

GOLDEN, GORMLY & COMPANY, LTD.

PO Box 150, Wakefield, RI 02880

(401) 783-1040 * FAX (401) 782-1040

General@GoldenGormly.com

FORM 990

DATE: _____

INFORMATION NEEDED FOR PREPARATION OF FORM 990

CLIENT NAME: _____

NAME AND ADDRESS OF PRINCIPAL OFFICER:

GENERAL INFORMATION:

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

TAX RETURN ADDRESS: _____

WEBSITE: _____

I prefer the tax return to be electronically filed by Golden, Gormly & Company, Ltd.

I prefer to mail the tax return to the appropriate taxing authorities.

The information provided, to the best of my knowledge and belief, are true, correct and complete.

Name

Title

Date

PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE THE INFORMATION NEEDED IN ORDER FOR US TO PROPERLY COMPLETE THE FORM 990:

Briefly describe the organization's mission or most significant activities:

Total number of volunteers (estimate if necessary): _____

Yes No Did the organization undertake any significant program services during the year which were not listed on the prior Form 990? If "Yes" describe these new services on Schedule O.

Yes No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes" describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses.

1) _____

2) _____

3) _____

Detail of corresponding Revenue and Expenses for each will be needed for the tax return.

REQUIRED INFORMATION

- Yes No Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year?
- Yes No Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties:

- Yes No A current or former officer, director, trustee, or key employee?
- Yes No A family member of a current or former officer, director, trustee, or key employee?
- Yes No An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. _____
Provide copies of Forms 1099 and 1096.

- Yes No Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
- Yes No If "Yes", did the organization notify the donor of the value of the goods or services provided?

GOVERNING BODY AND MANAGEMENT

- Yes No Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- Yes No Did the organization delegate control over the management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- Yes No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- Yes No Did the organization become aware during the year of a significant diversion of the organization's assets?
- Yes No Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- Yes No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- Yes No The governing body?
- Yes No Each committee with authority to act on behalf of the governing body?

POLICIES

- Yes No Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- Yes No Did the organization have a written conflict of interest policy?
- Yes No Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- Yes No Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes", describe in Schedule O how this is done.
- Yes No Did the organization have a written whistleblower policy?
- Yes No Did the organization have a written document retention and destruction policy?
- Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- Yes No The organization's CEO, Executive Director, or top management official.
- Yes No Other officers of key employees of the organization.
Describe in Schedule O procedures used

DISCLOSURE

How do you make Form 990 available for public inspection?

Own website _____ Another's website _____ Upon request _____ Other _____ (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict or interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

INDEPENDENT CONTRACTORS

List five highest compensated independent contractors who each received more than \$100,000 of compensation, type of service and amount of compensation. If there is none, enter "None".

FINANCIAL STATEMENTS AND REPORTING

Yes No Does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.