Non-Profit Organization (NPO) RISK ASSESSMENT

QUESTIONNAIRE TO ASSIST IN DEVELOPING A RISK BASED APPROACH TO

SUPERVISION AND MONITORING OF THE NPO SECTOR IN THE BAHAMAS

This questionnaire is designed to assist authorities in developing a risk based approach to the supervision and monitoring of the NPO Sector within The Bahamas and to ensure that the sector is not abused for terrorist financing. Additionally, this questionnaire seeks to obtain information on the nature of operations, administration, structure, purpose, activities and procedures in order to determine any money laundering, terrorist financing and proliferation financing risks to which an NPO might be exposed.

Please complete each section and indicate "N/A" where a question does not apply. Additional paper (clearly marking the particular question) may be used if necessary.

PART 1 - NPO Information					
Name of NPO:					
Address of Main Office or					
Place of Operation in The Bahamas:					
Mailing Address:					
Contact Person:					
Business Telephone:	Business Email:	Business Email:			
Business Fax:	Website:				
PART 2 - Name and contact informa	tion of the Controller(s)*:				
Name: (A	Last) (First)				
`	Vork/Home) (Mobile)				
E-mail:					
(Please use a separate paper to include informati	on on other Controllers*)				
DADTO C. LLC.					
PART 3 – General Information on N	ganization application form to the Registrar General's	YES	NO		
Department?	anization application form to the Registral General's	ILS	NO		
Does the NPO operate at more than one	office/location within The Bahamas?	YES	NO		
Which of the following objects do you	promote? (you can tick more than one box)	Religious			
		Charitable			
		Educational			
		Scientific			
		Historical			
		Fraternal			
		Literary			
		Sporting			
		Artistic			
		Other (specify			
How long have you been licensed/income	1-3 Years				
	3 – 5 Years				
		5 – 10 Years			
		10 Years and above			
		Not Licensed/			
		Incorporated			
Do you file a register of Officers and D	YES	NO			
If you answered yes to the above ques Directors with the Registrar General's	Annually				
		Occasionally			
		Only when a			
		certificate of Good Standing is needed			
Do you have a business license?	YES	NO			
Do you have a Registered Agent?	YES	NO			
If you answered yes to the above ques	YES	NO			
Financial services regulators i.e. Securities Commission, Compliance Commission, Central Bank of The Bahamas or Insurance Commission?					
Does the NPO have a parent body or is	YES	NO			
If you answered 'YES' to the above que	ities of those NPOs.				
NAME	PURPOSE/ACTIVITY				
		1			

Do you r	receive donations?		YES	NO	
If you an	nswered yes to the above que	stion, are your donors known to you or anonymous?	YES		
			NO		
			YES & NO		
DADE 4	NIDO D. L. /A. /	T.C			
	- NPO Banking/Accounting	ther jurisdiction's regulated financial institution to	YES	NO	
	its operations (payment of sa		ILS	NO	
If no, ple	ease explain the method of set	tling expenses and disbursement and receiving donation	s:		
What is a	What is your annual turnover?		< \$10,000	1	
what is	your annuar turnover?		\$10,000		
			\$50,001 - \$100,000		
			> \$100,000		
What wa	us the NPO's annual inflow or	utflow and asset size for the last four (4) years?	γ ψ100,000		
YEAR	ANNUAL INFLOW	ANNUAL OUTFLOW	ASSET SIZE		
ILAK	ANNOAL INFLOW	ANTOAL OUTFLOW	ASSET SIZE		
What per	rcentages of last year's receip	ts were derived from the following methods of payment	(Please provide and ar	nnual estimate	
		d in each category in the Table below)			
	YPE OF PAYMENT	% OF ANNUAL INCOME			
CASH	n				
CHEQU					
CREDIT					
DEBIT (
	RANSFER REMITTANCE				
STANDING ORDERS NUMBER ASSETS					
VIRTUAL ASSETS GIFTS OR DONATIONS					
What is the estimated value of outflows and inflows in the last fiscal year sent to or received from foreign jurisdiction(s):					
			om foreign jurisaicuor	1(8).	
Outflows		Inflows:			
Briefly e	xplain how payments are veri	fied by the NPO:			
	ndicate in order of priority be ship dues, etc.):	low, the top three (3) primary sources of income (e.g.	Government subventio	ns, donations,	
No.	PRIMARY SOURCE OF	NCOME	% OF PRIMARY S	SOURCE	
1.	774474		,, 0 01 1111111111111111111111111111111		
2.					
3.					
PART 5	- NPO Staff and/or Volunte	ers			
Indicate	the number of staff members	and/or volunteers of the NPO (please provide organizate	ional chart, if any)		
STAFF I	MEMBERS:	VOLUNTEERS:			
	the average period of employr	nent? (years and/or months):			
What is t	the process for recruiting?				
PART 6					
(A) NPO Compliance Policies and Procedures					
Has the NPO developed or implemented compliance policies and procedures? YES NO					
	•	ne or more of the following identified risks			
NO.	,	2 OF PROCEEDS OF CRIME ACT, 2018)	YES	NO	
1.		ortion, misconduct of public officer committed by or on			
	behalf of a public officer)				

2.	Cybercrime (any criminal activity	using a compu	ter. e.g., fraud, stealing identities,			
3.	violating privacy) Human Trafficking (see sec.2 of the Proceeds of Crime Act, 2018)					
4.	Money Laundering (see sec. 2 of the Proceeds of Crime Act, 2018)					
5.	Financing of proliferation and wear		*			
	of the Anti-Terrorism Act (Amendment), 2019)					
6.	Terrorism or financing of terrorism	m (see sec.2 of t	he Anti-Terrorism Act, 2018)			
DI		1 1	. 1 //1			
	ote that all Bahamas laws can be an NPO conducted transactions within					
Tius your	111 6 conducted transactions within	n the last 12 me	minis with any of the following.			
	embers, individuals or companies bate Registrar General's website					

Are the compliance policies and procedures app Directors/Controller/Senior Management?	roved by the	Board of	YES	NO
If YES, what is the approved date?				Į.
How frequently are board meetings held? (Please tick) Weekly Monthly Quarterly Bi-annually Annually				nually
Are Minutes of Board meetings kept?			YES	NO
NPO AML/CFT Training				
Has your NPO taken the Orientation Training of AML/CFT of YES, which of the following sessions were attended?	offered by the Co	mpliance Unit	, Office of the Attor	ney-General? If
TRAINING	ATTENDED?	SESSIONS		
FATF Recommendation 8				
Overview of CFATF Mutual Evaluation Findings on The				
Bahamas				
The Non-Profit Organisations Act, 2019 and its Amendments				
(Statutory Guidance for existing and new NPOs)				
Compliance with Recommendation 8				
United Nations Security Council Resolutions/Sanctions Lists				
The Anti-Terrorism Act				
The Role of Civil Society				
NPO Risk Assessment				
NPO Compliance Tool Kit				
Who received the NPO Orientation Training? (e.g. controller(s	s), staff or volunte	ers of the NPC	0)	
	()	0.1 37	DOO DI	1
What other related training have been received by the controlle	er(s), staff or volu	nteers of the N	PO? Please provide	date and details
of training.				
Date:				
Name of Controller:				
Signature:				
* Under section 2 of the Non-Profit Organisations Act, 2019 a "controller" means — (a) a trustee of a trust, where the non-profit organisation is established as a trust; (b) a director of a company, where the non-profit organisation is established as a company; (c) a general partner of a partnership, where the non-profit				
organisation is established as a partnership; (d) a person or slate of officers or trustees responsible for all aspects of management and administration of an				
unincorporated association, where the non-profit organization is established as an unincorporated association; (e) a member of a corporation, where the non-profit				
unincorporated association, where the non-profit organization is established as an unincorporated association; (e) a member of a corporation, where the non-profit organization is established as an entity incorporated by statute; (f) a founder of a foundation, where the non-profit organization is established as a foundation; or (g) any person not specified in paragraphs (a), (b), (c), (d), (e) or(f) where the non-profit organization is established by that person;				