



Rabobank

Non-Profit Organization (NPO) Information Checklist

INSTRUCTIONS: Complete electronically (using live [internet-links](#), if needed) OR print and fill-in

- Accredited Colleges and Universities and their foundations including all accredited U.S. Schools.
- General Medical and Surgical Hospitals and their foundations including nationally or regionally recognized organizations whose primary purpose is to support medical research (e.g., Susan G. Koman Breast Cancer Foundation, United Cerebral Palsy Association, Leukemia Society, American Heart Association, American Cancer Society, etc.)
- American Red Cross
- Assistance League
- Boy Scouts of America
- Boys and Girls Club (combined)
- Camp Fire
- Girl Scouts of the USA
- Goodwill Industries
- Labor Organizations and Nationally Known Unions (NAICS 813930)
- Law Enforcement Agencies
- Parent/Teacher Group (e.g., PTA, PTSA, etc.)
- Salvation Army
- Toastmasters
- United Way
- Young Men's and Women's Associations (YMCA, YWCA, YWHA, YMHA, etc.)
- Well known governmentally approved entities where a substantial portion of funding (over 50%) originates from large national banking associations (e.g., NHTSA, etc.).

NON-PROFIT OFFICER COMPLETING FORM: PLEASE PRINT NAME, DATE & SIGN END OF THIS FORM
The entities listed above do not need to complete the remainder of this form; all others require full completion.
All other non-profit officers should complete the remainder of this form in full.

Please print neatly and complete the form in its entirety.

Collect All Organization Information:

1. Name of Organization: _____
2. Physical Address: _____
3. Tax ID (EIN) Number: _____
4. Is this organization a local chapter or affiliate of a larger organization?
 NO YES; If 'yes', complete the following:
5. Name of Parent Organization:
 - Parent EIN (as applies) _____
 - Location Of Head Office _____
 - Chapter Name (as applies): _____
 - Chapter Number (as applies): _____
6. Non-Profit Type: (examples: Charity, Fundraiser, Club or Association, Political Organization) _____
7. Non-Profit Tax Exemption IRC Code Category (example: 501c3, 501c4, 527) as applicable: _____
8. Tax Form Filing Type (choose one or more, as applies):
 Exempt 990 990-EZ 990-N 990-PF 8872 1120-POL Other (fill in): _____

Verify Non-Profit Organization by one Non-Documentary or Documentary method (save a copy):

1. Non-Documentary methods:

- | | |
|--|---|
| <input type="checkbox"/> Guidestar.org (http://www.guidestar.org) | <input type="checkbox"/> Charity Navigator (http://www.charitynavigator.org) |
| <input type="checkbox"/> CA-DOJ Charitable Trusts Registry (http://rct.doj.ca.gov/Verification/Web/) | <input type="checkbox"/> IRS Select Check (https://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check) |
| <input type="checkbox"/> Franchise Tax Board Exempt Organizations List (https://www.ftb.ca.gov/businesses/Exempt_organizations/Entity_list.shtml) | |

2. Documentary (NOTE: Bank employee can reference the Bank's Non-Profit Matrix as needed):

- Organization's Letter of Determination from the following governmental authorities: Internal Revenue Service, Franchise Tax Board, CA Department of Justice.
- Where IRS designation is not required (ex: club, non-profit receipts under \$50,000 etc.): Provide a copy a governing document such as a charter, bylaws, rules of the organization and/or formal authorization letter to open account.

3. If IRS designation is not applicable, please briefly explain (e.g., auto-exemption by IRS rule, medical, etc.): _____

Customer Due Diligence Information (below):

Gross Annual Receipts – most recent calendar year (choose one, as applies):

- Less than \$5,000
- More than \$5,000 and less than \$25,000
- More than \$25,000 and less than \$50,000
- More than \$50,000 and Less than \$200,000
- Greater than \$200,000

Organization's Purpose, Objective or Mission Statement:

Organizational Structure Officers (please provide Legal Name, Title, and Country of Residency for each officer):

Purpose of Account (collect Donor Funds, working capital, payroll):

Geographical Region(s) Served (City, State and/or Country, if outside of US):

Donations and/or Funding Source(s) Description (check all that apply):

- Cash Check ACH Wire Government and/or Private Grants
- Other (fill in):

Volunteer Base Description – if applicable (e.g., general public, non-paid officers, skills based, etc.):

Donor Base Description – if applicable (e.g., general public, corporate donors, clubs, etc.):

Foreign Donors – if applicable (list Legal Name(s) and Home Country):

Briefly describe the purpose(s) for which funds are disbursed (e.g., emergency aid; purchase of supplies; educational awareness; etc.):

Additional financial information may be required after the account has been opened.

Name of Officer or Director of the Organization completing form (please print):

Signature:

Date:

NOTE: CIP/CDD Information Sheet (FM-BSA-056 for Individual & FM-BSA-057 for Organization)- Organizations and/or all authorized signers must still complete the form to provide CIP and CDD required information unless the information is being directly gathered face-to-face for the opening of a deposit account relationship.

Received By – Branch/Business Unit Name:

Number:

Employee Name:

Date: