

Client Intake Form: Not for Profit Organization (Illinois)

CONTACT INFORMATION

Name: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Address: _____

FORMATION

Full Name of the Organization (or proposed name): _____

**Note: If the name does not make it obvious that the Organization is a not for profit, then the Organization's name must contain "NFP" at the end pursuant to Illinois State law.*

Is there a D/B/A or any other name under which business is conducted? (If so, please explain):

When was the Organization formed?: _____.

Have you registered with the Illinois Attorney General's office?: _____.

**Note: This is required by the State of Illinois.*

Physical Location of the Organization (or office location): _____

_____.

Website of the Organization (if any): _____.

Have you filed Articles of Incorporation? (If so, when?): _____.

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If so, who was the incorporator (if more than one, list all):

1. _____
2. _____
3. _____

Address for each:

1. _____.
2. _____.
3. _____.

If Articles of Incorporation have not been filed, who would you like to be the incorporator(s)?: _____.

Who is the registered agent? (Name, address, and position, if applicable):

_____.

*Note: The next few sections asks for information that will be required when drafting bylaws.

BOARD OF DIRECTORS

Who will be on the initial board of directors (must have at least 3):

1. _____
2. _____
3. _____

Address for each:

1. _____
2. _____
3. _____

How will directors be elected?: _____.

How long will the term for a director be?: _____.

How will compensation and reimbursement be handled for the directors?:

_____.

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How will vacancies on the board be handled?:

When will the annual meeting of the board meet?: _____.

What is required for a special meeting?: _____.

What will constitute a quorum?: _____.

OFFICERS

If known, who will be the officers, specify the names, addresses, and their position (president, secretary, treasurer):

1. _____.
2. _____.
3. _____.
4. _____.

How long will the term for an officer be?: _____.

How will compensation and reimbursement be handled for the officers?:

How will vacancies in an office be filled?:

MISCELLANEOUS

What percentage of vote of directors is needed for an amendment to the bylaws?: _____.

When will the fiscal year run?: _____.

What positions are permitted to do the following business transactions: (please place a check next to all that apply)

	<u>Director</u>	<u>Officer</u>	<u>Employee</u>	<u>Agent</u>
Enter into Contracts				
Receive Loans				

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Sign Checks, Drafts, or Orders				
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INTENDED PURPOSE

What purpose applies to your Organization?

What is the purposes or mission of the Organization in your own words:

TAX CONSIDERATIONS

Have you obtained a Federal employer identification number (“FEIN”) from the IRS? (This is needed to seek exemption status, open bank accounts, file tax returns, etc.): _____.

If so, what is your FEIN?: _____.