

ETHERIEDGE & ASSOCIATES, PC

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QUESTIONNAIRE FOR EXISTING NONPROFIT ORGANIZATION

Please complete questionnaire and return to our office via mail or facsimile.

Date: _____ FAX: _____

Organization name: _____

State of Org.: _____ Year of Org.: _____

Has the Organization filed IRS Form 1023? _____ If "Yes", provide copy of IRS Determination Letter, indicating tax-exempt status & classification.

EIN: _____ Year of last tax return (Form 990) filed: _____

Primary Contact name: _____ Title: _____

Phone: Main: _____ Cell : _____

Email Address: _____

Principal Address: _____ County: _____

_____ Zip: _____

Bank Affiliation: _____

CPA name: _____ Phone: _____

Insurance Agent name: _____ Phone: _____

Auditor name: _____ Phone: _____

Other key advisor(s): _____

Has the Organization filed the current year annual registration with the Secretary of State? Yes _____ No _____

Is the Organization in compliance with relevant state solicitation registrations? _____ If "Yes", provide the States in which the Organization is registered: _____

Does the Organization have members? _____ If "Yes", provide names & addresses of members:

Name:

Address:

If members are a large group, provide nature of group & requirements for membership:

Names & addresses of current directors:

Name:

Address:

Have any directors resigned or been removed? _____ If "Yes", provide details: _____

Names & addresses of directors to be elected for the coming year:

Name:

Address:

Any directors whose terms are not expiring? If yes, provide names: _____

Names & addresses of current officers:

Name/Title:

Address:

Have any officers been terminated, removed, or have they resigned prior to the expiration of their relevant term? _____ If "Yes", provide details: _____

Names & addresses of officers to be elected for the coming year:

Name/Title:

Address:

Provide annual salaries for each officer for the coming year:

Name/Title:

Annual salary:

Any bonuses paid during the past fiscal year? If so, provide name, title and amount:

Name/Title:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____

Describe how these bonuses were determined:

If the Organization adopted insurance or other employee benefit programs for which no minutes have been executed, provide details:

Type of Benefit:

Effective Date:

_____	_____
_____	_____

If the Organization entered into any real property purchases or leases, or significant equipment purchases or leases, for which no minutes were executed, provide details and copies of relevant purchase or lease documents.

If the Organization entered into any significant agreements or transactions for which no minutes were executed, provide details and copies of any such agreements or transaction documents.

Have there been any transactions between the Organization and any member, director, officer or other disqualified person (i.e., have there been any conflict-of-interest transactions)? If so, provide details and any relevant documentation: _____

Does the Organization have a written Conflicts-of-Interest Policy? _____ If “Yes”, has each director and officer received a copy? _____

Has the Organization applied for or obtained any loans? If so, provide details: _____

Have there been any major changes in the Organization’s purposes or policies? If so, provide details:

Are there any desired amendments to the Organization’s operating agreement or articles of incorporation?

If there are any other items you think are of significance and should be incorporated in the minutes, provide details:

Other comments or concerns: