COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying with credit card, complete Credit Card Payment Authorization on page 4)

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

SECRETARY OF STATE

SFN 11300 (09-2015)

FEE: $25.00

For Office Use Only

ID Number:
WO Number:
License Number:
Issued By:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone: (701) 328-3665
Toll Free: (800) 352-0867, option 8
Fax: (701) 328-1690
Website: sos.nd.gov

ATTACHMENTS:

- ☐ IRS Determination Letter (or first page of pending application)
- ☐ Financial Statement or IRS Form 990
- ☐ List of names and addresses of all directors, officers, and trustees. Indicate the individuals having the financial discretion or authority as to the distribution and use of contributions received.
- ☐ List of total compensation, including salaries, fees, bonuses, fringe benefits, severance payments, and deferred compensation, paid to all employees by the charitable organization and all its affiliated organizations.
- ☐ Copy of agreement with professional fundraiser, if any.

See instructions for filing and mailing information.

TYPE OR PRINT LEGIBLY **For reference, see North Dakota Century Code, Chapter 50-22.**

1A. Legal Name of Organization			1B. Federal ID Number
1C. Name(s) under which the organization solicits contributions			
1D. Street and mailing address of principal executive office (Street/RR, PO Box, City, State, ZIP+4) **Street address MUST be provided; may not be only a post office box.**			
City	State	ZIP Code	Telephone Number
1E. Street and mailing address of principal office in North Dakota (Street/RR, PO Box, City, State, ZIP+4) **Street address MUST be provided; may not be only a post office box.** If no office is maintained in North Dakota, indicated "None."			
City	State	ZIP Code	Telephone Number

2A. Registrant is a(n):
☐ Unincorporated nonprofit association ☐ Nonprofit corporation ☐ Nonprofit limited liability company ☐ Trust

2B. State of origin	2C. Year organized	2D. Is the organization exempt from state income tax? ☐ Yes ☐ No

2E. Is the organization exempt from federal income taxes? If yes, attach a copy of your IRS determination letter. If the application is pending, attach a copy of the first page of the application.
☐ Yes - Provide status: 501(c)(_____) ☐ No ☐ Application Pending

3. Method(s) of soliciting the organization anticipates using: (check all that apply)

☐ Direct Mail	☐ Radio	☐ Show or Concert	☐ Newspaper
☐ Personal Contact	☐ Local Television	☐ Grant Writing	☐ Magazines or Periodicals
☐ Vending Business	☐ National Television	☐ Telemarketing	☐ Membership Enrollment

☐ Other - please describe: _____

4. Period of time during which solicitation is to be conducted

5. General purposes for which organized

6. General purposes for which contributions to be solicited will be used

7A. Name of person in charge of organization's books and records in North Dakota			Telephone Number
7B. Address	City	State	ZIP Code

8. Month and day accounting year ends	9. Total contributions the organization received during the last ended accounting year

10. Complete the following for the most recent twelve-month accounting year (attach financial statement or IRS form 990)

REVENUE (Must be completed)		**EXPENSES (Must be completed)**	
Contributions	$	Program Services	$
Trust Funds	$	Solicitation Expenses	$
Gifts, Bequests	$	Salaries, Wages, Fringe Benefits	$
Grants	$	Rent	$
Interest from Investments	$	Accounting Services	$
Other Revenue	$	Professional Fundraisers	$
TOTAL REVENUE	$ 0.00	Other Expenses	$
Excess or Deficit	$	**TOTAL EXPENSES**	$ 0.00
Total Assets	$	**END OF YEAR FUND BALANCE / NET WORTH**	
Total Liabilities	$	(Assets minus liabilities)	$ 0.00

11. Solicitation conducted by:
☐ Voluntary unpaid solicitors ☐ Paid solicitors ☐ Both

12. If solicitation is provided in whole or part by paid solicitors, list the name and address of each professional fundraiser supplying the solicitors and a copy of the agreement. Attach an additional sheet if necessary. If a contract, written agreement, or statement of any arrangement is made between an applicant and professional fundraiser/solicitor after a solicitation registration, the applicant agrees to file a copy of such contract or agreement with the Secretary of State.

12A. Name of Professional Fundraiser			Telephone Number
Address	City	State	ZIP Code
12B. Name of Professional Fundraiser			Telephone Number
Address	City	State	ZIP Code

13. Has the organization or any member thereof been involved in any civil or criminal litigation in the past year?
☐ Yes - Attach a summary statement of the litigation, the outcome, and the parties involved. ☐ No

14. Has the organization been denied the right to solicit contributions, at any time, by any government or any court?
☐ Yes - Attach an explanation. ☐ No

15. Supervisory/Guiding/Administrative/Managing/Governing body that adopted the resolution to execute this registration statement:
☐ Board of Directors ☐ Trustees ☐ Managing Group

16. Date Resolution Adopted

17. Must be signed and certified by an officer:

I, the undersigned, certify that:

- I am a duly elected office of the applicant organization and have been authorized to prepare and execute this application;
- The board of directors/trustees/managing group have supervised and will continue to supervise the finances of the organization and will continue to assume responsibility for determining matters of policy;
- The information supplied is true, correct, and complete to the best of my knowledge; and
- If I make a false statement in this registration, I may be subject to criminal penalties.

Printed Name	Title	
Signature		Date
18. Name of Person to Contact About This Document	Email Address	Daytime Telephone Number

CHARITABLE ORGANIZATION REGISTRATION STATEMENT (continued)

9. Provide the total contributions the registrant received during the last ended accounting year.

10. Provide the figures for revenue and expenses for the most recent twelve-month accounting year. These amounts **must** be completed; **the Secretary of State will not interpret amounts from the attached financial statement or IRS form 990**.

11. Check the box to indicate whether solicitors are voluntary, paid, or a combination of both.

12A. If a professional fundraiser is employed, provide the name, address, and phone number of the fundraiser. **A fundraiser must file the Professional Fundraiser Application before this registration can be filed,** and is available from the Secretary of States website at sos.nd.gov.

12B. If a second professional fundraiser is employed, provide the name, address, and phone number of the fundraiser. If additional fundraisers are employed, attach a list.

13. Indicate whether any member of the organization has been involved in any civil or criminal litigation in the past year. If "Yes", attach an explanation.

14. Indicate whether the organization has been denied the right to solicit contributions in any jurisdiction. If "Yes", attach an explanation.

15. Check the box that defines the governing body of the organization.

16. Provide the date on which the organization passed a resolution to file the Charitable Organization Registration Statement in North Dakota.

17. The registration must be signed and dated by an authorized officer of the organization that is named in the attached list of names and addresses of all directors, officers and trustees.

18. Provide the name, email address, daytime telephone number, and extension, if any, of a contact person if this office has any questions or needs additional information. The email address is not disclosed to the public; this information is privatized in accordance with N.D.C.C., Section 44-04-18.21.

ASSISTANCE: If assistance is required to complete the registration, contact the Secretary of State at (701) 328-3665.

FAX FILING: The document and Credit Card Payment Authorization may be faxed to (701) 328-1690. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

MAILING INSTRUCTIONS: Send documents and filing fees to:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500

Telephone: (701) 328-3665 Toll-Free: (800) 352-0867 (option 8) Fax: (701) 328-1690 Website: sos.nd.gov

ANNUAL REPORT: A Charitable Organization Annual Report (SF 11302) must be filed with the Secretary of State every year. The annual report is due on September 1st with the first annual report due the next September 1st following this registration unless registered in July or August; then September 1st of the subsequent year. Annual report forms are prescribed by the Secretary of State. They are available from the Secretary of States website at sos.nd.gov and are also mailed to the address of the principal executive office.

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE
SFN 51478 (04-2014)
(All items required to complete transaction)

			Amount Authorized
Name			Telephone Number
Address	City	State	ZIP Code

☐ VISA ☐ MasterCard ☐ Discover

Account Number	CSC Number *	Card Expires Month - Year	Signature (Required by Credit Card Companies)
			Date

* (CSC is the three-digit security code on the back of your card by the signature)