

# Tax Organizer for Exempt Organizations

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**Current Officers, Directors, Trustees & Key Employees**

Name and Address	Title	Average hours/wk	Compensation
1.			
2.			
3.			
4.			
5.			
6.			
7.			

How many officers, directors, trustees & key employees are permitted to vote at board meetings? \_\_\_\_\_

**Complete the following for all employees paid more than \$100,000/year:  
(attach separate sheet if you have more than 2)**

Name and Address	Title	hours/wk	Compensation
1.			
2.			

**Complete the following for independent contractors paid more than \$100,000/year:  
(attach separate sheet if you have more than 2)**

Name and Address	Type of Service	Compensation
1.		
2.		
3.		

<b>Organization Income:</b>	
	Total:
Contributions, gifts, grants	
Membership dues	
Program service revenue	
Government contracts	
Investment (Interest)	
Fundraiser or special event income (list)	
1.	
2.	
3.	
4.	
5.	
6.	
Other income (list)	

<b>Organization Expenses:</b>	
	Total:
Accounting fees	
Bank Fees	
Employee Benefits	
Credit Card Fees	
Dept. of Justice Fee (OR)	
Equipment	
Fundraising	
Grants paid	
Insurance	
Internet	
Meetings	
Payroll taxes	
Postage and shipping	
Printing & publications	
Rent	
State Corporation Fees	
Supplies	
Telephone	
Travel	
Wages	
Website fees	
Other (list)	

<b>Program Accomplishments</b>		
In general categories, list the organization's accomplishments for the year. Include approximate number of people served, publications issued, etc. Also, indicate \$ amount of grants provided.		
1.		
Grants: \$	Expenses: \$	
2.		
Grants: \$	Expenses: \$	
3.		
Grants: \$	Expenses: \$	
4.		
Grants: \$	Expenses: \$	
What is the organization's primary purpose?		

Assets at beginning of year:		Assets at year end:	
Checking Account	\$	Checking Account	\$
Savings Account	\$	Savings Account	\$
Accounts/Pledges receivable	\$	Accounts/Pledges receivable	\$
Other current assets (describe)	\$	Other current assets (describe)	\$
	\$		\$
	\$		\$
	\$		\$

Liabilities at beginning of year:		Liabilities at year end:	
Accounts payable	\$	Accounts payable	\$
Grants payable	\$	Grants payable	\$
Other liabilities (describe)	\$	Other liabilities (describe)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Schedule of Contributors For Organizations Exempt Under Section 501(c)(3)		
(don't complete if organization is a Private Foundation, Section 501(e), 501(k), 501(n) or 4947(a)(1) )		
Complete the following for any contributors who gave \$5,000 or more (cash & non-cash). Attach separate additional pages if needed.		
Name and Address	Contribution (year total)	If non-cash, provide description
1.		
2.		
3.		
4.		
5.		
6.		

The benefit of tax-exempt status brings with it additional responsibilities. Congress has expanded the power of the IRS to monitor, regulate, and penalize tax-exempt organizations that fail to follow reporting requirements. A list of recommended Internal Controls is enclosed. This checklist is designed to help board members maintain compliance with IRS regulations.

Please remember that that tax returns are for nonprofit organizations are due May 15. Therefore, timely return of the needed information will aid in our prompt preparation of the return. We will file for a 3-month extension if the required information is not received in a timely manner.

The information required by this form, will help us assess your tax situation and ensure our efforts in preparing a complete return. Please send us copies of all tax reporting statements you receive.

The following is a list of Internal Controls that will help to direct the board members in the proper way of running the organization. The IRS would ask questions similar to these in the event of an IRS audit. Please note any exceptions to these policies.

1. At no time did relatives constitute a majority of the board of directors present at any meeting.
2. All officers and key employees submit written reports at least quarterly.
3. Persons may not sign checks to themselves for any reason.
4. The person(s) writing checks do not make deposits.
5. No person authorizing payment of the bills can write checks or transfer funds except under a defined emergency policy agreed upon by the board of directors in writing.
6. No person pays any bill without prior authorization of a non-relative authorized by the board.
7. No person on the board votes for any relative's pay or contract for services.
8. No person on the board is paid for any services unless:
  - a. There is a written contract.
  - b. They did not vote on the contract.
  - c. At least three (3) competitive bids were received and reviewed by at least three (3) unrelated members of the board member being paid.
9. The bookkeeper and/or treasurer has had training in non-profit accounting within the last three years.
10. If computerized software is used, those using the software have had training within the last year.

I/we have reviewed the internal control policies and the activities of our organization for the year.

The following statements apply:

I/we found complete compliance with all ten internal control checks.

I/we found substantial compliance with a few exceptions unlikely to occur again. Those exceptions will be reported if requested.

I/we found compliance with at least 6 of 10 policies but there were repeated oversights and mistakes. These will be summarized and listed separately. A plan to correct the errors is in place.

I/we found most of the policies have been violated. We need a fuller review to establish the integrity of our finances. A plan to correct the errors is in place.

I affirm that the information contained in this tax organizer, submitted to 5 Star Accounting & Business Solutions for preparing tax returns, is true, correct, and complete to the best of my knowledge. I further affirm that I have documentation/receipts to support this information.

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Signature

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Print Name

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Title

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Date