



THE WAGG BUILDING
215 SOUTH OLIVE AVENUE, SUITE 400
WEST PALM BEACH, FLORIDA 33401
MAIN 561.833.5553 FACSIMILE 561.833.5628
WWW.WLAWOFFICES.COM

NONPROFIT ORGANIZATION QUESTIONNAIRE

The information requested in this questionnaire will provide the basic data necessary to prepare your Articles of Incorporation, Bylaws, Written Statement Organizing the Nonprofit Corporation and IRS Form 1023, Application for Recognition of Exemption. Please complete the questionnaire to the best of your ability. If you are unsure about a question or proposed response, please contact us for assistance.

1. Name of Charitable Organization: _____

2. Principal Office Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

3. Mailing Address (If different from Principal Office Address):

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

County: _____

4. Name of the Registered Agent: _____

Address: _____

A Registered Agent is the individual or entity designated by the nonprofit organization to receive service of process on behalf of the organization. Generally, the Registered Agent must be available Monday – Friday during normal office hours to accept service. Our firm customarily serves as Registered Agent for its clients.

5. Member Organization: Non-Member Organization:

Note: A Member in a nonprofit organization is comparable to a shareholder in a for-profit corporation; but, without any right to profits. In a Member Organization, the Members elect the Board of Directors which then elects the President and other officers. New Members can be appointed by the then serving Members. In comparison, a Non-Member Organization has a Board of Directors which elects itself each year and then elects the

President and other officers. If a Member Organization, please complete the following questions with respect to each Member:

A. Name: _____

Address: _____

Annual Compensation: _____

B. Name: _____

Address: _____

Annual Compensation: _____

C. Name: _____

Address: _____

Annual Compensation: _____

6. Directors (three (3) or more required):

A. Name: _____

Address: _____

Annual Compensation: _____

B. Name: _____

Address: _____

Annual Compensation: _____

C. Name: _____

Address: _____

Annual Compensation: _____

7. Officers:

A. Name: _____ Title: _____

Address: _____

Annual Compensation: _____

B. Name: _____ Title: _____

Address: _____

Annual Compensation: _____

C. Name: _____ Title: _____

Address: _____

Annual Compensation: _____

D. Name: _____ Title: _____

Address: _____

Annual Compensation: _____

8. Provide a Detailed Narrative Description of the Organization's Activities:

9. Provide a Description of Anticipated Sources of Financial Support, including any Fundraising Plans:

10. Proposed Three Year Budget:

A. 1st Year:

Gifts/Grants Received: _____

Gifts/Grants Paid: _____

Expenses: _____

B. 2nd Year:

Gifts/Grants Received: _____

Gifts/Grants Paid: _____

Expenses: _____

C. 3rd Year:

Gifts/Grants Received: _____

Gifts/Grants Paid: _____

Expenses: _____