

# NONPROFIT CORPORATION FORMATION QUESTIONNAIRE



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## I. Organizational Documents

A. Name of Nonprofit: \_\_\_\_\_

B. Name of registered agent:

Yourself  Brian C. Eddy  
 Jeremy B. Hahn  Nick A. Sailer  Andrew E. Steffensmeier

C. Address of registered agent (no PO Box) (publicly available):  
\_\_\_\_\_  
\_\_\_\_\_

D. Address of home office (i.e., where the company's records are kept) (publicly available):  
\_\_\_\_\_  
\_\_\_\_\_

E. Name of incorporator:

Brian C. Eddy  Jeremy B. Hahn  
 Nick A. Sailer  Andrew E. Steffensmeier

F. Is this an incorporation of an existing business?  Yes  No

G. Date of Incorporation:  Upon formation  Future date: \_\_\_\_\_

H. Names & Addresses of Officers:

	Name	Current Residential Address
CEO/President		
Secretary		
Treasurer		

I. Name and City Location of Designated Bank / Financial Institution:  
\_\_\_\_\_

## II. IRS: Application for Federal Tax ID #

A. Mailing Address of Nonprofit: \_\_\_\_\_

\_\_\_\_\_

B. Principal Officer and their social security number: SSN: \_\_\_\_\_

\_\_\_\_\_

C. Employees: If any, how many? \_\_\_\_\_ Date wages will first be paid? \_\_\_\_\_

D. Principal Activity: \_\_\_\_\_

E. Tax Year End: December (if fiscal tax year, insert here: \_\_\_\_\_)

F. Phone Number of Corporation: \_\_\_\_\_

## III. Bylaws

A. Annual meeting date and time: \_\_\_\_\_

B. Number of Directors: \_\_\_\_\_ (Minimum of \_\_\_\_\_. Maximum of \_\_\_\_\_.)

C. Term period for Directors: \_\_\_\_\_ years (typically 3 years)

D. Staggered Terms?  Yes  No

We recommend staggering the terms of directors so only one or a few directors are up for re-election each year, as opposed to all directors being re-elected each year.

Director Name	Current Residential Address	End-year of Director's Term

E. Regular Meetings: How often does the board want to meet, and when?

\_\_\_\_\_

#### **IV. Tax Exemption**

If requesting to obtain tax-exempt status from the IRS, you will need to complete either form 1023 or 1023-EZ. Please provide the below information so we can determine the correct application process and request additional information.

**A.** Briefly describe the organization's mission or most significant activities: \_\_\_\_\_

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**B.** Do you project that your annual gross receipts will exceed \$50,000 in any of the next three (3) years?  Yes  No

Gross receipts are the total amounts the organization receives from all sources during its annual accounting period, without subtracting any costs or expenses. You should consider this year and the next 2 years

**C.** To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes:

Charitable  Religious  Educational  Scientific  Literary  
 Testing for Public Safety  Preventing cruelty to animals or children  
 Fostering national or international amateur sports competitions

#### **V. Iowa Department of Revenue: State Withholding (SWH) and/or Sales Tax**

**A.** Names and social security numbers of at least two shareholders:

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

**B.** Will the corporation have employees and need a SWH number?  Yes  No

**C.** Will the corporation be selling items and need to be registered for sales tax?  Yes  No

**D.** If yes to "C" above:

a. Will there be sales every month of the year?  Yes  No

b. If "No," please list the months you expect to have sales:

\_\_\_\_\_

c. What is the projected amount of sales tax to be collected annually? (If it's less than \$1,200, you'll need to file sales tax annually; if it's \$1,200 or more, you'll need to file monthly.) \_\_\_\_\_

d. What is the start date for collecting sales tax? \_\_\_\_\_