

Using Form 990 to Tell Your Story

July 24, 2019



Presenters

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Housekeeping

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Housekeeping

Webinar Objectives

Learning Objective

To understand how the Form 990 can be used as a valuable development tool.

Instructional Delivery Methods

Group Internet-based

Recommended CPE

1.0 CPE Credit

Recommended Fields of Study

Nonprofit Tax

Prerequisites

None required

Advance Preparation

None

Program Level

Basic

Course Registration Requirements

None

Refund Policy

No fee is required to participate in this session.

Cancellation Policy

In the event that the presentation is cancelled or rescheduled, participants will be contacted immediately with details.

Complaint Resolution Policy

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| 3

Learning Objectives



Effectively review your organization's Form 990 with your Governing Body



Identify specific areas of focus for greater transparency



Enhance the organization's reputation

Our Team

Meet Your Instructor



Tricia Katebini, CPA, MBA
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Industry Alert

July 1, 2019

Signed into law by President Trump on July 1, 2019, the Taxpayer First Act was proposed to modernize and improve the IRS. The new law requires all tax-exempt organizations with a filing requirement (Forms 990, 990-PF, 990-EZ, and 990-T) to do so electronically.



Nonprofit Filing Changes Under the Taxpayer First Act

<https://www.grfcpa.com/resource/nonprofit-filing-changes-under-the-taxpayer-first-act/>

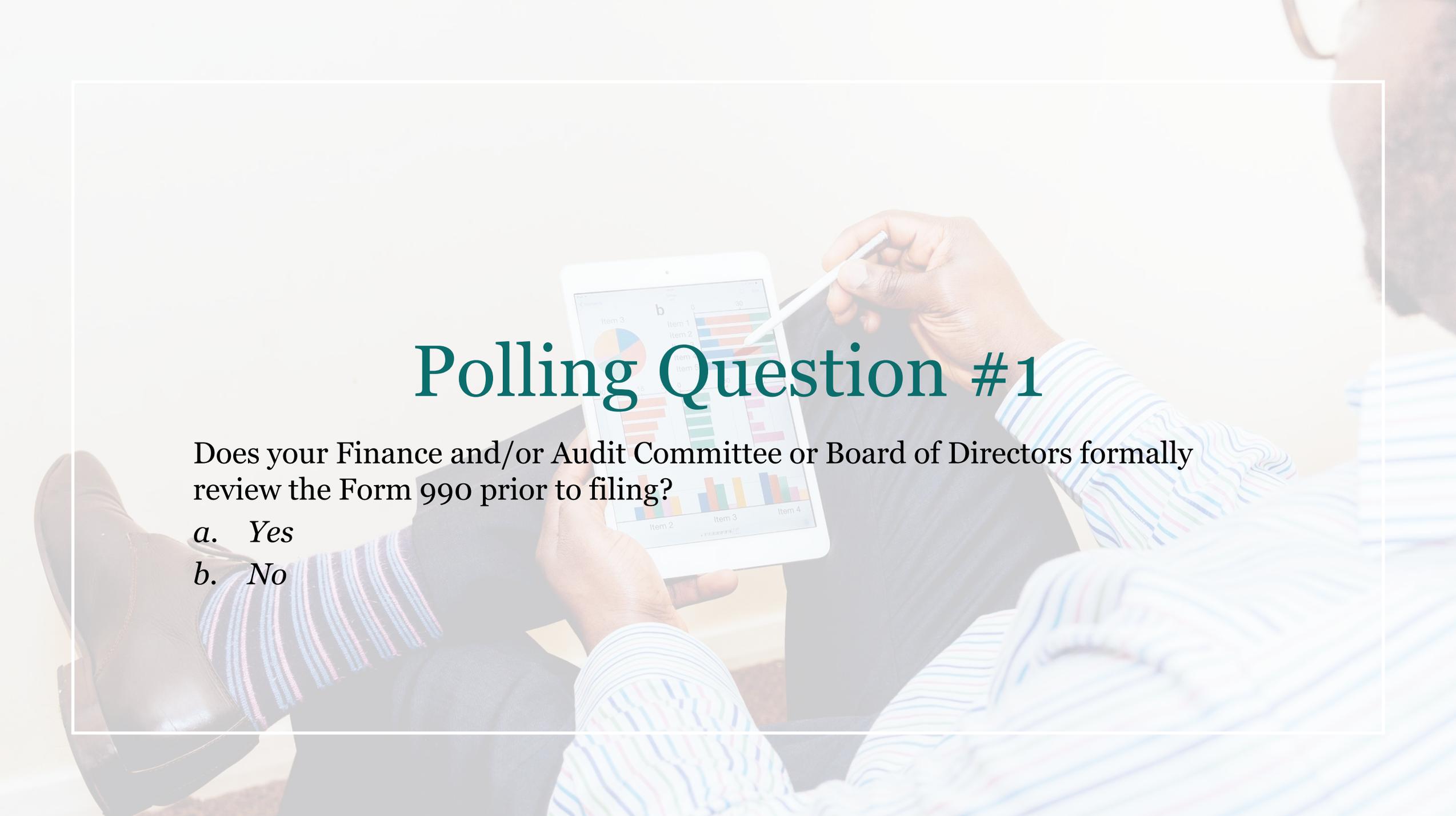
Board Review

- Is reviewing the tax return about as much fun as a trip to the dentist?
- Do your non-finance members quickly get lost?
- Is it a good opportunity for a nap?
- An ineffective review process is
 - Boring
 - Unhelpful
 - Risky

Board Review

Continued

- Your Form 990 should tell your story:
 - Introduction
 - Body
 - *Accomplishments*
 - *Policies*
 - *Governance*
 - Conclusion
 - *Financial information*
 - Appendices
 - *Schedule A - R*

A person wearing a blue and white striped shirt is sitting and holding a white tablet. The tablet displays a dashboard with a pie chart on the left and a bar chart on the right. The bar chart has four items labeled 'Item 1', 'Item 2', 'Item 3', and 'Item 4'. The person is holding a white pen over the tablet. The background is a bright, slightly blurred indoor setting.

Polling Question #1

Does your Finance and/or Audit Committee or Board of Directors formally review the Form 990 prior to filing?

- a. Yes*
- b. No*



The Introduction

Part I – A Preview

The Introduction

Part I – A Preview

- Exempt status
- Brief description of the mission
- Population
 - Board members
 - Employees
 - Volunteers
- Gross and Net UBI
- Prior Year/Current Year financial information

Form 990 Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
 Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 2018, and ending 2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/termination
 Amended return
 Application pending

C Name of organization: Doing business as: Number and street (or P.O. box if mail is not delivered to street address): Room/suite: City or town, state or province, country, and ZIP or foreign postal code: F Name and address of principal officer:

D Employer identification number: **E** Telephone number: **G** Gross receipts \$: **H** Is this a group return for subsidiaries? Yes No
H Are all subsidiaries included? Yes No
 If "No," attach a list. (See instructions.) **H**(c) Group exemption number: **I** Tax-exempt status: 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527 **J** Website: **K** Form of organization: Corporation Trust Association Other **L** Year of formation: **M** State of legal domicile:

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

7b Net unrelated business taxable income from Form 990-T, line 38 **7b**

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | | |
| 9 Program service revenue (Part VIII, line 2g) | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | |

20 Total assets (Part X, line 16) **Beginning of Current Year** **End of Year**

21 Total liabilities (Part X, line 28)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only Preparer's name: _____ Preparer's signature: _____ State: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11202Y Form 990 (2018)



The Body

Mission/Accomplishments

The Body

Mission/Accomplishments

- Official Mission Statement
 - What we do
 - How we do it
 - Who we do it for
- Accomplishments
 - Explain, describe and celebrate!
 - Be specific, provide quantitative and qualitative information
 - Does the description explain why we exist?
 - Is it consistent with our core mission and with the information on our website?
 - What about line 4d, which many people might not notice?

Form 990 (2015) Page 2

Part III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$) including grants of \$ (Revenue \$)

4b (Code:) (Expenses \$) including grants of \$ (Revenue \$)

4c (Code:) (Expenses \$) including grants of \$ (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$) including grants of \$ (Revenue \$)

4e Total program service expenses ▶

Form 990 (2015)

The Body

The Checklists

- We do that?
- We don't do that?
- Should we start?
- Should we stop?

| Form 990 (2019) | | Page 3 | |
|--|--------------------------|--------------------------|---|
| Part IV Checklist of Required Schedules | | | |
| | Yes | No | |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Is the organization required to complete Schedule B, Schedule C Contributors (see instructions)? |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. |
| 11a | <input type="checkbox"/> | <input type="checkbox"/> | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI |
| 11b | <input type="checkbox"/> | <input type="checkbox"/> | b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII |
| 11c | <input type="checkbox"/> | <input type="checkbox"/> | c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII |
| 11d | <input type="checkbox"/> | <input type="checkbox"/> | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX |
| 11e | <input type="checkbox"/> | <input type="checkbox"/> | e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X |
| 11f | <input type="checkbox"/> | <input type="checkbox"/> | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FICA (ASC 740)? If "Yes," complete Schedule D, Part X |
| 12a | <input type="checkbox"/> | <input type="checkbox"/> | 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII |
| 12b | <input type="checkbox"/> | <input type="checkbox"/> | b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |
| 14a | <input type="checkbox"/> | <input type="checkbox"/> | 14a Did the organization maintain an office, employees, or agents outside of the United States? |
| 14b | <input type="checkbox"/> | <input type="checkbox"/> | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11a? If "Yes," complete Schedule G, Part I (see instructions) |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III |

| Form 990 (2019) | | Page 4 | |
|--|--------------------------|--------------------------|--|
| Part IV Checklist of Required Schedules (continued) | | | |
| | Yes | No | |
| 20a | <input type="checkbox"/> | <input type="checkbox"/> | 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H |
| 20b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 3? If "Yes," complete Schedule I, Parts I and II |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J |
| 24a | <input type="checkbox"/> | <input type="checkbox"/> | 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a |
| 24b | <input type="checkbox"/> | <input type="checkbox"/> | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? |
| 24c | <input type="checkbox"/> | <input type="checkbox"/> | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? |
| 24d | <input type="checkbox"/> | <input type="checkbox"/> | d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? |
| 25a | <input type="checkbox"/> | <input type="checkbox"/> | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I |
| 25b | <input type="checkbox"/> | <input type="checkbox"/> | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | 27 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? If "Yes," complete Schedule L, Part III |
| 28 | <input type="checkbox"/> | <input type="checkbox"/> | 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): |
| 28a | <input type="checkbox"/> | <input type="checkbox"/> | a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV |
| 28b | <input type="checkbox"/> | <input type="checkbox"/> | b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV |
| 28c | <input type="checkbox"/> | <input type="checkbox"/> | c 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? If "Yes," complete Schedule L, Part IV |
| 29 | <input type="checkbox"/> | <input type="checkbox"/> | 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 |
| 35a | <input type="checkbox"/> | <input type="checkbox"/> | 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? |
| 35b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI |
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O |

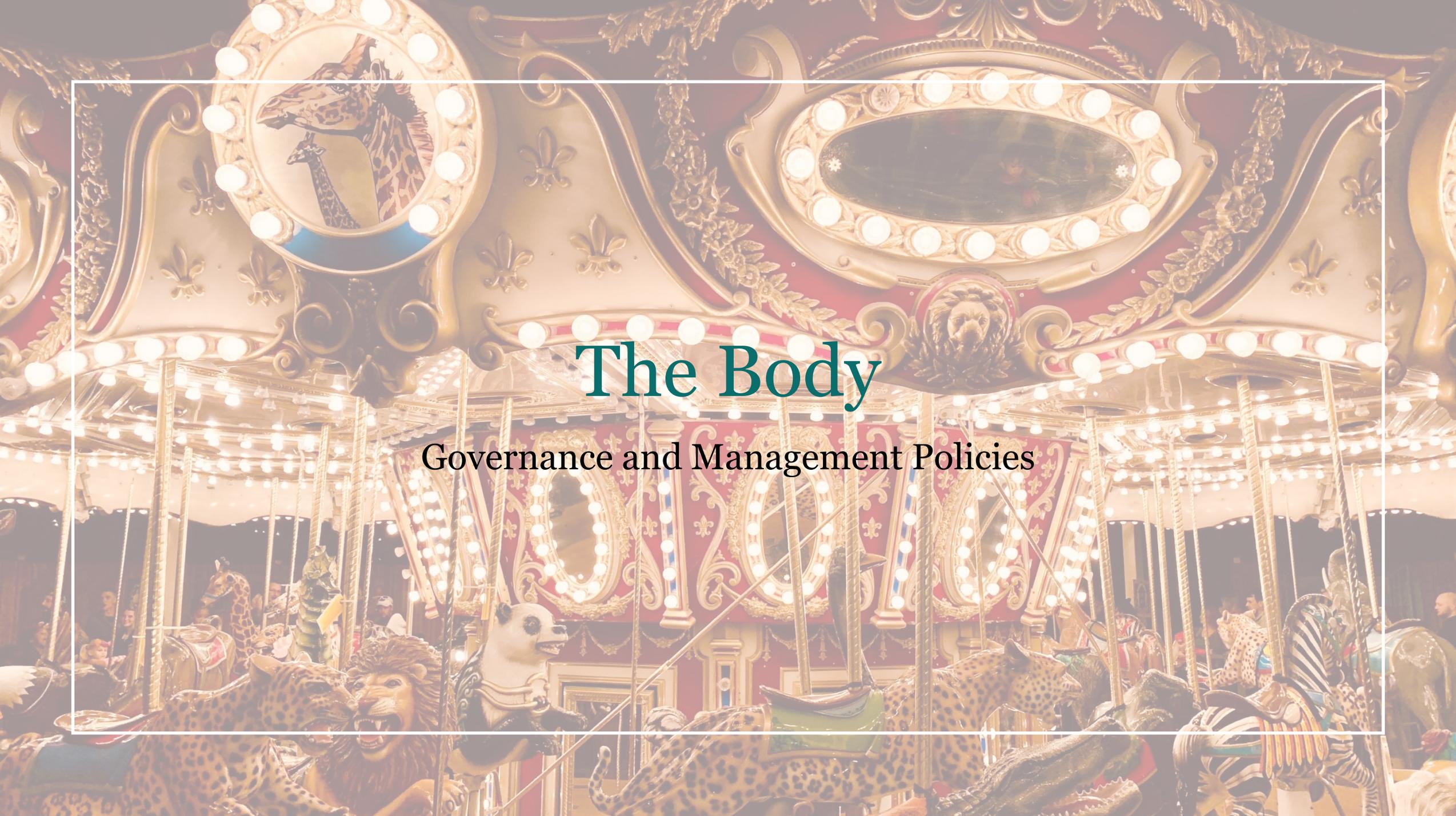
| Form 990 (2019) | | Page 5 | |
|--|--------------------------|--------------------------|--|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Yes | No | |
| 1a | <input type="checkbox"/> | <input type="checkbox"/> | 1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable |
| 1b | <input type="checkbox"/> | <input type="checkbox"/> | b Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable |
| 1c | <input type="checkbox"/> | <input type="checkbox"/> | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |
| 2a | <input type="checkbox"/> | <input type="checkbox"/> | 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return |
| 2b | <input type="checkbox"/> | <input type="checkbox"/> | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |
| 3a | <input type="checkbox"/> | <input type="checkbox"/> | 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3c, provide an explanation in Schedule O |
| 4a | <input type="checkbox"/> | <input type="checkbox"/> | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |
| 4b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |
| 5a | <input type="checkbox"/> | <input type="checkbox"/> | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? |
| 5b | <input type="checkbox"/> | <input type="checkbox"/> | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? |
| 5c | <input type="checkbox"/> | <input type="checkbox"/> | c If "Yes" to line 5a or 5b, did the organization file Form 8868-1? |
| 6a | <input type="checkbox"/> | <input type="checkbox"/> | 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? |
| 6b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | Organizations that may receive deductible contributions under section 170(c). |
| 7a | <input type="checkbox"/> | <input type="checkbox"/> | a 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? |
| 7b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes," did the organization notify the donor of the value of the goods or services provided? |
| 7c | <input type="checkbox"/> | <input type="checkbox"/> | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8827? |
| 7d | <input type="checkbox"/> | <input type="checkbox"/> | d If "Yes," indicate the number of Forms 8827 filed during the year |
| 7e | <input type="checkbox"/> | <input type="checkbox"/> | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? |
| 7f | <input type="checkbox"/> | <input type="checkbox"/> | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? |
| 7g | <input type="checkbox"/> | <input type="checkbox"/> | g If the organization received a contribution of qualified intellectual property, did the organization file Form 990 as required? |
| 7h | <input type="checkbox"/> | <input type="checkbox"/> | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? |
| 8a | <input type="checkbox"/> | <input type="checkbox"/> | a Did the sponsoring organization make any taxable distributions under section 4960? |
| 8b | <input type="checkbox"/> | <input type="checkbox"/> | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | Section 501(c)(7) organizations. Enter: |
| 10a | <input type="checkbox"/> | <input type="checkbox"/> | a Initiation fees and capital contributions included on Part VIII, line 12 |
| 10b | <input type="checkbox"/> | <input type="checkbox"/> | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | Section 501(c)(12) organizations. Enter: |
| 11a | <input type="checkbox"/> | <input type="checkbox"/> | a Gross income from members or shareholders |
| 11b | <input type="checkbox"/> | <input type="checkbox"/> | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) |
| 12a | <input type="checkbox"/> | <input type="checkbox"/> | 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? |
| 12b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes," enter the amount of tax-exempt interest received or accrued during the year |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | Section 501(c)(29) qualified nonprofit health insurance issuers: |
| 13a | <input type="checkbox"/> | <input type="checkbox"/> | a Is the organization licensed to issue qualified health plans in more than one state? |
| 13b | <input type="checkbox"/> | <input type="checkbox"/> | b Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans |
| 13c | <input type="checkbox"/> | <input type="checkbox"/> | c Enter the amount of reserves on hand |
| 14a | <input type="checkbox"/> | <input type="checkbox"/> | 14a Did the organization receive any payments for indoor tanning services during the tax year? |
| 14b | <input type="checkbox"/> | <input type="checkbox"/> | b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O |

A person wearing a blue and white striped shirt is sitting and holding a white tablet. The tablet screen displays a bar chart with four items labeled 'Item 1', 'Item 2', 'Item 3', and 'Item 4'. The person is holding a white pen and pointing at the chart. The background is a light, neutral color.

Polling Question #1

Do you involve others in your organization outside of finance / accounting to help prepare the Form 990 each year?

- a. Yes*
- b. No*

A detailed view of a carousel's interior. The ceiling is ornate with gold-colored scrollwork, floral patterns, and several oval-shaped light fixtures. One of these fixtures contains a painting of a giraffe's head. Below the ceiling, the word "WELCOME" is written in large, gold, serif letters on a red background. The carousel is filled with various animal figures, including a lion, a cheetah, a panda, and a giraffe, all mounted on poles. The overall atmosphere is warm and festive, with many small lights scattered throughout the scene.

The Body

Governance and Management Policies

The Body

Governance and Management Policies

- Independence
- Delegation
- Diversion
- Policies
- Disclosures
- Contact person

Form 990 (2015) Page 6

Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VII

Section A. Governing Body and Management

| | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 2 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? | | |
| 3 Did the organization delegate control over 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? | | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | |
| 6 Did the organization have members or stockholders? | | |
| 7a 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? | | |
| 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | | |
| b Each committee with authority to act on behalf of the governing body? | | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | |
| 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | |
| 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | |
| 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | |
| 13 Did the organization have a written whistleblower policy? | | |
| 14 Did the organization have a written document retention and destruction policy? | | |
| 15 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? | | |
| a The organization's CEO, Executive Director, or top management official | | |
| b Other officers or key employees of the organization | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Form 990 (2015)

A wide-angle photograph of a circus performance at night. The scene is illuminated by bright spotlights and colorful stage lights. In the foreground, two large elephants are walking across the ring, with a person riding on the back of the one in front. To the left, a group of performers in colorful costumes are performing. In the background, a large, ornate archway is lit up with the words "DINGLING BROS. BARNUM & BAILEY". Above the archway, several signs with the word "LEGENDS" are visible. The overall atmosphere is festive and dramatic.

The Conclusion

Financial Information

The Conclusion

Financial Information

Statement of Revenue

- Overreliance on a vulnerable source?
- Too much unrelated business income?
- Royalty and mailing list income truly passive?
- Sponsorship income or fees for contractual services that should be categorized differently?
- Special fundraising events?
- Sale of inventory?
- Miscellaneous income that might be taxable?

Form 990 (2014) Page 9

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII.

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|---|-------------------|--|--------------------------------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Nontax contributions included in lines 1a-1f | | | | |
| | h Total. Add lines 1a-1f | | | | |
| Program Service Revenue | 2a | Business Code | | | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| 6a Gross rents | (i) Real | | | | |
| | (ii) Personal | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| d Net rental income or (loss) | | | | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| d Net gain or (loss) | | | | | |
| Other Revenue | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | |
| | b Less: direct expenses | b | | | |
| | c Net income or (loss) from fundraising events | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | |
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | | | | |

Form 990 (2014)

The Conclusion

Financial Information (continued)

Statement of Functional Expenses

- Are compensation and benefits consuming too much of the organization's revenue?
- Are certain expenses justifiable?
- Are nonfixed expenditures in excess of a specified amount (e.g., \$1,000) subject to prior approval by an appropriate officer?
- Do columns (C) (management and general expenses) and (D) (fundraising expenses) appear too high or too low relative to column (B) (program service expenses)?

Form 990 (2015) Page 10

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4086(c)(9) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(a) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2015)

The Conclusion

Financial Information (continued)

Balance Sheet

- Is noninterest bearing cash excessive (line 1)?
- Are related party loans (lines 5 and 6) diverting resources from programs ?
- Does an increase in accounts payable and accrued expenses (line 17) suggest potential cash flow problems?
- Are payroll tax deposits being made timely?
- Are net asset restrictions being observed?

Form 990 (2015) Page 11

Part X Balance Sheet
Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | (B) |
|---|--|-------------------|-------------|
| | | Beginning of year | End of year |
| Assets | 1 Cash—non-interest-bearing | 1 | 1 |
| | 2 Savings and temporary cash investments | 2 | 2 |
| | 3 Pledges and grants receivable, net | 3 | 3 |
| | 4 Accounts receivable, net | 4 | 4 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | 5 | 5 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. | 6 | 6 |
| | 7 Notes and loans receivable, net | 7 | 7 |
| | 8 Inventories for sale or use | 8 | 8 |
| | 9 Prepaid expenses and deferred charges | 9 | 9 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 10c |
| | b Less: accumulated depreciation | 10b | 10c |
| | 11 Investments—publicly traded securities | 11 | 11 |
| | 12 Investments—other securities. See Part IV, line 11 | 12 | 12 |
| | 13 Investments—program-related. See Part IV, line 11 | 13 | 13 |
| | 14 Intangible assets | 14 | 14 |
| | 15 Other assets. See Part IV, line 11 | 15 | 15 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 16 | 16 | |
| Liabilities | 17 Accounts payable and accrued expenses | 17 | 17 |
| | 18 Grants payable | 18 | 18 |
| | 19 Deferred revenue | 19 | 19 |
| | 20 Tax-exempt bond liabilities | 20 | 20 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D. | 21 | 21 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. | 22 | 22 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | 23 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | 24 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. | 25 | 25 |
| | 26 Total liabilities. Add lines 17 through 25 | 26 | 26 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | 27 | 27 |
| | 28 Unrestricted net assets | 28 | 28 |
| | 29 Temporarily restricted net assets | 29 | 29 |
| | 30 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | 30 | 30 |
| | 31 Capital stock or trust principal, or current funds | 31 | 31 |
| | 32 Paid-in or capital surplus, or land, building, or equipment fund | 32 | 32 |
| | 33 Retained earnings, endowment, accumulated income, or other funds | 33 | 33 |
| | 34 Total net assets or fund balances. Add lines 27 through 33 | 34 | 34 |

Form 990 (2015)

The Conclusion

Financial Information (continued)

Financial Reporting

- Do the external auditors report to the audit or finance committee or a governing board?
- Does each member receive a copy of the financial statements, auditor's report, internal control communications, management letter, etc.?
- How were recommendations addressed?

Form 990 (2015) Page **12**

Part XI Reconciliation of Net Assets
Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|--|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | |

Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, 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. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Form **990** (2015)

A person wearing a blue and white striped shirt is sitting and holding a white tablet. The tablet screen displays a bar chart with four items labeled 'Item 1', 'Item 2', 'Item 3', and 'Item 4'. The person is holding a white pen over the tablet. The background is a light, neutral color.

Polling Question #3

Does the organization send reasonable effort questionnaires to board members to establish director independence?

- a. Yes*
- b. No*



The Appendices

Schedules A - R

The Appendices

Schedules A - R

- **Schedule A: Public Charity Status and Public Support**
 - Is the organization properly classified?
 - Is the organization is in danger of becoming a private foundation?
 - Are excess contributors and disqualified persons being tracked properly?
- **Schedule C: Political Campaign and Lobbying Activities**
 - Does the organization understand what lobbying and political activity is? Are policies followed to prevent activities that could jeopardize tax exempt status?
 - Should the organization make or revoke the 501(h) election?
 - If the organization is a membership organization other than a 501(c)(3), is it notifying the members of what percentage of the dues is nondeductible as lobbying?

The Appendices

Schedules A – R (continued)

- **Schedule D**
 - Does the Board understand the nature and obligations of its endowed funds, including those that are “Board-designated”?
- **Schedule F**
 - Are all programs, grants, investments, etc. being reported?
 - Does the organization understand the foreign filing requirements listed in Part IV? Has all relevant information been provided (such as K-1’s)?
- **Schedule J: Compensation Information**
 - Are the economic benefits warranted? Is any of it taxable compensation?
 - Does the organization require strict accountability for expense reimbursements to prevent abuse?
 - If compensation is set by a related organization, is the process described in Part III?

Questions



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