

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL  
CHARITABLE TRUST SECTION

**RENEWAL SOLICITATION APPLICATION  
LICENSE TO SOLICIT DONATIONS**

PLEASE TYPE OR PRINT IN INK

Full legal name of organization Grand Rapids Sports Hall of Fame	Atty Gen file number MICS 20854
All other names under which you intend to solicit Positively Warren Golf Classic Hall of Fame Basketball Classic	Employer Identification Number (EIN) 38-3264574
Telephone number (616) 975-4100	Fax number (616) 975-4400
Organization email address	Organization website www.GRSHOF.com

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

**PART I GENERAL INFORMATION**

1. Organization addresses -

A. Organization mailing address.

P.O. Box 6547 Grand Rapids, MI 49516

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.

2330 E. Paris Ave. SE, Grand Rapids, MI 49546

C. Provide the address of any office in Michigan.

2. Answer both A and B.

A. Has there been any change in the organization's purposes? Yes  No

If yes, briefly summarize the change and state the organization's current purposes: Attach any amendments to your articles or bylaws.

\_\_\_\_\_

B. Will contributions be solicited in Michigan for specific programs or purposes? Yes  No

If yes, explain:

\_\_\_\_\_

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

Name Patrick J. Holmes, CPA

Street address 2330 E. Paris Ave. SE, Grand Rapids, MI 49546

4. 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. Attach copies of all soliciting materials.

5. Has there been a change in the organization's tax status with the IRS? Yes  No

If yes, explain and document.

\_\_\_\_\_

8. Since your last application, has the organization or 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 by 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, attach a complete explanation.

7. Michigan chapters. Do you have chapters in Michigan that are to be included in the solicitation license? . . . . .  Yes  No

- If yes, attach the following:
- 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)

Note - if you have chapters but have not previously informed us of your intent to include them, see the instructions.

**PART II PROFESSIONAL FUNDRAISERS (PFRs)**

8. Has the organization engaged a professional fundraiser (PFR) 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. Attach additional sheets if necessary. Provide copies of contracts and contract addenda for each PFR listed unless previously submitted.

Under Michigan law, fundraising counsel or consultants may be considered PFRs. (See instructions for definition.)  
 Note: If the PFR handles or has access to the contributions, a Campaign Financial Statement will be required. (See instructions.)

- Contract types:**
- a - PFR solicits but does not handle or have access to contributions
  - b - PFR solicits and handles or has access to contributions
  - c - Consultant

Name	Mailing address	Sum of all payments to or retained by PFR during reporting year	Dates of contract	Is contract currently in effect?	Contract Type
J. Milito & Assoc., Inc.	1133 Maplegrove Dr. NE	\$1,330	Start date:	y <input type="checkbox"/>	a <input checked="" type="checkbox"/>
	Grand Rapids, MI 49504		End date: 08/15/08	n <input checked="" type="checkbox"/>	b <input type="checkbox"/> c <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	a <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	b <input type="checkbox"/> c <input type="checkbox"/>
			Start date:	y <input type="checkbox"/>	a <input type="checkbox"/>
			End date:	n <input type="checkbox"/>	b <input type="checkbox"/> c <input type="checkbox"/>

**PART III FINANCIAL INFORMATION**

All organizations must provide a financial statement with their application. We require a copy of the IRS Form 990, 990-EZ, or 990-PF. If you had unrelated business income, a copy of your Form 990-T is required. In addition, audited or reviewed financial statements may be required. Go to the line below for the IRS form you file and follow instructions. If you file Form 990-N, go to line 12.

9. **Form 990** - Attach a copy of the form 990. Do not include Schedule B. Skip to number 13 below.
10. **Form 990-PF** - Attach a copy of the Form 990-PF and complete lines A and B below. After completing, skip to number 13.
- Complete lines A and B to disclose the organization's functional expenses. The sum of the two expense functions must equal total expense as shown on the return.
- A. Total Program Services Expense \$ \_\_\_\_\_
- B. All other expenses. (Supporting Services) \$ \_\_\_\_\_
11. **Form 990-EZ** - Attach a copy of your Form 990-EZ. Do not include Schedule B. Answer item A on next page. Complete the statement of functional expenses in B if instructed to do so.

A. Enter amount from item L on front of Form 990-EZ.

\$179,123 \_\_\_\_\_ If amount is \$100,000 or more, go to B and complete the Statement of Functional Expenses.  
 If amount is less than \$100,000, go to Part IV.

B. Organizations with gross receipts of \$100,000 or more must also include a statement of functional expenses. Complete the Statement of Functional Expenses below. See instructions.

Statement of Functional Expenses						
	<i>Do not include amounts reported on lines 5b, 6b, or 7b of 990-EZ</i>		(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
<i>Round all numbers to nearest dollar</i>						
1	Grants, allocations, and contributions made (attach schedule)	1	750	750		
2	Specific assistance to individuals	2	0	0		
3	Benefits paid to/for members	3	0	0		
4	Compensation of officers/directors	4	0	0	0	0
5	Other salaries and wages	5	0	0	0	0
6	Pension plan contributions	6	0	0	0	0
7	Other employee benefits	7	0	0	0	0
8	Payroll taxes	8	0	0	0	0
9	Professional fundraising fees	9	0	0	0	0
10	Accounting fees	10	0	0	0	0
11	Legal fees	11	3,675	0	3,675	0
12	Supplies	12	0	0	0	0
13	Telephone	13	1,052	0	1,052	0
14	Postage and shipping	14	565	0	565	0
15	Occupancy	15	0	0	0	0
16	Equipment rental and maintenance	16	0	0	0	0
17	Printing and publications	17	0	0	0	0
18	Travel	18	650	0	650	0
19	Conferences, conventions, meetings	19	2,539	0	2,539	0
20	Interest	20	0	0	0	0
21	Depreciation, depletion	21	0	0	0	0
22a	Other expenses (itemize):	22a	9,148	5,139	4,009	0
b		b	0	0	0	0
c		c	0	0	0	0
23	<b>Total functional expenses</b>	23	18,379	5,889	12,490	0
24	Joint costs. Complete this line if you reported in column (B) any joint costs from a combined educational and fundraising campaign. Check if using SOP 98-2. <input type="checkbox"/>	24	0	0	0	0

NOTE: Line 23, column (A) must equal line 17 of the IRS Form 990-EZ.  
 Add lines 1 - 22c in each column. Enter totals on line 23.  
 On each line, the sum of entries in columns (B), (C), and (D) must equal entry in column (A).

12. **Form 990-N.** Complete this section only if you file Form 990-N with the IRS. Attach a listing of the names and addresses of the officers and board of directors. After completing Sections I and II, skip to Part IV.

Section I. Briefly describe your charitable accomplishments during the period. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Section II. Complete the schedule on the following page.

**Line 12, Section II- Schedule for IRS 990-N Filers**

A	End date of fiscal period		
B	Income from contributions and fundraising		
C	Total revenue (from all sources including amount on line B)		
D	Charitable program services expense		
E	All remaining expenses (supporting services)		
F	Total expense (Sum of lines D and E)		
G	Excess or deficit (subtract line F from line C)		
H	Total assets at end of fiscal period		

**13. Audited or reviewed financial statements requirement**

Do not complete this section if you completed number 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.

	Item	Find it:		
A.	Contributions from IRS return	2008 Form 990, Part VIII, line 1h; 2007 Form 990, Part I, line 1e; Form 990-EZ, line 1; Form 990-PF, line 1	25,000	
B.	Net income from special fundraising events	2008 Form 990, Part VIII, line 8c; 2007 Form 990, line 9c; Form 990-EZ, line 6c	-17,658	
C.	Net income from gaming activities	2008 Form 990, Part VIII, line 9c; (not broken out on 990-EZ or 2007 990)		
D.		Add lines A, B and C;		7,342
E.	Governmental grants <i>Attach schedule.</i>	2008 Form 990, Part VIII, line 1e; 2007 Form 990, line 1d; Form 990-EZ, enter governmental grants included above on line A.		0
F.	Total support	Subtract line E from line D		7,342

If Total support, line F, is \$500,000 or more, 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 audited or reviewed by a certified public accountant are required.

When providing audited or reviewed financial statements, attach a reconciliation explaining any differences between the financial statements and your IRS return.

**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 attachments, is true, correct, and complete.

Signature: \_\_\_\_\_ Treasurer, Trustee \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

Print name: Patrick J. Holmes, CPA

**REMINDERS:**

- You must provide a fully completed copy of the appropriate IRS form with your application unless you were qualified to complete the schedule in 12, Section II.
- A listing of names and addresses of the officers and board of directors must be attached to the 990 or the application.
- To ensure a complete filing, see checklist in instructions.

Return completed application to: Attorney General  
 Charitable Trust Section  
 (See instructions for other filing options) PO Box 30214  
 Lansing, MI 48909

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