



**CHARITABLE ORGANIZATION
REGISTRATION STATEMENT**
SECRETARY OF STATE
SFN 11300 (07-09)

FOR OFFICE USE ONLY

ID Number
WO Number
Approved By
Issued By

FEE: \$25.00

Instructions:

- For reference, see North Dakota Century Code, Section 50-22.
- Please type or print, complete all blanks, enter "None" when appropriate.
- 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.
- Once the registration process has started and the requirements are not completed or perfected within 90 days, the filing fee submitted will be retained and the file closed.

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 83665
Fax 701-328-1690
Web Site: www.nd.gov/sos

1. Legal Name of Organization:			
Name(s) under which the organization solicits contributions:			
Street & mailing address of principal office:			Federal ID Number
City	State	Zip Code	Telephone Number
The business is a: <input type="checkbox"/> Unincorporated association <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Trust <input type="checkbox"/> State of Origin _____ First 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Application Pending Status: 501(c)(_____)			
3. Check one or more methods of soliciting the organization anticipates using. <input type="checkbox"/> Direct Mail <input type="checkbox"/> Radio <input type="checkbox"/> Telemarketing <input type="checkbox"/> Personal Contact <input type="checkbox"/> Television <input type="checkbox"/> National <input type="checkbox"/> Local <input type="checkbox"/> Newspaper <input type="checkbox"/> Vending Business <input type="checkbox"/> Show or Concert <input type="checkbox"/> Magazines or Periodicals <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Grant Writing <input type="checkbox"/> 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 auditor in charge of organization's books & records if not kept at the organizations office.			Telephone Number
Address	City	State	Zip Code
8. Attach a list of names & 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.			
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.			

(continue on reverse side)

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.

<p>INCOME</p> <p>Contributions from the public \$ _____</p> <p>Government Grants \$ _____</p> <p>Fees for program service \$ _____</p> <p>Other Revenue \$ _____</p> <p>TOTAL INCOME \$ _____</p> <p>EXCESS or Deficit \$ _____</p> <p>TOTAL Assets \$ _____</p> <p>TOTAL Liabilities \$ _____</p>		<p>EXPENSES</p> <p>Amount spent for program or charitable purposes \$ _____</p> <p>Management / general expense \$ _____</p> <p>Fund-raising expense \$ _____</p> <p>Amounts paid to affiliated organizations \$ _____</p> <p>TOTAL EXPENSES \$ _____</p> <p>END OF YEAR FUND BALANCE / NET WORTH (Assets minus Liabilities) \$ _____</p>	
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13. Will the solicitation be conducted by voluntary unpaid solicitors paid solicitors both

If 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.

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 statement of your summary of the litigation, the outcome, and the parties involved. No

15. Has your organization been denied the right to solicit contribution, 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, and I, the undersigned, state that the information supplied is true, correct and complete to the best of my knowledge.

Name (PRINT)

Signature /_____
Date