



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

(for Out-of-State Charitable Organizations Not Required to Register to Do Business in Nevada)*

**Required for any Charitable Organization that intends to solicit charitable/tax deductible contributions in Nevada.*

Page 1 of 2

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Names of Charitable Organization: (please complete items a thru d; attach additional page(s) if necessary)	a) Name of charitable organization as state in its Articles of Incorporation or other governing document: <input style="width: 90%; height: 20px;" type="text"/> b) Jurisdiction and date of formation: _____ Date of formation: _____ <input style="width: 90%; height: 20px;" type="text"/> c) Exact name of charitable organization as registered with the Internal Revenue Service: <input style="width: 90%; height: 20px;" type="text"/> d) Name or names under which charitable organization may, or intends to, solicit charitable contributions in Nevada: <input style="width: 90%; height: 20px;" type="text"/>																								
2. Web Address: (optional**)	<input style="width: 90%; height: 20px;" type="text"/> <p style="text-align: right; font-size: small;">**will be listed on public entity search</p>																								
3. USA PATRIOT ACT certification: (optional)	<input type="checkbox"/> Check here to accept the following certification. 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.																								
4. Places of Business: (please complete items a, b and c; 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-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 30%;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: right; font-size: small;">Telephone Number</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right; font-size: small;">Address</td> <td style="text-align: right; font-size: small;">City State Zip Code Country</td> </tr> </table> b) Name, address, and telephone number of custodian of its financial records: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 30%;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: right; font-size: small;">Name of Custodian</td> <td style="text-align: right; font-size: small;">Telephone Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right; font-size: small;">Address</td> <td style="text-align: right; font-size: small;">City State Zip Code Country</td> </tr> </table> c) Name, address, and telephone number of contact person for this registration statement: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 30%;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: right; font-size: small;">Name of Contact Person</td> <td style="text-align: right; font-size: small;">Telephone Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right; font-size: small;">Address</td> <td style="text-align: right; font-size: small;">City State Zip Code Country</td> </tr> </table>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Telephone Number				Address	City State Zip Code Country	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Name of Custodian	Telephone Number			Address	City State Zip Code Country	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Name of Contact Person	Telephone Number			Address	City State Zip Code Country
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5. Exempt Status and Federal Tax ID:	a) Indicate status by checking appropriate box: <input type="checkbox"/> I certify that the charitable organization named in Item 1 is exempt from federal income tax under §501(c)(3) of the Internal Revenue Code. OR <input type="checkbox"/> I certify that the charitable organization named in Item 1 has applied to the IRS for a determination that it is exempt from federal income tax under §501(c)(3) of the Internal Revenue Code. b) Federal Employer Identification Number: <input style="width: 150px;" type="text"/>																								
6. Fiscal Year:	Day and month of end of fiscal year of the charitable organization: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 40%;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: right; font-size: small;">Day</td> <td style="text-align: right; font-size: small;">Month</td> </tr> </table>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Day	Month																				
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7. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:

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 the most recently filed Form 990, Part I or 990EZ, Parts I and II.

Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	
Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	
Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	
Total Assets (line 20, Form 990; line 25, Form 990EZ).....	
Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	
Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	

8. Purpose: (state the purpose for which the charitable organization is organized; attach additional page(s) if necessary)

9. Email:

Organization or Executive Office Email for Notification:

10. Names and Addresses of the Officers, Directors, and Trustees of the Charitable Organization: (attach additional page(s) if necessary)

1.					
	Name	Title			
	Address	City	State	Zip Code	Country
2.					
	Name	Title			
	Address	City	State	Zip Code	Country
3.					
	Name	Title			
	Address	City	State	Zip Code	Country

11. Names and Addresses of Executive Personnel: (Other than those already listed in 10, above; attach additional page(s) if necessary)

1.					
	Name	Title			
	Address	City	State	Zip Code	Country
2.					
	Name	Title			
	Address	City	State	Zip Code	Country
3.					
	Name	Title			
	Address	City	State	Zip Code	Country

12. Signature: (must be signed by an officer, or if a trust, by a trustee)

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.

X _____ Title _____ Date _____

Authorized Signature



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Instructions

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Who must file

This form is to be completed and filed by charitable organizations not incorporated in or “doing business” in Nevada, and that intend to solicit charitable (tax-deductible) contributions in Nevada.

For this purpose:

A *charitable organization* is any organization that has been recognized by the Internal Revenue Service as exempt from federal income tax under §501(c)(3). It does not include “any organization that is established for and serving bona fide religious purposes.” Also, it only includes §501(c)(3)s and does not include an organization exempt from federal income tax under any other paragraph of §501(c) of the Internal Revenue Code (such as §501(c)(4) or §501(c)(6)).

A charitable organization is “*doing business*” in Nevada if it has an office in Nevada, or if its employees or agents regularly conduct business in Nevada (such as by delivering program services within the state).

An organization is *not* “doing business” when it, without more, conducts fundraising from an out-of-state location by such remote means as mail, e-mail, telephone, television, or other media. In addition, an organization is not doing business when it conducts a one-off fundraising event within the state or holds a meeting concerning organizational affairs within the state.

For further information about activities that, by statute, do not constitute “doing business” within Nevada, see Nevada Revised Statutes (NRS) 80.015.

When to file

Initial filing

Charitable organizations soliciting contributions in Nevada must file this form before soliciting contributions in Nevada.

Annual renewal filing

All charitable organizations must file this form each year, not later than the end of the anniversary month in which they first filed.

Where to file

This form should be mailed to the following address:

Office of the Secretary of State
202 North Carson Street
Carson City, NV 89701-4201



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Line 1(d)

Report the name of any project or “dba” different than the name reported on Line 1(a) under which the charitable organization will raise money in Nevada.

Line 4(c)

Report the name of the contact person within the organization. If the organization contracts with an outside service provider to manage and file its registrations, you may report the name of a contact person at the service provider.

Line 9

List the individuals in office as of the filing date. Report either a residence or business address (which may be the organization’s principal place of business).

Line 10

List the Executive Personnel as of the filing date, but not anyone listed on Line 6. Report either a residence or business address (which may be the organization’s principal place of business).

“Executive Personnel” has the same meaning as “key employee,” as defined by the IRS for Form 990 reporting, as follows:

A key employee is an employee of the organization (other than an officer, director, or trustee) **who meets ALL three** of the following tests, applied in the following order:

1. **\$150,000 Test:** Receives reportable compensation from the organization and all related organizations in excess of \$150,000 for the most recently completed calendar year.
2. **Responsibility Test:** At any time during most recently completed calendar year:
 - a. Has responsibilities, powers, or influence over the organization as a whole that is similar to those of officers, directors, or trustees;
 - b. Manages a discrete segment or activity of the organization that represents 10% or more of the activities, assets, income, or expenses of the organization, as compared to the organization as a whole; or
 - c. Has or shares authority to control or determine 10% or more of the organization's capital expenditures, operating budget, or compensation for employees.
3. **Top 20 Test:** Is one of the 20 employees other than officers, directors, and trustees who satisfy the \$150,000 Test and Responsibility Test with the highest reportable compensation from the organization and related organizations for the most recently completed calendar year.

Line 11

If the charitable organization is a corporation, unincorporated association, or limited liability company, the form must be signed by an officer. If the charitable organization is a trust, the form must be signed by a trustee.