

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL
CHARITABLE TRUST SECTION



INITIAL SOLICITATION REGISTRATION FORM

Full legal name of organization <u>Motor City Baseball Club</u>	Atty Gen File # (if applicable)
All other names under which you intend to solicit	Employer Identification Number (EIN) <u>90-0646202</u>
Telephone number <u>248 705-4104</u>	Fax number
Organization email address <u>mcbc2012@gmail.com</u>	Organization website <u>www.mcbchitdogs.com</u>

All questions must be answered. Provide additional sheets if necessary.

PART I **GENERAL INFORMATION**

1. Organization addresses --

A. Organization mailing address.

5534 Orchard Ridge Dr. Rochester Hills, MI 48306

B. Street address of principal office. If the organization does not maintain a principal office, provide the name and address of the person having custody of the financial records.

2703 Product Drive Rochester Hills, MI

C. Provide the county in which the principal office, or person having custody of financial records, is located.

Oakland

D. Provide the address of any office in Michigan.

same as "B" above

2. Type of Organization - Check one:

Nonprofit corporation - State of incorporation MI Date incorporated 12/14/10

If incorporated in Michigan, provide your Corporate Identification Number: 70838M Provide copy of bylaws.

If not incorporated in Michigan, provide copies of your articles of incorporation, bylaws and, if applicable, Mich. Certificate of Authority.

Trust - Provide a copy of the trust instrument.

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

Other - explain 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.

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

Applied, or will apply, for tax exempt status under Section 501(c) ____ Date of application _____

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

4. Summarize the organization's charitable purposes in 50 words or less. Do not simply quote articles of incorporation or required 501(c)(3) language.

MCBC's purpose is to provide area youth the opportunity to compete in top level competitive national baseball tournaments and to develop participants into top baseball players and young men and women.

5. You must designate a resident agent in Michigan. Provide name and street address (not PO Box).

Name Jennifer Mooney
Address 5534 Orchard Ridge Rochester Hills, MI 48306

6. A. Methods of solicitation. Check all that apply. Internet E-mail
 Mail Personal contact Special events Other (specify) _____
 Telephone Radio / television Newspaper/magazines None (explain) _____

B. Provide 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? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Had its solicitation license or registration denied or revoked in any jurisdiction? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Been the subject of a proceeding regarding any license, registration, or solicitation? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

8. 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 for possible exemptions.

9. Michigan 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 Michigan and intends to include the Michigan chapters in its solicitation registration. - Go to Section II below.
 iii. A parent organization that has one or more Michigan chapters but does not want to include the chapters in its Michigan solicitation registration. -- Skip to question 10.
 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 organization and are not separate entities. However, choose ii. or iii. if you are a parent organization with one or more chapters in Michigan.

Section II. -- Required information and documentation

Michigan law allows a parent organization to file on behalf of its chapters. The parent must either be incorporated in Michigan or have obtained a Certificate of Authority to Transact Business or Conduct Affairs in Michigan. The parent will usually have a group exemption from the IRS. With its registration form, the parent will be required to provide a financial report for each Michigan chapter to be included.

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Do you have a group exemption from the IRS? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | | |
| B. 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 relationship with your chapters. | | |
| 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 and should itemize chapter revenues, expenses, and include a balance sheet. <i>Note -- this will be required annually when renewing.</i> | | |

PART II PROFESSIONAL FUNDRAISERS & FUNDRAISING CONSULTANTS (PFRs)

Under Michigan law, fundraising counsel or consultants may be considered professional fundraisers. See instructions for definition.

10. Has the organization engaged a professional fundraiser or fundraising consultant for Michigan fundraising activity for either the fiscal period reported in Part III or the current fiscal period? Yes No

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.

Note: PFRs under contract for solicitations and activities in Michigan are required to submit campaign financial statements. See instructions.

Contract types: A – Consulting – See instructions for definition.
B – Solicitation / event

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

Name	Mailing address	Sum of all p'mts to / retained by PFR during year reported in Part III	Dates of contract	Is contract currently in effect?	Contract Type
			Start date:	y <input type="checkbox"/>	A <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	B <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	A <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	B <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	A <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	B <input type="checkbox"/>

PART III FINANCIAL INFORMATION

Except as discussed in the box below, all organizations must provide a financial report with their registration form. In most cases this will be a copy of their IRS return. Check the box below for the type of return you file with the IRS and follow the specific instructions. If you have not yet filed a return with the IRS, follow the instructions for newly created organizations.

- Form 990. Provide a copy of the Form 990. Do not include Schedule B. Skip to item 13 below.
- Form 990-EZ. Provide a copy of the Form 990-EZ. Do not include Schedule B. Skip to item 13 below.
- Form 990-PF. Provide a copy of the Form 990-PF including Schedule B. Complete 11A and 11B below.
- Form 990-N. Complete 12A and 12B below.

Newly created organizations – A newly created organization is one that was formed within the past year and is either in its first fiscal period or has recently completed its first fiscal period and financial information is not yet available. See the chart in the instructions for filing information.

If you are a newly created organization and do not have financial information to submit with the registration, check the box and enter the date your first fiscal period will end or has ended. Your next renewal registration, should provide financial information on that fiscal period. Go to Part IV.

____ / ____ / ____
Date first fiscal period ends

The solicitation registration will expire seven months after this date.

11. **Form 990-PF** – Provide a copy of the Form 990-PF and complete lines 11A and 11B below. After completing, go to item 13.

Complete lines A and B to provide the organization's functional expenses. The sum of the two expense functions must equal total expense as shown on the return.

11A. Total Program Services Expense \$ _____

11B. Total Supporting Services Expense \$ _____

12. Form 990-N. Complete this section only if you file Form 990-N with the IRS. You must also provide a listing of the names and addresses of your officers and board of directors. After completing 12A and 12B, skip to Part IV.

12A. Briefly describe your charitable accomplishments during the period. Provided almost 100 area youths with year long baseball training facility and ability to compete at a national level.

12B. Complete the following schedule.

A	End date of fiscal period (MM/DD/YYYY)		
B	Income from contributions and fundraising		42,867
C	Total revenue (from all sources including contributions)		42,867
D	Charitable program services expense	42,867	
E	All remaining expenses (supporting services)		
F	Total expense (Sum of lines D and E)		42,867
G	Excess or deficit (subtract line F from line B)		- 0 -
H	Total assets at end of fiscal period		

13. Audited or reviewed financial statements requirement

Do not complete this section if you completed item 12 above or if you are already submitting audited financial statements.

Complete the following schedule to determine if financial statements either audited or reviewed by an independent certified public accountant will be required. If financial statements are required but have not been prepared, see instructions.

	Item	Find it:	
A.	Contributions from IRS return	Form 990, Part VIII, line 1h; Form 990-EZ, line 1; Form 990-PF, line 1	
B.	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; (not broken out on Form 990-EZ)	
D.		Add lines A, B and C;	
E.	Governmental grants	Form 990, Part VIII, line 1e; or Form 990-EZ, enter governmental grants included above on line A.	
F.	Total support	Subtract line E from line D	

If Total support, line F, is greater than \$500,000 you must provide financial statements prepared in accordance with generally accepted accounting principles that have been audited by an independent certified public accountant.

If line F is greater than \$250,000 but not greater than \$500,000, financial statements either reviewed or audited by a certified public accountant are required.

PART IV

CERTIFICATION

Under penalty of perjury, I certify that I am authorized to sign this document for the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete.

Signature: Joseph P. Mooney Chairman Date: 4/10/12
 Print name: Joseph P. Mooney Title Date

Return completed registration form to: Attorney General
 Charitable Trust Section
 PO Box 30214
 Lansing, MI 48909
 Contact information:
 Telephone: (517) 373-1152
 e-mail: ct_email@michigan.gov