

NON-PROFIT CORPORATION FORMATION CHECKLIST

CORPORATION INFORMATION

Name you would like for your corporation: _____

*Please note that we will verify name availability with the State of Michigan. If internet domain name availability is important to your business, we would suggest that you independently verify such availability.

Alternate (in case that name is not available): _____

Type of business to be conducted by your corporation: _____

Date business will begin: _____ Closing month of accounting year: _____

Will the corporation have employees: _____ If so, how many: _____

If employees will be paid wages or salaries, when will payment begin: _____

Who will be the Registered Agent: _____

Address to be used for the Registered Office: _____

Actual business address
(if different than Registered Office): _____

Which member will be: President: _____

 Vice President: _____

 Secretary: _____

 Treasurer: _____

Correspondence, invoices, and general information regarding your corporation should be sent in the following:

Member: _____ Address: _____

The corporation is to be organized upon a:

- (1) _____ stock; or
- (2) _____ non-stock basis (we typically recommend non-stock unless there is a reason that stock would be preferable)

The corporation is organized on a:

- (1) _____ membership; or
- (2) _____ directorship basis (we typically recommend directorship unless there is a reason for a membership organization)

Please describe and give the value of the corporation's real property: _____

Please describe and give the value of the corporation's personal property: _____

Please describe the plan of financing for the corporation:

- (1) _____ donations from the general public
- (2) _____ other: _____

Please describe the basic purpose of the corporation in a broad manner (for example, this may be to provide religious education, to assist disadvantaged youth, or some other similar, broad purpose.

MEMBER/DIRECTOR INFORMATION

Please provide the following information for each member/director* of the corporation:

(1) Name: _____
Address: _____

Telephone: Home: _____ Work: _____ Other: _____
Fax: _____
SS#: _____ Driver License #: _____
Initial \$ Contribution: _____ Percentage Owned: _____

(2) Name: _____
Address: _____

Telephone: Home: _____ Work: _____ Other: _____
Fax: _____
SS#: _____ Driver License #: _____
Initial \$ Contribution: _____ Percentage Owned: _____

(3) Name: _____
Address: _____

Telephone: Home: _____ Work: _____ Other: _____
Fax: _____
SS#: _____ Driver License #: _____
Initial \$ Contribution: _____ Percentage Owned: _____

*Initial contribution and percentage Owned only needed if organized on a "stock" basis.

501(c)(3) INFORMATION

Does your corporation have a website or an e-mail address (if so, please provide):

Please provide a narrative description of your past, present, and planned activities for your corporation. This must be accurate and should coincide with the basic purpose of the corporation, given above, but should be more thorough. If available, it would also be helpful to attach copies of newsletters, brochures, and similar documents that support your narrative.

Please give the total compensation or proposed compensation, for all officers and directors of the corporation for services to the corporation.

If any employees will be receiving compensation exceeding \$50,000 per year, please provide the names and titles for each of the 5 highest compensated employees of the corporation.

If any independent contractors will be receiving compensation exceeding \$50,000 per year, please provide the names and titles of each of the 5 highest compensated independent contractors of the corporation.

For each individual listed in the prior three questions, please attach a list showing their name, address, qualifications, average hours worked, and duties.

If any of the officers and directors of the corporation are related to each other through family relationships or business relationships, please identify which officers or directors are involved and describe the nature of the relationship between them.

Will the corporation be paying compensation to anyone through discretionary bonuses or revenue-based payments? If so, please describe such compensation arrangements.

Will any purchases be made from any of the corporation's officers, directors, highest compensated employees, or highest compensated independent contractors? If so, please describe any such purchases.

Will any of the corporation be selling any items to any of its officers, directors, highest compensated employees, or highest compensated independent contractors? Is so, please describe any such sales.

Will you have any leases, contracts, loans, or other agreements with the corporation's officers, directors, highest compensated employees, highest compensated independent contractors, or any related organizations? If so, please describe any such agreements.

Will your corporation be providing goods, services, or funds to individuals or organizations? If so, please describe to whom such goods, services, or funds will be provided.

Please check off any past, present, or anticipated involvement of the corporation in the following activities:

- Support or opposition of candidates in political campaigns;
- Attempt to influence legislation;
- Operate bingo or gaming activities;
- Enter into agreements with others to conduct such bingo or gaming for you, be affiliated with a governmental unit;
- Engage in economic development;
- Develop your facilities with anyone other than employees or volunteers;
- Enter into joint ventures, partnerships, or LLC's in which you share profits or losses with anyone other than another 501(c)(3) organizations;
- Apply for an exemption as a child care organization;
- Publish, own, or have rights in intellectual property;
- Accept contributions of real property, conservation easements, closely held securities, intellectual property, works of music or art, licenses, royalties, automobiles, boats, planes, other vehicles, or any collectibles, operate in a foreign country;
- Make grants, loans, or other distributions to organizations;
- Make grants, loans, or other distributions to foreign organizations;
- Have a close connection with any organization;
- Apply for an exemption as a cooperative hospital service organization;
- Apply for an exemption as a cooperative service organization of operating educational organizations;
- Apply for exemption as a charitable risk school;
- Operate a school;
- Provide hospital or medical care;
- Provide low-income housing;

- Provide housing for the elderly and handicap;
- Provide scholarships, fellowships, educational loans, or other educational grants to individuals.

Please provide additional detail regarding any activities checked above.

Do you or will you undertake any fundraising? If so, please provide additional background regarding where and how you will engage in fundraising and also check all of the fundraising programs you do or will conduct in the future.

- Mail solicitations
- Phone solicitations
- E-mail solicitations
- Accept donations on your website
- Personal solicitations
- Receive donations from another organization's website
- Vehicle, boat, plane, or similar donations
- Government grant solicitations
- Foundation grant solicitations
- Other: _____

Please complete, or ask your accountant to complete, the information on Part IX from the attached two pages from Form 1023 (see attached).

Is your corporation a Private Foundation or a Public Charity?

- Private Foundation
- Public Charity
- Neither (default)

If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4 year period, please return this questionnaire with a check made payable to the Internal Revenue Service in the amount of \$400.00. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4 year period, please return this questionnaire with a check made payable to the Internal Revenue Service for \$150.00.

Thank you for taking the time to complete this checklist. Please understand that while this is a very thorough checklist, additional information may be needed based upon your response to any particular question in this document. I will contact you after I have had a chance to review it to let you know if any additional information will be needed.