

Self-Declarers Questionnaire
IRC 501(c)(4), (5) and (6) Organizations

This questionnaire asks for information about your organization and how it operates. Answer the questions based on the most recent tax year for which your organization filed Form 990 (i.e., 2010 or 2011), unless otherwise indicated. Do not submit any books or records

Part I - Information About Your Organization

Name of your organization <i>(enter the complete name)</i>	Employer Identification Number (EIN)
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Your organization's website address _____

Name of contact	Title of contact	Phone number of contact
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1. In what year was your organization formed _____

2. What type of organizational structure does your organization operate under

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Other <i>(describe)</i> _____		

3. In what year did your organization begin operating _____

4. For which tax year did your organization file its most recent Form 990 _____

a. What was the ending month of the tax year for this Form 990 _____

5. Has your organization ever had employees Yes No

a. If "yes" to question 5, in what year did your organization hire its first employee _____

b. If "yes" to question 5, how many employees does your organization currently employ _____

6. An organization claiming exemption under Code Section 501(c)(4), (5) or (6) is not required to file an application (Form 1024) to be tax exempt. Briefly describe the reason(s) your organization chose not to apply for recognition of exemption

7. In what year did your organization begin claiming tax exemption _____

8. Did your organization receive outside professional advice regarding its qualification for exemption Yes No

a. If "yes" to question 8, indicate who provided your organization advice. Check all that apply

<input type="checkbox"/> Accountant	<input type="checkbox"/> Attorney	<input type="checkbox"/> Enrolled preparer
<input type="checkbox"/> Other <i>(describe)</i> _____		

9. Is your organization claiming tax exemption as described in Section 501(c)(4) Yes No

a. If "yes" to question 9, check the box that best describes your organization

<input type="checkbox"/> Ballot measure committee	<input type="checkbox"/> Cultural organization	<input type="checkbox"/> Economic development
<input type="checkbox"/> Educational organization	<input type="checkbox"/> Financial, credit counseling, debt management	
<input type="checkbox"/> Healthcare organization	<input type="checkbox"/> Homeowners' association	<input type="checkbox"/> Local association of employees
<input type="checkbox"/> Police or firefighters' relief association	<input type="checkbox"/> Recreation facility/activities	<input type="checkbox"/> Religious organization
<input type="checkbox"/> Veterans' organization	<input type="checkbox"/> Volunteer fire department	
<input type="checkbox"/> Other <i>(describe)</i> _____		

10. Is your organization claiming tax exemption as described in Section 501(c)(5) Yes No

a. If "yes" to question 10, check the box that best describes your organization

- Agricultural Horticultural Labor
 Other (describe) _____

11. Is your organization claiming tax exemption as described in Section 501(c)(6) Yes No

a. If "yes" to question 11, check the box that best describes your organization

- Business league, trade association, professional association Chamber of commerce
 Real estate board Board of trade Professional sports league
 Other (describe) _____

Part II – Information About Your Activities and Related Organizations

12. Enter the percentage of your organization's revenue, expenses and staff/volunteer time dedicated to each of the following activities during the most recent tax year for which your organization filed Form 990. If your organization did not conduct a particular activity in that year, enter "0" for the percentages. For each activity, indicate whether all, some or none of the income from that activity was unrelated business income (UBI)

Activity	Percentage of Revenue	Percentage of Expenses	Percentage of Time	Portion of Income from Activity that is UBI (All, Some, None)
Attempting to influence legislation				
Conducting any gaming activities such as pull-tabs, bingo, raffles, etc				
Conducting trade shows				
Engaging in collective bargaining on behalf of members				
Promoting a single product brand, manufacturer or technology				
Providing or maintaining community property				
Providing and maintaining facilities available only to members (or guests of members)				
Providing other services to your organization's members				
Publishing (in print or online) a magazine, professional journal, newsletter or membership directory				
Publishing (either as part of another publication or separately) a catalog of your organization's members' products or services				
Sale of advertising				
Supporting or opposing candidates for public office				

13. During the most recent tax year for which your organization filed Form 990, did your organization conduct Yes No any activities not described in question 12

a. If "yes" to question 13, list each of those activities in order of percentage of time, starting with the most time devoted. Indicate the activity and the percentage of your organization's revenue, expenses and staff/volunteer time devoted to the activity during the most recent tax year for which your organization filed Form 990. For each activity, indicate whether all, some or none of the income from that activity was unrelated business income (UBI), as defined in the instructions for your most recently filed Form 990. Do not include as UBI income that is excluded from tax under Section 512, 513 or 514 of the Internal Revenue Code

Activity	Percentage of Revenue	Percentage of Expenses	Percentage of Time	Portion of Income from Activity that is UBI (All, Some, None)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

b. For each activity listed in question 13a, enter the name and line number of each followed by a detailed description of that activity. To the extent an activity is related to your organization's tax-exempt purposes, describe how it furthers those tax-exempt purposes

14. During the most recent tax year for which your organization filed Form 990 (i.e., 2010 or 2011), did your organization participate or intervene in any political campaigns on behalf of or in opposition to any candidates for public office Yes No

a. If "yes" to question 14, what dollar amount did your organization spend on political campaign intervention during that tax year _____

b. If "yes" to question 14, how many volunteer hours did your organization use in political campaign intervention during that tax year _____

c. If "yes" to question 14, how many paid staff hours did your organization use in political campaign intervention during that tax year _____

15. Between January 1, 2012, and December 31, 2012, did your organization participate or intervene in any political campaigns on behalf of or in opposition to any candidates for public office Yes No
- a. If "yes" to question 15, what dollar amount did your organization spend on political campaign intervention between January 1, 2012, and December 31, 2012 _____
- b. If "yes" to question 15, how many volunteer hours did your organization use in political campaign intervention between January 1, 2012, and December 31, 2012 _____
- c. If "yes" to question 15, how many paid staff hours did your organization use in political campaign intervention between January 1, 2012, and December 31, 2012 _____
16. Between January 1, 2012, and December 31, 2012, did your organization purchase any radio, TV, newspaper, or other advertisements, or other media time or space, to support or oppose candidates for public office Yes No
- a. If "yes" to question 16, what amount did your organization spend on these advertisements and media buys between January 1, 2012, and December 31, 2012 _____
17. Between January 1, 2012, and December 31, 2012, did your organization purchase any radio, TV, newspaper, or other advertisements, or other media time or space, to influence legislation Yes No
- a. If "yes" to question 17, what amount did your organization spend on these advertisements and media buys between January 1, 2012, and December 31, 2012 _____
18. Between January 1, 2012, and December 31, 2012, did your organization purchase any radio, TV, newspaper, or other advertisements, or other media time or space, to engage in public advocacy not related to legislation or election of candidates Yes No
- a. If "yes" to question 18, what amount did your organization spend on these advertisements and media buys between January 1, 2012, and December 31, 2012 _____
19. Does your organization have any related organizations (as defined in the instructions for your most recently filed Form 990) Yes No
- a. If "Yes" to question 19, list each of your related organizations (as defined in the instructions for your most recently filed Form 990) and provide the information requested below. If your organization does not have any ownership or control of a related organization, enter "0" in the last column

Name of Related Organization	Type of Organization (Nonprofit Corporation, Stock Corporation, Partnership, LLC, Trust)	Primary Activity	Percent Ownership of Related Organization or Percent Control of Nonprofit Board, if any
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Part III – Information About Your Revenue and Expenses

20. For each category below, list the total revenue your organization received during the most recent tax year for which your organization filed Form 990, and list the amount of total revenue that was unrelated business income (as defined in the instructions for your most recently filed Form 990, but not including income that is excluded from tax under Section 512, 513 or 514 of the Internal Revenue Code). Report gross rather than net revenue. Do not include an item of revenue in more than one line. If your organization did not have a particular type of revenue, enter "0" for that category

Type of Revenue	Total Revenue	Amount of Unrelated Business Income
1. Fundraising events		
2. Noncash contributions		
3. Membership dues (contributions)		
4. Other contributions		
5. Membership dues (payments for goods or services)		
6. Program service revenue		
7. Investment income		
8. Rental income		
9. Income from sale of assets		
10. Income from gaming		
11. Other revenue		
Total revenue (should equal sum of lines 1-11)		

21. For each calendar year (January 1 through December 31) below, list the total amount of contributions over \$50,000 your organization received during that year and the total number of donors of over \$50,000 who were individuals, tax-exempt organizations, for-profit corporations and other entities

Calendar Year	Total Amount of Contributions over \$50,000	Number of Individual Donors	Number of Tax-Exempt Organization Donors	Number of For-Profit Corporation Donors	Number of Other Donors
2010					
2011					
2012					

22. During the most recent tax year for which your organization filed Form 990, did your organization receive outside professional advice on any of the following? Check all that apply

- Determining whether activities were unrelated or exempt
- Allocating expenses between unrelated and exempt activities
- Pricing between your organization and its related organizations for expenses incurred in unrelated activities
- Did not receive outside professional advice
- Other (describe) _____

23. During the most recent tax year for which your organization filed Form 990, did your organization have unrelated business income of more than \$1,000 Yes No

If "no" to question 23, skip to question 24

a. If "yes" to question 23, did your organization file a Form 990-T, *Exempt Organization Business Income Tax Return*, for the most recent tax year for which your organization filed Form 990 Yes No

b. If "yes" to question 23a, using the total expenses reported for all activities on your organization's Form 990-T (*Part II, line 29—Total Deductions*), provide a percentage breakdown of direct v. indirect expenses. If Form 990-T, Part II, line 29 contains a number other than 0, the sum of the percentages below should be 100%. If Form 990-T, Part II, line 29 is 0, enter 0% on both lines below

Direct expenses _____ %
 Indirect expenses _____ %

c. If "yes" to question 23a, did your organization have any unrelated business activities that resulted in losses during the most recent tax year for which your organization filed Form 990 Yes No

d. If "yes" to question 23c, list the five unrelated business activities that resulted in the largest losses shown on line 30 of your organization's Form 990-T and complete the columns below for each activity using the numbers reported on your organization's Form 990-T

Column Instructions:

- In 2nd column, enter the total income for the activity that was included on line 13, column A of Form 990-T
- In 3rd column, enter the unrelated business taxable income before net operating loss deduction for the activity that was included on line 30 of the Form 990-T
- In the 4th column, enter the direct expenses for the activity that were included on line 29 of Form 990-T
- In the last column, enter the indirect expenses for the activity that were included on line 29 of Form 990-T

Unrelated Business Activity	Line 13, column (A) (Total UBI)	Line 30 (UBI Before Net Operating Loss Deduction)	Direct Expenses included in line 29 (Total Deductions)	Indirect Expenses included in line 29 (Total Deductions)

24. For each category below, list the total expenses your organization incurred during the most recent tax year for which your organization filed Form 990. Do not include an item of expense in more than one line. If your organization did not have a particular type of expense, enter "0" for that category

Type of Expense	Amount of Expense
1. Grants and other assistance within the United States	
2. Grants and other assistance outside the United States	
3. Benefits paid to or for members	
4. Compensation and benefits paid to or for officers, directors, trustees and key employees (as defined in the instructions for your most recently filed Form 990)	
5. Compensation and benefits paid to or for other employees	
6. Fees for services (for management, legal, accounting, consulting, fundraising, investment management and other services provided by non-employees)	
7. Occupancy, rent, utilities and maintenance	
8. Advertising/promotion	
9. Office expenses	
10. Lobbying	
11. Supporting or opposing candidates for public office	
12. Payments of travel or entertainment expenses for any public officials	
13. Conferences/meetings/conventions	
14. Payments to affiliates	
15. Other expenses	
Total expenses (should equal sum of lines 1-15)	

25. During your organization's most recent tax year for which it filed Form 990, did your organization pay a Section 527(f) tax on expenditures to influence the selection, nomination, election or appointment of any candidate for federal, state or local public office or office in a political organization, or the election of presidential or vice-presidential electors Yes No

a. If "yes" to question 25, what dollar amount of section 527(f) tax did your organization pay _____

Part IV – Information About Compensation

For the remaining questions, answer each question based on the calendar year ending with or within the most recent tax year for which your organization filed Form 990. For instance, if your organization’s most recently filed Form 990 was for tax year 2011, answer each question in Part IV based on the 2011 calendar year

26. Did your organization compensate any of its officers, directors, trustees or key employees Yes No

If “no” to question 26, do **NOT** complete the remainder of the questionnaire. **Refer to the instructions for returning the questionnaire**

27. Complete this table for your organization’s six most highly compensated officers, directors, trustees and key employees for the calendar year ending in the most recent tax year for which your organization filed Form 990. For purposes of this questionnaire, report “key employees” and “other compensation” as defined in the instructions for your most recently filed Form 990, Part VII, Section A. If your organization did not pay a certain type of compensation (e.g., other compensation, compensation from related organizations) to a person listed in this table, enter “0” in the box for that type of compensation

Name and Position	Average Hours Worked Per Week	Compensation from Your Organization (from Form W-2, box 5 and Form 1099-MISC, box 7)	Compensation from Related Organizations (from Form W-2, box 5 and Form 1099-MISC, box 7)	Estimated Amount of Other Compensation from your Organization and Related Organizations

28. Check the appropriate box(es) if your organization provided any of the following to or for a person listed in question 27
- | | |
|--|--|
| <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 (e.g., maid, chauffeur, chef) |
| <input type="checkbox"/> None of the above | |

- a. If any of the items in question 28 (other than “None of the above”) are checked, did your organization follow Yes No a written policy regarding payment, reimbursement or provision of all of the items checked above

b. If “no” to question 28a, provide an explanation

29. Did your organization’s Board of Directors or other authorized governing body approve the compensation of all, some or none of its officers, directors, trustees and key employees All Some None

30. Did all of your organization’s officers, directors, trustees and key employees recuse themselves from **discussions** of their own compensation or otherwise not participate in the discussions of their own compensation Yes No

- 31. Did all of your organization's officers, directors, trustees and key employees recuse themselves from **voting** on their own compensation or otherwise not participate in the voting on their own compensation Yes No
- 32. Did your organization hire an outside compensation consultant to help determine the compensation of all, some or none of its officers, directors, trustees or key employees
 All Some None
- 33. Did your organization use comparable compensation data to determine the compensation of all, some or none of its officers, directors, trustees or key employees
 All Some None

a. If "all" or "some" to question 33, describe how your organization used comparable compensation data to determine compensation

If "none" to question 33, do **NOT** complete the remainder of the questionnaire. **Refer to the instructions for submitting the questionnaire**

- 34. If "all" or "some" to question 33, did your organization establish compensation of all, some or none of its officers, directors, trustees and key employees at a specific percentile or percentiles from comparable compensation data
 All Some None

a. If "all" or "some" to question 34, at what percentile(s) from the comparable compensation data did your organization establish compensation? List all percentiles

b. If "all" or "some" to question 34, describe how your organization determined that the percentile(s) was (were) appropriate

- 35. Select the sources used, including those used by outside compensation consultants retained by your organization, to obtain comparability data for compensation of your organization's officers, directors, trustees or key employees. Check all that apply
 Published surveys of compensation at similar organizations Internet research on compensation at similar organizations
 Phone surveys of compensation at similar organizations Written offers of employment from similar organizations
 Forms 990 filed by similar organizations
 Other (describe) _____

- 36. Select the factors that were included in the comparability data and used by your organization, or by any outside compensation consultants retained by your organization. Check all that apply
 Compensation data of similar tax-exempt organizations Compensation data of similar taxable organizations
 Level of person's education and experience Specific responsibilities of position
 Previous salary or compensation package Similar number of employees
 Similar services in the same geographic or metropolitan area
 Similar number of individuals served Annual budget and/or gross revenue/assets
 Other (describe) _____