

Nonprofit Questionnaire



Washington
732 Broadway, Suite 201
Tacoma, WA 98402

Nevada
3225 McLeod Drive
Las Vegas, NV 89121
Fax: 702.664.0545

800.706.4741
www.andersonadvisors.com

CLIENT INFORMATION

1. Client Name:

2. Contact Phone:

3. Contact Email:

CORPORATION INFORMATION

4. Corporation Name:

5. Alternate Name:

6. Filing State:

7. Will this be filed in another state as well? Yes No If yes, where?

8. Expected number of employees within first year excluding family members:

Resident Agent to be provided by Anderson unless you notify us otherwise.
See instructions for more information on Resident Agent.

9. Corporation Address: (List physical address of each jurisdiction where filed--do not enter P.O. box.)

Business Address

Mailing Address

10. Describe charitable purpose (3-5 sentences)

DIRECTOR INFORMATION

11. Directors

Director Name 1:

Date of Birth:

Director Name 2:

Date of Birth:

Director Name 3:

Date of Birth:

OTHER INFORMATION

President:

Vice President:

Secretary:

Treasurer:

FINANCIAL INFORMATION

**Instructions: Please provide projected financials for the current year and subsequent 3 years.
Estimates are okay. Please provide financials for the following items:**

1. Donations the organization will receive

2. Grants or contributions the organization will be making

3. Fundraising expenses

4. Compensation of officers/directors/trustees

5. Compensation of employees

6. Occupancy (rent, utilities, etc.)

7. Professional fees

8. Other expenses (phone, internet, general office expenses, insurance, shipping, postage, website maintenance, etc.)

9. Total cash or other assets (please indicate other assets, if any)