



OPERATION TRANSFORMATION

Faith-Based, Non-Profit

Self-Review Checklist

Part I Organization's Information

1. Full name of organization (exactly as it appears in your organizing document)

2. Mailing address (number and street)

3. Employer Identification # (EIN)

Fax: (optional)
Organization's email:

7. Date incorporated if a corporation, or formed, of other than a corporation

MM/DD/YYYY ___/___/___

Part II Organization's Legal Structure

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have Articles of Incorporation on file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have the State of Michigan filing endorsement/certificate on file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you filed this year's Michigan Annual Report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have your IRS Determination Letter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have Bylaws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you follow the guidelines established in your Bylaws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does your organization provide for the distribution of assets upon dissolution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part III Organization's Foundational Statements

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have a Purpose Statement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have a Mission Statement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have a Vision Statement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are these statements periodically reviewed by the board, staff, and membership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part IV Directors, Officers and Board Members

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have a Board Policy Handbook? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you follow the guidelines established by the Board Policy Handbook? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you hold board meetings in accordance with your Bylaws? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have a file with copies of board meeting minutes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are any of your officers, board members or employees related to each other? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have a Conflict of Interest policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Do you carry liability insurance for a) directors and officers; b) volunteers; c) employees; d) general liability; and e) casualty? Yes No

Part V Financial and Tax Information

1. Do you have a written policy for designated gifts? Yes No
2. Do you have a written policy regarding tax receipts? Yes No
3. Do you have a written policy for counting cash and checks? Yes No
4. Does your policy have sufficient accountability and protection from fraud? Yes No
5. Do you publish financial statements for directors, members and donors? Yes No
6. Do you have a periodic financial audit or audit review? Yes No
7. Do you have an audit committee that authorizes the procedure and reviews the audit? Yes No
8. Do you have a written policy for check-signing? Yes No
9. Do you have a policy for approving financial contracts? Yes No
10. Do you sell more than \$5,000 of products a year?
If so, are you filing the appropriate tax paperwork with the State? Yes No
11. If required, have you filed a current Federal 990 report? Yes No
12. If required, have you filed a current State Charitable Solicitation License? Yes No
13. Do you have employee W-4's on file? Yes No
14. Have you filed 1099's for independent contractors making more than \$600 per year? Yes No

Part VII Faith-Based Status

1. Do you consider yourself to be a faith-based organization? Yes No
2. If so, have you adopted a statement of faith? Yes No

Part VIII Employees and Volunteers

1. Do you have an Employee Handbook that includes employee compensation? Yes No
2. Do you have policies and procedures for background checks on employees, board members, and volunteers? Yes No
3. Do you have a policy addressing abuse and inappropriate contact? Yes No
4. Do you have a policy describing incident reporting procedures? Yes No
5. Do you have a policy regarding adult supervision of children and youth? Yes No

Part IX Document Management

1. Do you have a policy for document retention and destruction? Yes No
2. Are all of your legal documents stored in a secured, readily accessible location? Yes No

Management/Administrative Signature: _____ Date _____

Printed Name _____ Title _____

Board of Directors Representative Signature: _____ Date _____

Printed Name _____ Title _____