

CIF: _____

Addendum R2 NGO Questionnaire



Name of Entity: _____ EIN # _____

DBA (if applicable) _____

For Religious Organizations

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: _____
Is the organization 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
Is the organization affiliated with another regional/national organization or government?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which organization or government?	
List geographical areas served by the organization:	
Describe any fund-raising events. Type, frequency, time of year, typical amount raised, etc.:	
Describe who receives the benefits of funds raised:	

For Charitable Organizations

Describe purpose for charity:	
Is the organization 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
Is the organization affiliated with another regional/national organization or government?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which organization or government?	
List geographical areas served by the organization:	
Describe any fund-raising events. Type, frequency, time of year, typical amount raised, etc.:	
Describe who receives the benefits of funds raised:	