



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

\* = REQUIRED FIELD

**GENERAL INFORMATION:**

*Organization Name:	
*Date Founded:	*Tax ID:
*Address:	*Phone/Fax:
*Website:	
CEO or Executive Director/Email/Phone (direct):	Contact person, if different/Email/Phone:
What is the primary purpose of your organization?	
Please state your Mission:	
What geographic areas do you serve?	

**CURRENT ACCREDITATIONS:** Please tell us if you have been accredited/rated by any of the following:

• AMERICAN INSTITUTE OF PHILANTHROPY (CHARITYWATCH)	Grade:	
• BBB WISE GIVING ALLIANCE	Accredited:	
• CHARITY NAVIGATOR	Rating:	
• COMBINED FEDERAL CAMPAIGN	Yes/No	CFC#
• INDEPENDENT CHARITIES SEAL OF EXCELLENCE	Yes/No	
• Other		

**FINANCIAL OVERVIEW:** Please provide the following information:

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	\$ _____		* 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	<u>100</u> %		Total Revenues	<u>100</u> %	

**TRANSPARENCY/ACCOUNTABILITY/GOVERNANCE:**

Is the following information accessible on your organization's website?		
	Yes/No	Please provide the URL for the following:
Form 990		
Audited Financials		
Board Members Listed		
Key Staff Listed		
Donor Privacy Policy		

**Tell us about your organization's governance:**

*Do you have any paid staff members serving as Directors? If yes, please explain.			
*Are any Directors or staff military veterans?			
*What percentage of your Board supports your organization with annual donations?	%	*Do you have a written Conflict of Interest Policy?	*Do you have a Whistleblower Policy?
*Is your organization partisan or nonpartisan? If partisan, please explain.			
*Is your organization affiliated with any religious entity? If yes, please explain.			

**MEASURING EFFECTIVENESS:** Briefly, please tell us about your organization's effectiveness and impact; including any major accomplishments (include links to your website, if helpful).

How does your organization measure/evaluate effectiveness and impact?

Do you submit an annual written effectiveness assessment to your Board of Directors that outlines performance towards established goals and recommendations for future actions? Please explain.

**OTHER:** Is there anything else that you would like us to be aware of that will help us better understand and evaluate your organization's work?

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](mailto:debbie@rsffoundation.org)

**THE PATRIOTS CONNECTION**  
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