . .	<b>6a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Any related organization? . . . . .	<b>6b</b>	<input type="checkbox"/>	<input type="checkbox"/>
	If "Yes" on line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	<input type="checkbox"/>	<input type="checkbox"/>



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VALUE

## Schedule J – Supplemental Compensation Information

- Part II - Executives “reportable compensation” be reported in five separate categories, including:
  - Base compensation
  - Bonus & Incentive compensation
  - Other compensation (tax gross ups, etc.)
  - Deferred Compensation
  - Nontaxable Benefits
  - Organization must also indicate the amount of compensation that has already been reported on the Form 990 in prior years as deferred compensation



# Schedule J – Supplemental Compensation Information

## ➤ Schedule J, Part II

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							

- To be included on this Schedule – compensation must exceed \$150,000 of calendar year earnings.

## ➤ Part VII of the Core Form 990

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)										



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# It's All Relative – Schedule L and Schedule R Concerning Relationships







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## Schedules L and R

It is crucial to be aware of any relationship or transaction that would merit disclosure within the Core Form 990, Schedule L and Schedule R.

Here are just a few suggestions on how can this be achieved:

- The Board and Key employees should sign **conflicts-of-interests forms annually**. Use those forms to document knowledge of any potential items that need to be disclosed.
- The composition of the Board and process for election of the Board will determine whether there are relationships with other entities that would cause Schedule R to be **required**.

# Schedule L – Transactions with Interested Persons

## A few key differences between Schedule R and Schedule L:

- Schedule L is about individuals, whereas Schedule R is on an entity level.
- “Interested Persons” include officers, directors, trustees, key employees, and certain other disqualified persons
- The thresholds in Schedule L are generally much lower than those used in Schedule R, and they vary section by section. **For example** – in Section I, II, and III there is no threshold, **EVERY** transaction that fits the definition must be reported.

**Part I** **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered “Yes” on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					

**Part II** **Loans to and/or From Interested Persons.**  
Complete if the organization answered “Yes” on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												

**Part III** **Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered “Yes” on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				



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# Schedule L – Business Transactions

On Part IV of Schedule L, there are specific thresholds ranging from \$10,000 to \$100,000!

Schedule L (Form 990 or 990-EZ) 2020

Page **2**

## Part IV

### Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					

Instructions state the following must be reported: "... (1) all payments during the **tax year** between the organization and the interested person exceeding \$100,000; (2) all payments during the tax year from a single transaction between such parties exceeding the greater of \$10,000 or 1% of the filing organization's total revenue for the tax year; (3) **compensation** payments during the tax year by the organization to a **family member** of a current or former officer, director, trustee, or key employee of the organization listed in Form 990, Part VII, Section A exceeding \$10,000...."

# Related Parties – IRS Definition

**Schedule R is where** related-party-transactions with other entities are disclosed. The definitions for independence for individuals are **NOT** the same as those for related parties. The IRS defines related parties as having any one of the following relationships:

- **Parent/Subsidiary**
- **Sibling (brother/sister organizations)**
- **Supported/Supporting Organization**

These relationships are all based on **CONTROL**, as demonstrated below:

- **Parent/Subsidiary** – Majority of Board or can appoint the Board
- **Sibling** – Same persons on the Board
- **Stock** – 50% ownership of stock, General Partner, Managing Partner, disregarded entity
- Sponsoring Organization of a 501(c)(9) Voluntary Employees' Beneficiary Assoc ("VEBA") or a Contributing Employer of a VEBA

# Related Parties – IRS Definition

Instructions for Schedule R provide a table of when to complete Schedule R, based on responses to the questions in the Core Form:

Type of filer	IF you answer "Yes" to ...	THEN you must complete ...
All organizations	Form 990, Part IV, line 33 (regarding disregarded entities)	Schedule R, Part I.
All organizations	Form 990, Part IV, line 34 (regarding related organizations)	Schedule R, Parts II, III, IV, and V, line 1 as applicable.
All organizations	Form 990, Part IV, line 35a (regarding controlled entities under section 512(b)(13))	Schedule R, Part V, line 2.
Section 501(c)(3) organization	Form 990, Part IV, line 36 (regarding transfers to exempt noncharitable related organizations)	Schedule R, Part V, line 2.
All organizations	Form 990, Part IV, line 37 (regarding conduct of activity through unrelated partnership)	Schedule R, Part VI.



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# Schedule R – Related Organizations

## A Few Things to Remember:

In Parts I – IV the different types of related entities are listed. We are often asked whether the EIN number of a disregarded entity in Part I should be the **same or different** than the EIN number of the filing entity (if it's always the same then why does the IRS ask?) In Schedule R, the IRS added the phrase “**if applicable**” next to the request for an EIN number.

**Part I** Identification of Disregarded Entities (Complete if the organization answered “Yes” to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					





# Schedule R – Related Organizations

After the related entities are listed in Parts I – IV in Schedule R, Part V details the transactions themselves:

**Part V Transactions With Related Organizations.** Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d	
<b>e</b> Loans or loan guarantees by related organization(s)	1e	
<b>f</b> Dividends from related organization(s)	1f	
<b>g</b> Sale of assets to related organization(s)	1g	
<b>h</b> Purchase of assets from related organization(s)	1h	
<b>i</b> Exchange of assets with related organization(s)	1i	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	1l	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
<b>o</b> Sharing of paid employees with related organization(s)	1o	
<b>p</b> Reimbursement paid to related organization(s) for expenses	1p	
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	
<b>r</b> Other transfer of cash or property to related organization(s)	1r	
<b>s</b> Other transfer of cash or property from related organization(s)	1s	

# Schedule R – Related Organizations

Part V, question 2 of Schedule R has different thresholds:

1. For transactions with controlled entities of the filing organization, there is no threshold for disclosing a transaction described in **1a** but for **1b – 1s** transactions are reported if they exceed \$50,000 (per line).
2. A 501(c)(3) must list the details of its transactions over \$50,000 that meet the threshold requirements, that they engaged in with related tax-exempt entities **NOT described in section 501(c)(3)**. Therefore if the transaction took place between two 501(c)(3) organizations, question 2 does **not** need to be completed!

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			



KNOW  
GREATER  
VALUE

# Schedule M – Non-Cash Contributions

- Requires all organizations that receive more than \$25,000 in non-cash contributions to report the contributions in specific categories (i.e. Art, public securities, other securities, cars, books, ...)
- Additional information to be provided include method of valuation, amount of revenue reported on Form 990, Non-cash revenue and the amount reported on the balance sheet of Form 990 and the number of Form 8283s the organization received
- Organization must indicate whether it has a gift acceptance policy that requires the review of any non standard contribution and whether it uses third parties to solicit, process or sell non-cash contributions

<b>SCHEDULE M</b> <b>(Form 990)</b>  <small>Department of the Treasury Internal Revenue Service</small>	<b>Noncash Contributions</b>  ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	<small>OMB No. 1545-0047</small>  <div style="font-size: 2em; font-weight: bold;">2020</div> <b>Open to Public Inspection</b>		
Name of the organization		Employer identification number		
<b>Part I Types of Property</b>				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	<input type="checkbox"/>			
2 Art—Historical treasures . . . . .	<input type="checkbox"/>			



## Schedule N – Liquidation, Termination, Dissolution or Significant Disposition of Assets

- Schedule N is required to report significant disposition of assets or liquidation of assets
- Significant disposition includes a sale or exchange of more than 25% of the organizations net assets or substantial contraction of net assets including:
  - Sale of assets to another exempt organization or other entity
  - Sale of assets of a partnership, joint venture or disregarded entity which the exempt organization has an ownership interest
  - Transfer of assets pursuant to a reorganization
- Exception: Organizations changing their investment portfolio and selling off assets groups does not constitute “significant disposition of assets”



## Schedule O – Supplemental Information to Form 990

- Designed for organizations required to e-file
- This schedule is to be used to provide additional information:
  - Form 990, Part III, Questions 2 (new program services), 3 (cease significant program service) and 4d (descriptions of other program services)
  - Form 990, Part V, Question 3b to provide explanation for not filing Form 990-T if UBI exceeds \$1,000
  - Form 990, Part VI, Section A, all “yes” answers for questions 2-7 and “no” answers for questions 8 and 9b should be described in Schedule O
  - Form 990, Part VI, Section B to describe monitoring and enforcement of Conflict of Interest Policy and the process used for determining compensation of the CEO and other officers of the organization
  - Form 990, Part VI, Section C - description for making documents public.
  - Reason for amended tax return
  - Additional space for narrative questions in other parts of the 990



KNOW  
GREATER  
VALUE

## Schedule O – Supplemental Information to Form 990

- Organization & Structure of Form:
  - Schedule O should be completed to answer the questions as they appear in the form and schedules
    - Must follow the sequence of the 990!
  - Each response should contain a heading that clearly states the particular question being answered



# Possible Red Flags

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047  
 Department of the Treasury Internal Revenue Service **2017**  
**Open to Public Inspection**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** 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

**D** Employer identification number  
**E** Telephone number  
**G** Gross receipts \$

**I** Tax-exempt status: ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶

**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

**H(a)** Is this a group return for subordinates? ☐ Yes ☐ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: \_\_\_\_\_

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) . . . . . **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4**

**5** Total number of individuals employed in calendar year 2017 (Part VII, line 2a) . . . . . **5**

listed and does it work?

how many? Is it within the State Requirements (if any)?



KNOW  
GREATER  
VALUE

# Possible Red Flags

Part II Signature Block			
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 information furnished by taxpayer. <b>filed within a reasonable time compared to the year end?</b>			
Sign Here	Signature of officer	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Check <input type="checkbox"/> if self-employed	PTIN
	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 type="checkbox"/> Yes <input type="checkbox"/> No			
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)			



# Possible Red Flags

Form 990 (2017)

Page **3**

## Part IV Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . .	<b>2</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts in which donors have the right to provide advice on the distribution or investment of amounts in such funds? . . . . .		
<i>If "Yes" to any, were you notified of this?</i>		
<b>11</b> Is the organization's liability for uncertain tax positions under RIN 40 (500740)? <i>If "Yes," complete Schedule D, Part A . . . . .</i>	<b>11</b>	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b>	
<i>If "No" why?</i>		

# Possible Red Flags

- Part VI – Governance, Management and Disclosure
  - This schedule will uncover a lot of red flags/questions that you may want to ask.
  - The following are some of the areas we think are important to ask why they are answered certain ways.

**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 . . . . .	<b>1a</b>		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee? . . . . .			
<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? . . . . .	<b>3</b>		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		

If "Yes" then need to ask why? Where did the money go and for what purpose?

# Possible Red Flags

## 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? . . . . .	<b>10a</b>	
<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?	<b>10b</b>	
<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?	<b>11a</b>	
<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> . . . . .	<b>12a</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<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> . . . . .	<b>12c</b>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	
<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 . . . . .	<b>15a</b>	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	
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? . . . . .	<b>16a</b>	
<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? . . . . .	<b>16b</b>	

- Organizations with strong governance will answer the highlighted with "Yes".





# Possible Red Flags

## Part XII Financial Statements and Reporting

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. <b>If other than "Accrual" why? How valid are the financial records?</b>		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <b>If no, then need inquire</b> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2017)



# Possible Red Flags

- Organization is in danger of failing the Public Support Test or has failed

## Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
15	Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	15	%
16a	33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b	33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		

- Sustainability? Is the organization too reliant on one or a small handful of donors? Can the organization survive if donors stop giving?
- Is the organization now considered a “Private Foundation”? This will require the donor to disclose more on their tax filing and if not aware could be penalized for failure to include.

# Possible Red Flags

- Are the required Parts of Schedule D completed and do they correspond with the answers given in the Core Form 990?

6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	11b		
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	12b		

# Possible Red Flags

- Did the organization include Schedule B with its public filing?
- Does the organization complete a Schedule C – Political Campaign and Lobbying Activities? If so, did the organization inform you that it would be completing this form and any mention of whether or not your dollars are included in these costs?
- Did the organization do its due diligence over Activities Outside the United States found in Schedule F?
  - ☐ Should have Line 1 answered “Yes” and a detail in Part V describing the monitoring process

---

**Part I**    **General Information on Activities Outside the United States.** Complete if the organization answered “Yes” on Form 990, Part IV, line 14b.

---

- 1    **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes    ☐ No
  
- 2    **For grantmakers.** Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

# Possible Red Flags

## Schedule J

- Has the organization completed this Schedule?
- Disclosed if the organization provides any of the following?

### 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 (such as, maid, chauffeur, chef) |

	Yes	No

- Disclose the method of determining the CEO/Executive Director's salary?

**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 |



KNOW  
GREATER  
VALUE

# Possible Red Flags

- Did the organization complete a Schedule L?

<b>SCHEDULE L</b> <b>(Form 990 or 990-EZ)</b>  Department of the Treasury Internal Revenue Service	<b>Transactions With Interested Persons</b> ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <b>2017</b> <b>Open To Public Inspection</b>
Name of the organization		Employer identification number

- Is Schedule O included with the organization's Form 990?
  - Remember this is **REQUIRED** with all Form 990's!!!



KNOW  
GREATER  
VALUE

# Questions?

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