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

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

SECRETARY OF STATE

SFN 11300 (11-2012)

FOR OFFICE USE ONLY

ID Number
WO Number
Issued By

FEE: $25.00

Instructions:

1. For reference, see North Dakota Century Code Section 50-22.
2. Please type or print, complete all blanks, enter "None" when appropriate.
3. Any omission or failure to report complete and/or accurate information in this application may result in an investigation by the Secretary of State and/or the Attorney General and may result in forfeiture of your registration.

Privacy: In accordance with the provisions in N.D.C.C. Chapter 44-04, the disclosure of a Federal ID number is voluntary. Failure to provide it will not result in the rejection of the registration. The number is not disclosed to the public. It is used by the Secretary of State to accurately maintain charitable organization records.

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 Ext 328-3665
Fax 701-328-1690
Website: www.nd.gov/sos

1.

Legal Name of Organization			Federal ID Number
Name(s) Under Which the Organization Solicits Contributions			
Street and Mailing Address of Principal Executive Office			
City	State	ZIP Code	Telephone Number
Street and Mailing Address of Principal Office in North Dakota ☐ None			
City	State	ZIP Code	Telephone Number

The registrant is a:
☐ Unincorporated nonprofit association ☐ Non-profit Corporation ☐ Trust
☐ State of Origin: Year Organized:

2. 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 ☐ No ☐ Application Pending Status: 501(c)(_____)

3. Check one or more methods of soliciting the organization anticipates using.
☐ Direct Mail
☐ Personal Contact
☐ Vending Business
☐ Other (please describe):
☐ Radio
☐ Television ☐ National ☐ Local
☐ Show or Concert
☐ Grant Writing
☐ Telemarketing
☐ Newspaper
☐ Magazines or Periodicals
☐ Membership Enrollment

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

7.

Name of Person in Charge of Organization's Books and Records if not Kept at the Organization's Office			Telephone Number
Address	City	State	ZIP Code

8. Attach a list of names and addresses of all directors, officers, and trustees. Indicate the individuals having the final discretion or authority as to the distribution and use of contributions received.

(continue on reverse side)

9. Attach a list of total compensation, including salaries, fees, bonuses, fringe benefits, severance payments, and deferred compensation, paid to employees by the charitable organization and all its affiliated organizations.

10. Month and day accounting year ends

11. State the total contributions the organization received during the last ended accounting year

$

12. Attach financial statement or IRS Form 990. If neither is available, complete the following for the most recent twelve-month accounting year.

INCOME		**EXPENSES**	
Contributions from the public	$	Amount spent for program or charitable purposes	$
Government Grants	$	Management / general expense	$
Fees for program service	$	Fund-raising expense	$
Other Revenue	$	Amounts paid to affiliated organizations	$
TOTAL INCOME	**$**	**TOTAL EXPENSES**	**$**
EXCESS or Deficit	$		
TOTAL Assets	$	**END OF YEAR FUND BALANCE / NET WORTH**	
TOTAL Liabilities	$	(Assets minus Liabilities)	**$**

13. Will the solicitation be conducted by ☐ voluntary unpaid solicitors ☐ paid solicitors ☐ both

If in whole or part by paid solicitor, 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.

Name of Professional Fundraiser		Telephone Number	
Address	City	State	ZIP Code
Name of Professional Fundraiser		Telephone Number	
Address	City	State	ZIP Code

14. Has your organization or a 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

15. Has your organization been denied the right to solicit contributions, at any time, by any government or any court?

☐ Yes - attach an explanation ☐ No

SIGNATURE AND CERTIFICATION

I, the undersigned, state and certify that I am a duly constituted officer of this organization, being the _____(Title) and that this Registration Statement is executed on behalf of the organization by me pursuant to resolutions of the _____ (Board of Directors, Trustees, or Managing Group) adopted on the_____day of _____, 20_____, approving the contents of the Registration Statement, and do hereby certify that the _____(Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume responsibility for determining matters of policy, and have supervised, and will continue to supervise the finances of the organization. I, the undersigned, state that the information supplied is true, correct and complete to the best of my knowledge and I understand that if I make a false statement in this registration, I may be subject to criminal penalties.

_____
Name (PRINT)

_____ _____
Signature Date

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (4-2012)

(All items required to complete transaction)

Amount Authorized			
Name			Telephone Number
Address	City	State	ZIP Code

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

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