

INITIAL SOLICITATION FORM

Full <u>exact legal</u> name of organization GRAND BLANC GLADIATORS TRAVEL BASEBALL		
All other names under which you intend to solicit		
Attorney General File Number	Telephone number	Fax number
Employer Identification Number (EIN) 46-1092678	Organization email address	Organization website GRANDBLANCGLADIATORS.COM

All items must be answered. Provide additional sheets if necessary. If you have questions, see the instructions.

1. Organization addresses –

A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records.

PO BOX 1091 GRAND BLANC MI 48439

B. Organization mailing address, if different.

C. Provide the address of all other offices in Michigan.

2. Type of Organization - Check one:

Nonprofit corporation - State of incorporation MI Date incorporated 10/02/2012

Provide copies of your articles of incorporation, bylaws and, if applicable, Mich. Certificate of Authority

If incorporated in Michigan, provide your Corporate Identification Number: 800935968

Trust – Provide a copy of the trust instrument.

Unincorporated association – Enter date created _____

Provide a copy of your Articles of Association, Constitution and Bylaws, or other organizing document.

Other – Describe and provide a copy of the relevant document: _____

3. Federal Tax Exempt Status – Check one:

Exempt under 501(c)(3) - Provide a copy of your determination letter.

Applied, or will apply, for tax exempt status under section 501(c)(3). Date of application _____

If you checked either box above, indicate the form used to apply for exempt status. Form 1023 Form 1023-EZ

Exempt under another section: Section 501(c) ____ Provide a copy of your determination letter.

The organization is not tax exempt and will not apply for tax exempt status.

4. Summarize organization's purposes below in 50 words or less. This summary appears on our website.

To promote youth baseball throughout the community.

5. You **must** designate a resident agent located in Michigan authorized to receive official mail sent to your organization.

Name **TIM TIPTON**

Address (Michigan street address, not PO box) **1289 GRAM ST. BURTON MI 48529**

6. Methods of solicitation. Check all that apply.

- Mail Personal contact Special events Other (specify) _____
 Telephone Radio / television Newspaper/magazines None (explain) _____
 Internet Email

7. List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the person is an officer, director, or both. Provide an additional sheet if necessary.

Name	Officer	Director	Name	Officer	Director

8. Is there any officer or director who cannot be reached at the organization's mailing address? . . . Yes No
 If "yes," provide the names and addresses on an additional sheet.

9. Has the organization or any of its officers, directors, employees or fundraisers:
- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? . . . Yes No
- B. Had its solicitation registration or license denied or revoked by any jurisdiction? . . . Yes No
- C. Been the subject of a proceeding regarding any license, registration, or solicitation? . . . Yes No
- D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? . . . Yes No

If any "yes" box is checked, provide a complete explanation on a separate sheet.

10. Will the organization hold any assets (cash, bank accounts, land, building, etc.) in Michigan? _____ Yes No

Charitable organizations created in Michigan and out-of-state organizations holding assets in Michigan will be registered as a charitable trust under the Supervision of Trustees for Charitable Purposes Act, 1961 PA 101, MCL 14.251 et seq. See [Request for Exemption](#), Form CTS-03, for possible exemptions.

11. Do you have chapters that solicit in Michigan that are to be included in the solicitation registration? Yes No

Tip: If you have offices in Michigan with no separate reporting or filing requirements, answer "no."

If yes, provide the following:

- appropriate documentation to show that you directly supervise and control the chapters
- a listing of the names and addresses of all Michigan chapters to be included
- a financial report for each chapter (see instructions)
- a copy of your organization's IRS group return (if applicable)

12. Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 13 or 15 or the current period? See instructions for definition of "professional fundraiser." A consultant is not a PFR.

Yes **No**

 If no, go to question 13.

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.

Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.

Professional Fundraisers Under Contract for Michigan Campaigns

PFR List					
Name	Mailing address	Sum of all payments to / retained by PFR during year reported	Is contract currently in effect?	If no, enter date contract ended	
			y <input type="checkbox"/> n <input type="checkbox"/>	End date: _____	
			y <input type="checkbox"/> n <input type="checkbox"/>	End date: _____	
			y <input type="checkbox"/> n <input type="checkbox"/>	End date: _____	

13. All organizations, except those in their first financial accounting period, must report on their most recently completed financial accounting period. Check the appropriate box in one of the following choices and follow the instruction:

If you file Form 990, 990-EZ, or 990-PF with the IRS, check the box to indicate the type of return:

- Form 990 or 990-EZ** - Provide a copy of the return. Do not include Schedule B. Go to item 16 below.
- Form 990-PF** - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program in the space below. Complete item 14 and go to 16.

Total program services expense: \$ _____

If your organization does not, or has not yet, filed the above returns with the IRS, check the appropriate box below to explain the reason:

- Files Form 990-N.** Complete 14 and 15 below, and then go to item 17.
- Included in IRS group return.** Provide a copy of the group return. Complete 14 and 15 below; go to 16.
- In first financial accounting period.** See instructions. Enter the date the organization's first accounting period will end. The date should be the last day of a month. Go to item 17. ____/____/____
- Other reason.** Explain: _____
Complete 14 and 15 below. Go to 16.

14. Briefly describe your charitable accomplishments during the period. _____

15. Complete this section only if directed to in item 13 because your organization does not complete a Form 990, 990-EZ, or 990-PF. Complete all lines of the following schedules. You must enter the end date of the accounting period being reported. Enter "0" or "none" where appropriate or if you had no financial activity in the period.

Enter the end date of the financial accounting period reported below: ____/____/____

Revenue		
A	Contributions and fundraising received	
B	All other revenue	
C	Total revenue (add lines A and B)	

Expenses		
D	Charitable program services expense	
E	All remaining expenses (supporting services)	
F	Total expense (Sum of lines D and E)	

G	Revenue less expenses (subtract line F from line C)	
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Balance Sheet		
H	Total assets at end of fiscal period	
I	Liabilities at end of fiscal period	
J	Net assets (subtract line I from line H)	

16. Audited or reviewed financial statements requirement

Complete the following worksheet to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

Financial Statements Worksheet			
	Item	Where to Find it:	Amount
A.	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF: line 1	9,652
B.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6c	0
C.	Net income from gaming activities	Form 990: Part VIII, line 9c	0
D.	Total contributions and fundraising	Add lines A, B, and C	9,652
E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	0
F.	Contributions	Subtract line e from line d	9,652

After completing the schedule:

- If line F is \$550,000 or more, audited financial statements are required. They must be audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles.
- If line F is greater than \$300,000, but not greater than \$550,000, financial statements either reviewed or audited by a certified public accountant are required.

17. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Type or print name (must be legible): TIM TIPTON

Title: PRESIDENT

Date: 8/18/2020

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

CHECKLIST:

- Have all parts of the form been fully completed unless instructed otherwise?
- Have you provided the name and Michigan street address of a resident agent in item 5?
- Is a list of the officers and directors provided, or included with the IRS return?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
- If you file Form 990-PF, did you complete item 14?
- If you file Form 990-N, did you complete items 14 and 15? Do not submit Form 990-N.
- If audited or reviewed financial statements are required, are they provided? If not, have you requested a conditional registration or one-time waiver? (See instructions.)
- Are the Form 990 and financial statements prepared for the same reporting period?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- Have you typed or printed your name, date, and title in Item 17 to certify the form?

Return the completed registration form by:	
Email (preferred method):	ct_email@michigan.gov
1. Put the legal name of the organization in the email subject line and AG file number, if known.	
2. If your email with attachments exceeds 25 MB, submit two or more emails as necessary.	
Reference them as 1 of 2, 2 of 2, etc. Attachments must be PDF.	
3. Do not submit encrypted files.	
4. Do not share documents via links.	
Mail:	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
Overnight mail:	Attorney General-Charitable Trust Section 525 West Ottawa Williams Building - 3rd Floor Lansing, MI 48933
Fax:	(517) 241-7074