State of Michigan

Department of Attorney General

CTS - 01 AUTHORITY: MCL 400.271 et seq. PENALTY: civil. criminal

INITIAL SOLICITATION FORM

Charitable Organizations and Solicitations Act (COSA)

This form is primarily used to register organizations for the first time under the Charitable Organizations and Solicitations Act (COSA) MCL 400,271 *et seq.* However, Michigan-based organizations, and those also selecting "Yes" under item 8, will also be registered under the Supervision of Trustees for Charitable Purposes Act (STCPA), MCL 14.251 *et seq.*

Who should file this form?

 Charitable Organizations filing for the first time to solicit in Michigan.

Who should not file this form?

- Charitable organization renewing their solicitation registration. Instead, use Form CTS-02, Renewal Solicitation Form.
- Organizations whose prior solicitation registration has expired. Instead, use Form CTS-02. Also provide copies of any changes to your organizing documents, bylaws, IRS status, or charitable purposes since your previous submission.
- Organizations exempt from solicitation registration. See Form CTS-03, Request for Exemption.

INSTRUCTIONS

GENERAL INFORMATION

Exemptions – Both COSA and STCPA contain certain exemptions from their respective registration requirements. To see if you qualify for exemption from one or both acts, refer to the Request for Exemption form.

Expiration—Your solicitation registration will expire 7 months after the close of your fiscal year (financial accounting period). Your renewal form is due 30 days before the expiration of your registration.

Use of file number – The organization will be assigned a file number that must be used on all correspondence and forms sent to this office. Your file number will be printed on the registration.

Fees – There is currently no fee to register to solicit in Michigan.

'Filing the initial form – You may submit your registration by email, efiling, fax, or by mail. For faster processing, use email or efiling.

<u>Email</u> - The Form and all required documents should be attached in PDF form. Send it to: ct email@michigan.gov.

Efile – On the Attorney General's website, http://www.mi.gov/charity, scroll down to the link for Efiling.

Mail - Send the solicitation form to:

Department of Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909

Telephone: (517) 373-1152 Fax: (517) 241-7074

Verify that we have received your filing Search for the organization at www.mi.gov/CharitySearch. The search results will state, "Application/registration pending."

SPECIFIC INSTRUCTIONS

To avoid delays and unnecessary correspondence, answer <u>all</u> questions completely.

Name – Enter the organization's exact legal name on the form. This will be the same name as is currently on the articles of incorporation or other organizing document. If you use any names other than the legal name, enter each name on the solicitation form in the space All other names under which you intend to solicit.

Item 4. Summarize in 50 words or less the organization's charitable purposes. This summary will appear on our searchable website. Do not simply quote or refer to the articles of incorporation or standard IRS 501(c)(3) language.

Item 5. A Michigan resident agent must be named for the acceptance of process issued by any court. The form will not be processed without this information. You must provide a street address, not a P.O. box. The organization cannot name itself, the Michigan Attorney General, or the Michigan Secretary of State as its resident agent. You may designate a private individual residing in Michigan. If you need information on companies that will act as resident agent for a fee, you may

Item 13. An organization registering to solicit must provide a financial statement for its most recently completed fiscal year. If an organization files Form 990, 990-EZ, or 990-PF with the IRS, a copy must be provided with the form. We do not accept Form 990-N. Organizations that do not complete a Form 990, 990-EZ, or 990-PF should complete items 14 and 15 on the form.

The IRS return must be prepared in accordance with IRS instructions. If you do not follow the instructions, we may question the return even if the IRS does not. All applicable schedules and attachments required by the IRS form or instructions must be submitted. However, if you file Form 990 or 990-EZ, do not provide a copy of Schedule B, Schedule of Contributors.

Organizations in first accounting period. If your organization was formed within the past year and is in its first financial accounting period, or the period was recently completed and financial information is not yet available, check the box beside "In first financial accounting period" on page 6, item 13. Use the following worksheet to help determine if you should provide financial information with the registration form.

·	Worksheet	
1.	Date organization was created:	JAN/09/2019 mm/dd/yy
2,	The day set as the <u>last</u> day or the organization's annual accounting period. (This should be the last day of a month):	Au (2087) 31 mm/dd
3.	The first time the day in box 2 occurs after the date in box 1:	0 · / 0 / 0 mm/dd/yy

If more than 6 months have passed since the date in box 3, you must provide us with financial information. If the organization had no financial activity before that date, enter 0 on each line.

The registration of an organization that indicated that it is in its first financial accounting period will expire 7 months after its first accounting period was to have ended.

Item 14. - Briefly describe the organization's activities or accomplishments during the fiscal period. Provide a sheet if additional space is needed. Do not simply restate the organization's charitable purpose.

Item 15. - Complete all lines. You must enter the end date of the accounting period. Do not leave any lines blank. Enter "0" If applicable.

On line D, enter all costs related to conducting the charitable activities and accomplishments discussed in Item 14.

Item 16. Audited or reviewed financial statements requirement - If audited financial statements have been prepared for the year being reported, provide a copy with the form. It is not necessary to complete the Financial Statements Worksheet.

For all others, complete the worksheet to calculate if audited or reviewed financial statements will be required. Total support may be reduced by the amount of governmental grants received during the year.

Audited financial statements must be prepared in accordance with generally accepted accounting principles,

If audited or reviewed financial statements are required, but they have not been prepared:

- You may request a one-time walver of the reviewed or audited financial statements requirement. In your request, specify the fiscal year for which the walver is requested and state that the necessary financial statements will be provided in all future years in which reviewed or audited financial statements are required. If you have already received a walver of the financial statements requirement for a prior year, engage an auditor and see below to request a conditional registration.
- If the required financial statements are in the process of being prepared or you have already engaged an auditor to perform the necessary review or audit, provide a letter requesting a conditional registration. In your letter, state when you expect the financial statements to be available. Also, provide a copy of the signed engagement letter agreement with the audit firm. The solicitation registration will include the condition that the required financial statements are to be provided by a specified date.
- The financial statements requirement may be suspended for food banks and similar organizations whose contributions are substantially non-cash. However, suspension of the requirement is unlikely if the organization's cash contributions exceed the audited or reviewed financial statements thresholds, or if donated non-cash items are typically converted to cash. Provide your suspension request with the registration form.

CTS - 01 AUTHORITY 1975 PA 169 1961 PA 101 PENALTY: civil, criminal

Full legal name of organization

STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL CHARITABLE TRUST SECTION

INITIAL SOLICITATION REGISTRATION FORM

Atty Gen File # (If applicable)

	Langeron Charities, Inc.			
	All other names under which you intend to solicit	Employer Identification Number (EIN) 30-0748983		
	Telephone number 248-821-9685	Fax number		
	Organization email address 881 igor@hotmail.com	Organization website		
All questi	ons must be answered. Provide additional sheets if necessary.			
PART	I GENERAL INFORMATION			
	nization addresses – A. Organization mailing address, 2781 Dearborn , Rochester Hills, MI 48304			
	Street address of principal office. If the organization does not maintain a pathe person having custody of the financial records. 2794 December 1, December 1, 1995 MI 49904.	rincipal office, provide the name and address o		
	 2781 Dearborn , Rochester Hills, MI 48304 C. Provide the county in which the principal office, or person having custody o Oakland 	f financial records, is located.		
	D. Provide the address of any office in Michigan. 2781 Dearborn , Rochester Hills, MI 48304			
	of Organization - Check one: Nonprofit corporation - State of incorporation Dat If incorporated in Michigan, provide your Corporate Identification Number: 70401W If not incorporated in Michigan, provide copies of your articles of incorporation, bylaws an Trust - Provide a copy of the trust instrument. Unincorporated association - Provide a copy of your Articles of Association, Constitut Other - explain and provide a copy of the relevant document:	tion and Bylaws, or other organizing document.		
	al Tax Exempt Status — Check one: Exempt under 501(c)(3) — Provide a copy of your determination letter. Exempt under another section: Section 501(c) Provide a copy of your d Applied, or will apply, for tax exempt status under Section 501(c) Date of The organization is not tax exempt and will not apply for tax exempt status.			
501(c)	marize the organization's charitable purposes in 50 words or less. Do not simple(3) language.			
	onal activities of a Langeron Charities. To be a part of the community the sorrestional, le for generating funds, focus around different types of recreational, le for			
	and handle charitable fund raising events for funds to be used for the l			

5.		st designate a resident agent in Michigan. Provide name and street address (not PO Box).		
		me Igor Krichmar	. .	
himania	Ac	dress 2781 Dearborn , Rochester Hills, MI 48304		
6.	٨.	ods of solicitation. Check all that apply.		
	Ма			
	☐ Te	ephone Radio / television Newspaper/magazines None (explain)		
	B. Provi	de copies of all soliciting materials.		
7.	Has the	organization, any of its officers, directors, employees or fundraisers:	Yes	No
	A.	Been enjoined or otherwise prohibited by a government agency/court from soliciting?		\square
		Had its solicitation license or registration denied or revoked in any jurisdiction?		9
	C.	Been the subject of a proceeding regarding any license, registration, or solicitation?		Ħ,
	D.	Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?		
	If any "ye	s" box is checked, provide a complete explanation.		Contract to the books
8.	Will the	organization hold any assets (cash, bank accounts, land, building, etc.) in Michlgan?	Yes 🖂	No 1
	be	aritable organizations created in Michigan and out-of-state organizations holding assets in Michigan will registered as a charitable trust under the Supervision of Trustees for Charitable Purposes Act, See <u>Request for Exemption</u> form for possible exemptions.		
9.	Michigar	Chapters – Section I. Check the box for your organization type and follow instructions.		
		i. An organization filing on its own behalf with no chapters in Michigan. – Skip to question 10.		
		ii. A parent organization that supervises and controls one or more local, county or area chapters in intends to include the Michigan chapters in its solicitation registration Go to Section II below.	Michig	an and
		iii. A parent organization that has one or more Michigan chapters but does not want to include the Michigan solicitation registration. – Skip to question 10.	chapte	rs in its
		iv. A Michigan chapter of a parent organization See instructions for filing information. Skip to question	10.	
		Tip: Choose i. if you have branch offices or locations that are merely extensions of the central organizations separate entities. However, choose ii. or iii. if you are a parent organization with one or more chapters in		
	Section	II. – Required information and documentation		
		Michigan law allows a parent organization to file on behalf of its chapters. The parent must either be inc Michigan or have obtained a Certificate of Authority to Transact Business or Conduct Affairs in Michigan parent will usually have a group exemption from the IRS. With its registration form, the parent will be re- provide a financial report for each Michigan chapter to be included.	. The	
			Yes	No
	Α.	Do you have a group exemption from the IRS? If no, provide an explanation regarding the tax exempt status of your Michigan chapters. How are filings made with the IRS on behalf of the chapters?		
	В.	On a separate sheet, explain the relationship structure with your chapters. What control do you exercise over chapters? Include representative chapter charters or bylaws that may help explain your relationshi with your chapters.	p P	•
	C.	Provide a listing of the names and addresses of all Michigan chapters to be included in your solicitation registration. <i>Note – this will be required annually when renewing.</i>		
	D.	Provide a financial report in a format of your choosing for each Michigan chapter to be included in your solicitation registration. The report(s) should cover the same fiscal period on which you are reporting an should itemize chapter revenues, expenses, and include a balance sheet. <i>Note this will be required annually when renewing</i> .	± L	

4. I	Briefly describ	e you	r charitable accomplishments during the period		
			e de la Section de la constant de l		- consequence of the
5.	or 990-PF. C reported. En	Compl ter "0'	ion only if directed to in item 13 because your organiete all lines of the following schedules. You must en or "none" where appropriate or if you had no financi	ter the end date of the ac al activity in the period. •	e a Form 990, 990-E ecounting period bei
	Enter the	end (date of the financial accounting period reported below	v: <u> </u>	1
		_	Revenue Contributions and fundraising received	4230	-
		B	All other revenue	100	-
		C	Total revenue (add lines A and B)	4230	
			Expenses		
		D	Charitable program services expense	4200	
		E	All remaining expenses (supporting services)	/**	
		F	Total expense (Sum of lines D and E)	4200	
		G	Revenue less expenses (subtract line F from line C)	30	
			Balance Sheet]
		Н	Total assets at end of fiscal period		
		1	Liabilities at end of fiscal period	į	
	,		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 State	ements Worksheet	
	Item	Where to Find it:	Amount
	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF; line 1	
В.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6c	
C,	Net income from gaming activities	Form 990: Part VIII, line 9c	
 D,	Total contributions and fundraising	Add lines A, B, and C	
 E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	
 F.	Contributions	Subtract line e from line d	- U. 1.

After completing the schedule:

- If line F is \$525,000 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 \$275,000, but not greater than \$525,000, financial statements either reviewed or audited by a certified public accountant are required.

in pr	formatior ohibited	at I am an authorized representative of the organization and that to the best of my knowledge and belief the provided, including all accompanying documents, is true, correct, and complete. False statements are by MCL 400,288(1)(u) and MCL 400.293(2)(c) and are prinishable by civil and criminal penalties. The children of the principle of the pr
Title:	Vi	Ce president Date: 8/30/16
THI	IS IS A P	UBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.
	CHEC	KLIST:
	\	Have all parts of the form been fully completed unless instructed otherwise?
	<u>S</u>	Have you provided the name and Michigan street address of a resident agent in item 5?
	尸	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?
	DX:	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.)
	П	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 regist	ration form by:		
Email (preferred method)	ct_email@mlchigan.gov		
Mail	Attorney General		
	Charitable Trust Section		
	PO Box 30214		
	Lansing, Mi 48909		
Overnight mail	Attorney General-CT Section .		
	525 West Otlawa		
	Williams Building - 1st Floor		
•	Lansing, MI 48933		
Fax	(517) 241-7074		

5. You must designate a resident agent located in Michigan authorized to receive official mail sent to your o	
Address (Michigan street address, not PO box)	,
6. Methods of solicitation. Check all that apply. Mall	
Lygf BFIOHMAR RUGOLF KRICHMAR AROR HABLOYIOU	Yes No
 8. Is there any officer or director who cannot be reached at the organization's mailing address? If "yes," provide the names and addresses on an additional sheet. 9. Has the organization or any of its officers, directors, employees or fundralsers: A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? B. Had its solicitation registration or license denied or revoked by any jurisdiction? C. Been the subject of a proceeding regarding any license, registration, or solicitation? D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? If any "yes" box is checked, provide a complete explanation on a separate sheet. 	Yes No
•	Yes, No
 11. Do you have chapters that solicit in Michigan that are to be included in the solicitation registration? <i>Tip:</i> 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) 	Yes No

FRUTESSIUNAL FUNDRAISERS & FUNDRAISING CONSULTANTS (PFRs)

Has the fundrais	organization enga ing activity for eith	ged a professional fundraiser or f er the fiscal period reported in Pal	undraising consultant f rt III or the current fisca	for Michigan al period?	***************************************	Yes
If yes, in sheets i	i the chart below lis f necessary. Provi	st all PFRs that your organization de copies of contracts for each Pf	has engaged for Michi FR listed.	gan fundraising	activity. Prov	ide addition
Note:		act for solicitations and activities in		i to submit camp	paign financial	statements
Contrac	t types: A-B-	Consulting – See instructions for a Solicitation / event	definition.			
Note	e – You are require	ed to verify that all PFRs under co	ntract for Michigan car	npaigns are cun	rently licensed	d.
	Name	Mailing address	Sum of all p'mts to / retained by PFR during year reported in Part III	Dates of	Is contract currently in	Contract
		Maning adercas	пган	Start date:	effect?	Туре
			_	T- 1 1-4]	ΑЦ
	,			End date:	n	В
				Start date:	у 🔲	A 🔲
				End date:	n	В
				Start date:	уГ	ΑП
			-	End date:		
		· · · · · · · · · · · · · · · · · · ·			n 🗌	В
	s. If you have not	ox below, all organizations must p oreturn. Check the box below for yet filed a return with the IRS, follo	ow the instructions for	newly created o	and follow th rganizations.	e specific
L.	J Form 990. Pro	vide a copy of the Form 990. Do	not include Schedule	B. Skip to item	13 below.	
L-] Form 990-EZ.	Provide a copy of the Form 990-E	Z. Do not include Sc	hedule B. Skip	to item 13 bel	ow.
Ļ_ 	J Form 990-PF.	Provide a copy of the Form 990-F	F including Schedule	B. Complete 11	A and 11B be	low.
L	1 raim 990-14. C	omplete 12A and 12B below.				
	eated organizatio cal period or has re ne instructions for f	ns – A newly created organization ecently completed its first fiscal periling information	n is one that was forme eriod and financial info	ed within the par mation is not ye	st year and is et available_ 5	either in See the
If you are a	a newly created organ formation to submit y	nization and do not have			2,2016	
Your next	he date your first fisc enewal registration.	al period will end or has ended. should provide financial	<u> </u>	Date first fiscal	•	
intermation	on that fiscal period	. Go to Part IV.		ne solicitation regi poths after this da		re seven
orm 990-F	PF - Provide a con	v of the Form 990-PF and comple	ta linge 11 A and 44D t	oolous Attanto		-,
orm 990-F	Complete lines A	y of the Form 990-PF and comple A and B to provide the organization expense as shown on the return.	te lines 11A and 11B to the lines 11A and 11A and 11B to the lines 11A and 11A a	pelow. After cor s. The sum of t	npleting, go to ne two expens	item 13. se functions
Form 990-F	Complete lines A must equal total	y of the Form 990-PF and comple A and B to provide the organization expense as shown on the return. ram Services Expense	te lines 11A and 11B to the lines 11A and 11B to the lines in the line	s. The sum of the sum	ne two expens	item 13. se functions

addresses of	your	officers and board	of directors. After completi	ing 12A and 12B, ski	nust also provide a listing of the names and the part IV.
12B. Comp	lete th	e following schedu	le.		
A End	date o	f fiscal period (MM/E	D/YYYY)	*	12.31.2018
B Inco	me fro	m contributions and f	undraising	-	
C Tota	C Total revenue (from all sources including contributions)		including contributions)		4230
D Chai	ritable	program services exp	ense	3870	
E All re	emaini	ng expenses (support	ing services)	360	4230
F Tota	expe	nse (Sum of lines D a	nd E)		4250
G Exce	ss or	deficit (subtract line F	from line C)	_	
H Tota	asset	s at end of fiscal peri	od	4230	
public accour	ntant v	will be required. If i	financial statements are red Find it:	quired but have not b	r reviewed by an independent certified been prepared, see instructions.
	Α.	Contributions from IRS return	Form 990, Part VIII, line 1h; Form 990-EZ, line 1; Form 990-PF, line 1		
	В.	Net income from special fundraising events	Form 990, Part VIII, line 8c; Form 990-EZ, line 6d		
	C.	Net income from gaming activities	Form 990, Part VIII, line 9c; (not broken out on Form 990	-EZ)	
	D.	ļ	Add lines A, B and C;		
	E.	Governmental grants	Form 990, Part VIII, line 1e; o Form 990-EZ, enter governm included above on line A.		
	. F.	Total support	Subtract line E from line D	- Control of the Cont	
accepted acco	ountin	g principles that ha nan \$250,000 but n	ve been audited by an inde	pendent certified pu	s prepared in accordance with generally iblic accountant. either reviewed or audited by a certified
ART IV			CERTIFIC	ATION	
			authorized to sign this docur	•	zation and that to the best of my knowle st, and complete.
gnature	TOC	e The	Ochwar	Prisident	02/12/201 6
rint name: lgor l	Krichr	nar		Title	e Date
etum completed see instructions for her filing options)		tration form to:	Attorney General Charitable Trust Section		Contact information: Telephone: (517) 373-1152 e-mail: ct_email@michiga

PO Box 30214 Lansing, MI 48909