

QUESTIONNAIRE FOR ORGANIZATIONS SERVING MILITARY SERVICE MEMBERS, **WOUNDED WARRIORS, VETERANS AND THEIR FAMILIES**

* = REQUIRED FIELD

CEN	IEDAI	INFORM	I Λ T I \cap Λ I I
GEN	IENAL	IINCORIN	TATION.

*Organization Name:			
*Date Founded:	*Tax ID:		
*Address:		*Phone/Fax:	
*Website:			
CEO or Executive Director/Email/Phone (direct):	Contact person, if different/Email/Ph	one:	
What is the primary purpose of your organization? 325 character li	mit		
Please state your Mission: 325 character limit			
Please state your ivission. 525 Character minit			
What geographic areas do you serve? 100 character limit			
URRENT ACCREDITATIONS: Please tell us if you have be		e following:	
AMERICAN INSTITUTE OF PHILATHROPY (CHARITYWATCH) Grade:	e following:	
AMERICAN INSTITUTE OF PHILATHROPY (CHARITYWATCH BBB WISE GIVING ALLIANCE	Grade: Accredited:	e following:	
AMERICAN INSTITUTE OF PHILATHROPY (CHARITYWATCH BBB WISE GIVING ALLIANCE CHARITY NAVIGATOR) Grade: Accredited: Rating:		
AMERICAN INSTITUTE OF PHILATHROPY (CHARITYWATCH BBB WISE GIVING ALLIANCE CHARITY NAVIGATOR COMBINED FEDERAL CAMPAIGN	Grade: Accredited: Rating: Yes/No	e following:	
AMERICAN INSTITUTE OF PHILATHROPY (CHARITYWATCH BBB WISE GIVING ALLIANCE CHARITY NAVIGATOR) Grade: Accredited: Rating:		

FROM IRS FORM 990 @ FYE:			FROM CURRENT ANNUAL BUDGET @ FYE:			
* Total Annual Expenses	\$		* Total Annual Expenses	\$		
* Direct Program Expenses		%	* Direct Program Expenses	·-		%
* Admin/Fundraising Expenses		%	* Admin/Fundraising Expenses			%
* Total Assets	\$ 	<u>.</u> "	* Total Assets	\$		
* Total Revenues	\$	•	* Total Revenues	\$		
Fees for Service (Earned Income)		%	Fees for Service (Earned Income)			%
* Government Grants		%	* Government Grants			%
Investment/Dividend Income		%	Investment/Dividend Income			%
Membership Fees		%	Membership Fees			%
Private Donors		%	Private Donors			%
Other		%	Other			%
Total Revenues	100	%	Total Revenues		100	%

Revised 2.2016

Is the following information accessible on your organization's website?								
	Yes/No	Please prov	ide the UR	L for the following:				
Form 990								
Audited Financials								
Board Members Listed								
Key Staff Listed								
Donor Privacy Policy								
Tell us about your orga	nization	's governa	nce:					
*Do you have any paid staff		s serving as						
Directors? If yes, please exp								
*Are any Directors or staff r	nilitary ve	terans?			· · · · · · · · · · · · · · · · · · ·			
*What percentage of your E		ports your	%	*Do you have a written		*Do you have a		
organization with annual do				Conflict of Interest Policy?		Whistleblower Policy?		
*Is your organization partis	an or non	partisan?						
If partisan, please explain.	م ماهانی ام م							
*Is your organization affiliat entity? If yes, please explair		ny religious						
		What prot	ocols are	in place to measure and ev	aluato ou	tcomos? 500 chacter limit		
IVILASORING EFFECTIV	LIVE33.	wilat prot	ocois are	in place to measure and eve	aluate ou	itcomes: 300 chacter limit		
Briefly, describe your organization's effectiveness and impact; including any major accomplishments (include links to your website, if helpful). 500 character limit								
How do you use evaluat	ion as p	art of a bro	ader effo	rt to affect progress, and/o	r strategi	c direction? 500 character	limit	
OTHER: Is there anythi your organization's wo				us to be aware of that will h	elp us be	tter understand and evalu	ate	

TRANSPARENCY/ACCOUNTABILITY/GOVERNANCE:

Thank you for providing this information. THE PATRIOTS CONNECTION at RANCHO SANTA FE FOUNDATION appreciates the opportunity to learn about your organization. If you have any questions, contact Debbie Anderson at (858) 756-0358. Please email your completed questionnaire to debbie@rsffoundation.org

THE PATRIOTS CONNECTION

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