

CIF: _____

Addendum R2 NGO Questionnaire

Name of Entity: _____ EIN # _____

DBA (if applicable) _____

Type of organization	<input type="checkbox"/> Church, mosque, synagogue <input type="checkbox"/> Auxiliary/club/committee of the church, mosque, synagogue <input type="checkbox"/> School related to the church, mosque, synagogue <input type="checkbox"/> Other – describe: _____
What are the objectives, programs, activities, and services that your organization provides related to its charitable function?	
Is the organization registered as a non-profit with the IRS e.g. tax-exempt under IRC 501(c)?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, is registration confirmed at www.irs.gov/charities-non-profits/exempt-organizations-select-check website? <input type="checkbox"/> YES <input type="checkbox"/> NO
What are the sources of funding for the organization?	<input type="checkbox"/> Corporations <input type="checkbox"/> Domestic government agencies <input type="checkbox"/> Foreign Government Agencies <input type="checkbox"/> Foreign Organizations <input type="checkbox"/> Foundations or Granting Organizations <input type="checkbox"/> General Public <input type="checkbox"/> Private Individuals <input type="checkbox"/> Other _____
What methods does your organization use to obtain its funding? (check all that apply)	<input type="checkbox"/> Cash Donations <input type="checkbox"/> Contributions <input type="checkbox"/> Crowdfunding <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Giving Circles <input type="checkbox"/> Grants <input type="checkbox"/> Investment Income <input type="checkbox"/> In-kind Donations (non monetary) <input type="checkbox"/> Loan Financing <input type="checkbox"/> Matching Grants <input type="checkbox"/> Membership Dues <input type="checkbox"/> Program Service Revenue <input type="checkbox"/> Sale of Goods etc. <input type="checkbox"/> Unrelated Business Income <input type="checkbox"/> Other _____
Does the organization receive charitable donations or volunteers from non-US countries?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what countries are you donors or volunteers located?
Does the organization provide charitable services to benefit individuals in foreign countries?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what countries are services provided?

Signature of Officer

Date

Title of Officer