



BARBARA K. CEGAVSKE
Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Names of Charitable Organization: (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as filed with the Secretary of State's office: <input style="width: 100%;" type="text"/> b) Exact name of charitable organization as registered with the Internal Revenue Service. <input style="width: 100%;" type="text"/> c) Name or names under which charitable organization may or intends to solicit charitable contributions: <input style="width: 100%;" type="text"/>																				
2. Web Address: (optional *)	<input style="width: 90%;" type="text"/> *will be listed on public entity search																				
3. USA PATRIOT ACT certification: (optional)	<input type="checkbox"/> Check here to accept the following certification. <small>In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.</small>																				
4. Places of Business: (please complete items a and b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Address</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td style="text-align: center;">Country</td> </tr> </table> b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Address</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td style="text-align: center;">Country</td> </tr> </table> Name of Custodian: <input style="width: 60%;" type="text"/> <div style="text-align: right;">Telephone Number: <input style="width: 20%;" type="text"/></div>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Address	City	State	Zip Code	Country	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Address	City	State	Zip Code	Country
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5. Exempt Status and Federal Tax ID:	Federal tax exempt status: <input style="width: 150px;" type="text"/> EIN - Federal Tax ID: <input style="width: 150px;" type="text"/>																				
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> <td style="width: 40%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Name</td> <td style="text-align: center;">Title</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Address</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td style="text-align: center;">Country</td> </tr> </table>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Name	Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Address	City	State	Zip Code	Country						
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7. Fiscal Year:	Day and month of end of fiscal year of the charitable organization: Day: <input style="width: 50px;" type="text"/> Month: <input style="width: 50px;" type="text"/>																				
8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:	<input type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year. <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Total Revenue (line 12, Form 990; line 9, Form 990EZ).....</td> <td style="width: 20%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Total Expenses (line 18, Form 990; line 17, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Total Assets (line 20, Form 990; line 25, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Total Assets (line 20, Form 990; line 25, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	<input style="width: 95%;" type="text"/>								
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9. Signature: (must be signed by an officer of the nonprofit corporation)	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <p>X _____ Officer Signature Title Date</p>																				