

# Foundation Group Documents Provided

## Intake Questionnaire

### Organization Name and Address

#### Step 1 of 6: Your Organization's Contact Information

\* How did you find our services?

Internet  If referral, please identify

\* Primary Contact

David Kaufman  [Add a Site User](#)

*NOTE: You are currently logged in as 'David Kaufman'. Click 'My Info' at the top right of the screen to edit your contact information.*

*NOTE: Adding a User to our site allows access to upload, download, and/or provide information to us via our online system. You must be a User to serve as the Primary Contact. This individual will be the sole person authorized to speak with our consulting team and coordinate services for your organization.*

#### Your Organization's Website (if any)

Please enter the NAME of your organization **exactly** as you would like it to appear with the state if we are to prepare these for you, or as shown on your previously filed state documents.

*(If you have not incorporated, please provide three options in case your first choice is not available. If you are incorporated, please be sure to provide us a copy of your documents.)*

\* Existing or Preferred Name

Second Preference

Third Preference

Please enter the PHYSICAL Address of the office of your organization

- Include County
- Cannot be a PO Box
- NOTE: If you operate out of your home, this would be your home address.

\* Street

\* City, State, Zip

\* County

### Existing Paperwork

#### Step 2 of 6: Existing Paperwork

Do you already have a Federal EIN for this organization?

Yes

Please Provide your organizations Federal EIN

Please select 'Yes' for each of the following if you already have that paperwork.

No  Bylaws

Yes  Articles of Incorporation, Charter, or State registration

Yes  Amendment to Articles of Incorporation

**IF YOU ALREADY HAVE ANY OF THIS PAPERWORK (including Federal EIN):**

Please upload (on the next screen), or fax us at 615-361-9429, a complete copy of the executed document(s).

This will facilitate your consultant's services to you.

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### Existing Paperwork Upload

### Step 3 of 6: Upload Existing Paperwork

Once you are finished uploading files [click here to continue](#)

Please upload copies of your existing paperwork such as:

- IRS Notice of your Federal EIN
- Bylaws (executed copy)
- Articles of Incorporation, Charter, or State registration
- Amendment(s) to Articles of Incorporation (if any)

#### Files Already Uploaded

Type	Name	Size	Uploaded
IRS Notice of FEIN	1994 IRS Letter.pdf	3177642	2023-10-12 11:47:52 - C
Articles of Incorporation (executed copy)	LT 1991 Enabling Act.pdf	333365	2023-10-12 11:48:39 - C
Amendment(s) to Articles (if any, executed copy)	LT 1992 Act Amendments.pdf	366435	2023-10-12 11:48:47 - C

## Registered Agent And Incorporator

### Step 4 of 6: Registered Agent and Incorporator

- **Registered Agent:** The person designated to receive documents on the corporation's behalf, basically the contact person. The Resident Agent must be located and available at the address provided in order receive important tax and legal documents on behalf of the organization. The registered agent must reside in the state that you want to incorporate in.
- **Incorporator:** The person that signs the Articles of Incorporation. Once the articles are filed, the incorporator's function is complete and that title is removed.

WE RECOMMEND THAT THE REGISTERED AGENT AND INCORPORATOR ARE THE SAME PERSON.

Please provide the Registered Agent's name, business address, and county. Please include the county where this address is located. This can be you, or a member of your board, or someone else, but it must be a resident of the state where you want to incorporate. This **cannot** be The Foundation Group.

\* Full Name (salutation, first, middle, last, suffix)

Mr

Title

Please enter their Business Address. (NOTE: This cannot be a P.O. Box)

\* Street

\* City, State, Zip

,

\* County

Phone Number

-  -

### Incorporator

Please provide the Incorporator's name and address. This can be you, a member of your board, or someone else, but it must be a resident of the state where you want to incorporate. This **cannot** be The Foundation Group.

\* Full Name (salutation, first, middle, last, suffix)

Mr

Title

## Accounting, Purpose, and Governing Structure

**Step 5 of 6: Accounting, General Purpose, and Governing Structure**

**Twelve Month Accounting Period:**

May to April

**General Purpose: Summarize what your organization will do.**

*This is required for us to understand what your organization will do or is doing that qualifies it to be an exempt organization. This is where we start our consulting and it is important that we have this information to gain a sense of what your unique needs might be when consulting with you.*

The primary goals of the BSFD Land Trust are to (1) preserve open space in Bonnet Shores and (2) preserve and protect Bonnet Shores' two beaches. To achieve these preservation goals, the BSFD Land Trust is committed to the following goals and principles:

1.Inventory existing and potential Open Space

**What terms will the elected Board members serve (in years)?**

**Your organization will be governed by:**

Voting Members outside of the Board of Directors

**Explain the criteria for membership**

Trustees are elected by registered voters in the Bonnet Shores Fire District at the Annual Meeting of Bonnet Shores Fire District

**Is there a fee for membership?**

No

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## Board Members

**Step 6 of 6: Board Members**

Please provide the name, address (no PO boxes), and position of each of the initial governing Board Members.

- A minimum of 3 are required for IRS and most states.
- We recommend an odd number of members in case of voting ties.
- Identify who will serve as "President" and "Secretary" of the Board of Directors first. These two officers cannot be the same person.
- Also identify who will be "Treasurer." The President or Secretary can also wear this hat.
- If seeking exempt status as a public charity and not a private foundation, the IRS requires that more than 51% of the board be unrelated by blood, or marriage, or business relationships (partnerships or employer/employee). Please identify any such relationships if any exist on your board of directors.

**Definition of Relationships per IRS Form 1023 instructions.** Describe family or business relationships between your officers, directors, or trustees. "Related" refers to both family and business relationships.

- "Family relationships" include the individual's spouse, ancestors, children, grandchildren, great grandchildren, siblings (whether by whole or half blood), and the spouses of children, grandchildren, great grandchildren, and siblings.
- "Business relationships" include employment and contractual relationships, and common ownership of a business where any officers, directors, or trustees, individually or together, possess more than a 35% ownership interest in common. "Ownership" means voting power in a corporation, profits interest in a partnership, or beneficial interest in a trust.

**Board Members already entered**

Name	Title	Address	City, State, Zip
Terence Beaty	Chair / Director	14 Leonard Bodwell Road	Narragansett, RI 0288
Laurie McCarthy	Treasurer / Dir	130 Bonnet Shores Road	Narragansett, RI 0288
David Kaufman	Trustee / Director	259 Bonnet Pt Road	Narragansett, RI 0288
Mary Flynn	Secretary / Trustee / Director	77 Onondega Road	Narragansett, RI 0288
Arthur Hardy	Trustee / Director	48 Wolfe Road	Narragansett, RI 0288
Steve Puerini	Trustee / Director	229 Bonnet Point Rd	Narragansett, RI 0288