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**NONPROFIT INCORPORATION AND  
FEDERAL EXEMPTION WORKSHEET**

This worksheet is designed to accumulate the general information needed to incorporate your organization as a Pennsylvania nonprofit corporation and to apply for federal tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

**I. GENERAL INFORMATION.**

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**II. INCORPORATION.**

**A. Purpose and Activities.**

Describe the purposes of your organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe activities, if any, which your organization has already conducted. State how these activities further your organization's purposes. Note whether these activities will be open to the general public or only to a select group, such as members of your organization. Also note whether any fees will be charged for these activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach any promotional or descriptive literature on these activities.**

Describe activities your organization contemplates conducting in the future. Please provide same details as requested above:

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Does or will your organization conduct any "lobbying" activities, e.g., carrying on propaganda, attempting to influence legislation, or participating or intervening in (including the publishing of statements) for or against any candidate for public office? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe these lobbying activities:

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Do you expect to spend more than 5% of your time and funds on lobbying activities?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does or will any director, trustee, officer, or member of the organization, or other person or entity, receive any benefit from any of the organization's activities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the benefit received:

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## **B. Previous Incorporation.**

Is your organization already incorporated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer the following:

1. When was it incorporated? \_\_\_\_\_
2. How was it incorporated? (Check One)  
\_\_\_\_\_ Filing Articles with Secretary of State

\_\_\_\_\_ By Orphans' Court Decree of Common Pleas of \_\_\_\_\_ County, by  
decree dated \_\_\_\_\_, File No. \_\_\_\_\_

\_\_\_\_\_ By Special Act of Legislature-P.L.  
No. \_\_\_\_\_ dated \_\_\_\_\_

3. Under what other names, if any, did the organization operate? Please specify dates if known:

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**Attach copies of any prior  
Articles of Incorporation or amendments.**

**C. Term of Existence.** (Answer only if not previously incorporated.)

How long has your organization existed? \_\_\_\_\_

**D. Other Addresses.**

List Mailing address (other than a P.O. Box) for organization and person at this address authorized to accept legal notices for the organization:

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Does organization operate at more than one place of business? If so, list the addresses of any other locations of business activity.

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**E. Members.**

Does or will your organization have voting members? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, will your organization award honorary, non-voting memberships, such as "contributing member," "life member," etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your organization has any type of members, answer the following:

Solicitation: How do you solicit members to join the organization?

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**Attach copy of any promotional literature used to solicit members.**

Classes and Qualifications: Will there be more than one class of membership?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, describe each of different classes of membership, and qualifications for each:

Class 1: \_\_\_\_\_  
Class 2: \_\_\_\_\_  
Class 3: \_\_\_\_\_

How do or will persons or entities become members?

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**Attach sample of membership application form, if any.**

Dues: Do or will the members pay any dues or initiation fees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, explain dues and initiation fee structure. Indicate when or how often these are paid.

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Meetings: How often do or will the members meet as a group?

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If the members do or will meet, on the average, how many members can you expect will attend any one meeting? \_\_\_\_\_

How many members should be necessary for a quorum? \_\_\_\_\_

If your members are "voting" members, how many votes does each member have? \_\_\_\_\_

**F. Directors.**

How many Directors does/will your organization have? (Must have at least one Director.) \_\_\_\_\_

List the names and home addresses of the members of your current Board of Directors. (All Directors must be natural persons.)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

How long is the term of office of a Director? \_\_\_\_\_ year(s).

Do or will you have staggered terms? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any specific conditions under which you would remove a Director from office (i.e., so many missed meetings without adequate excuse)? If so, what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your Directors receive compensation for their service as a Director?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how much? \_\_\_\_\_

How often do or will your Directors meet? \_\_\_\_\_

On the average, how many Directors can you expect to attend any one meeting? \_\_\_\_\_

How many directors should be necessary for a quorum? \_\_\_\_\_

How many votes does or will each Director have? \_\_\_\_\_

**G. Incorporator(s).**

List the names and home addresses of your incorporators. (Must have at least one incorporator, which may be a natural person or corporation.)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**H. Officers.**

List the names, home addresses and Social Security Numbers of your organization's current officers. (Must have at least a President, Secretary and a Treasurer. President and Secretary must be natural persons and any number of offices may be held by the same person. The officers need not be Directors.)

Title: President  
SSN: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Title: Vice President  
SSN: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Title: Secretary  
SSN: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Title: Treasurer  
SSN: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

How are officers selected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long are the terms of officers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Employees.**

How many employees does or will the organization have? \_\_\_\_\_

List any Employer Identification Number(s) (EIN's) previously received from the IRS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. Fiscal Year.**

What is the fiscal year of the organization? \_\_\_\_\_

**III. FEDERAL TAX EXEMPTION.**

**A. Prior Tax Returns.**

Has organization previously filed any tax or informational returns with the IRS? If so, state the return form numbers, years filed, and where filed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach copies of any tax or informational returns previously filed with the IRS.**

**B. Sources of Financial Support and Fund-Raising Programs.**

What are or will be the sources of financial support for your organization? List in terms of size.

First: \_\_\_\_\_  
Second: \_\_\_\_\_  
Third: \_\_\_\_\_

Describe organization's fund-raising programs, both actual and as well as planned. (E.g., selective mailings to individual and corporate donors, grant proposals to private foundations, fund-raising events, sale of goods or services, etc.)

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Will or does the organization engage the services of a professional fundraiser? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is this professional paid?

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Attach samples of the organization's solicitation letters and grant proposals. Also attach a copy of contract with professional fundraiser, if any.

### **C. Governing Body.**

Do any of the organization's directors, trustees or officers serve because they are public officials or are appointed by public officials? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the names of such persons and their manner of selection:

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Are any of the directors, trustees, or officers either a substantial donor to the organization (donating over 2% of the contributions received by the organization since its inception or \$5000) or related to a substantial donor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain in detail:

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### **D. Control By/Affiliation With Other Entities.**

Does or will the organization be formally or informally related to or affiliated with any other organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name the other organization and describe the relationship.

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Is your organization financially accountable to another organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name the other organization and explain how your organization is accountable:

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Will any of your organization's facilities be managed by another organization under a contractual arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, attach a copy of the contract.**

Is or will your organization be "supervised or controlled by", "supervised or controlled in connection with", or "operated in connection with" this other organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer the following:

(i) Has this other organization received a letter from the IRS stating that it is a Section 509(a)(1) or (a)(2) "public charity?" \_\_\_\_\_ Yes \_\_\_\_\_ No

**If so attach a copy of such letter.**

(ii) To what extent are your directors, trustees, and officers elected or appointed by the other organization?

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(iii) What common supervision or control is there over the two organizations?

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(iv) To what extent does the other organization have a significant voice in your investment policies?

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(v) What portion of your income do you pay to the other organization?

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**Exhibit "A"**  
**Income and Expense Statement**

**INCOME**

Gifts, Grants and Contributions	_____
Dues From Members	_____
Investment (Typically Interest) Income	_____
Fees Charged for Services and Goods Provided	_____
Miscellaneous	_____
<b>TOTAL</b>	_____

**EXPENSES**

Fundraising Expenses	_____
Compensation (Salaries and Fringe Benefits)	_____
Rent	_____
Depreciation	_____
Utilities (Including Telephone)	_____
Professional Services (Atty. & Acct. Fees)	_____
Cost of Services Provided to Members	_____
Specific Costs of Operating Activities & Providing Goods and Services	_____
Office Supplies and Equipment	_____
Capital Expenditures	_____
Other Expenses	_____
<b>TOTAL</b>	_____

**Exhibit "B"**

**Balance Sheet  
as of**

\_\_\_\_\_, 20\_\_\_\_  
(Should be not more than 30 days old)

**ASSETS**

Cash	_____
Accounts Receivable	_____
Inventory	_____
Bonds and Notes	_____
Stocks	_____
Mortgage Loans Depreciable Assets	_____
Other Assets	_____
<b>TOTAL</b>	_____

**LIABILITIES**

Accounts Payable	_____
Gifts, Grants Payable	_____
Mortgages and Notes Payable	_____
Other Liabilities	_____
<b>TOTAL</b>	_____