FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

280103

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:

b) Exact name of charitable organization as registered with the Internal Revenue Service.

c) Name or names under which charitable organization may or intends to solicit charitable contributions:

2. Web Address: (optional *)

*will be listed on public entity search

3. USA PATRIOT ACT certification: (optional)

☐ 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 and b; attach additional page(s) if necessary)

a) Address and telephone number of the principal place of business of the charitable organization:

Telephone Number

Address | City | State | Zip Code | Country

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:

Address | City | State | Zip Code | Country

Name of Custodian:

Telephone Number

5. Exempt Status and Federal Tax ID:

Federal tax exempt status: EIN - Federal Tax ID:

6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)

Name | Title

Address | City | State | Zip Code | Country

7. Fiscal Year:

Day and month of end of fiscal year of the charitable organization: Day: Month:

8. 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 Form 990 or 990EZ for the most recent fiscal year.

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).....

9. Signature: (must be signed by an officer of the nonprofit corporation)

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

Officer Signature Title Date

Reset