



**CHARITABLE ORGANIZATION
ANNUAL REPORT**
SECRETARY OF STATE
SFN 11302 (06-2012)

FOR OFFICE USE ONLY

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DEADLINE: September 4, 2012

FEE: \$10.00

Secretary of State
State of North Dakota
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Instructions:

1. For reference, see North Dakota Century Code, Section 50-22-04.
2. Please type or print, complete all blanks, and enter "None" when appropriate.
3. The Secretary of State and/or the Attorney General may make a detailed examination of the accounts of any charitable organization conducting solicitation for funds within the State of North Dakota.
4. The annual report must be submitted on or before September 4, 2012. The information submitted must be given as of the close of the business on the 31st day of December next preceding the date herein provided for the filing of the report, or, in the alternative, the date of the end of the fiscal year next preceding this report.
5. Every registered organization in order to solicit for the coming year, shall file an annual report along with the \$10.00 fee.
6. If for any reason the report cannot be compiled by September 4, 2012, an extension of the filing date may be granted by the Secretary of State. **For specific extension instructions see the enclosed letter.**

Legal Name of organization:		Business Telephone Number	
Street & mailing address of principal address:		City	State Zip Code
Federal ID Number	Telephone Number	E-Mail Address	Web Address

1. 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
2. General purposes for which contributions to be solicited will be used?
3. 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.
4.

Name of auditor in charge of organization's books & records if not kept at the organizations office.		Telephone Number	
Address	City	State	Zip Code
5. Attach a list of all Professional Fundraisers, used by the organization during the accounting year and the financial compensation and profit resulting to each professional fundraiser.
6. 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
7. Has your organization been denied the right to solicit contribution, at any time, by any government? or any court?
☐ Yes - attach an explanation ☐ No

(continue on reverse side)

ANNUAL REPORTING INFORMATION (This information must be listed on this report form.)

8. The financial information in items 9 and 10 should reflect the fiscal year end of your organization. If the fiscal year ends on December 31st, the year end should be December 31, 2011. If the fiscal year ends prior to September 1st, the year end should be that month, day, 2012. If the fiscal year ends on or after September 1st, the year end should be that month, day, 2011.

Provide the fiscal year end for your organization	
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9. REVENUE: Specific and itemized support and revenue statements disclosing direct public support in North Dakota from solicitation, indirect public support, government grants, program service revenue, and any other revenue from **NORTH DAKOTA**. Unless the information is not reasonably available, in which case the charitable organization may, with the approval of the Secretary of State, provide a reasonable estimate of the required information by completing SFN 59569.

a. Contributions	\$
b. Trust Funds	\$
c. Gifts, Bequests	\$
d. Grants (exclude government grants)	\$
e. Government Grants	\$
f. Interest from Investments	\$
g. Other (please identify)	\$
TOTAL REVENUE	\$

10. EXPENDITURES: Specific and itemized expense statements disclosing program services, public information expenditures, payments to affiliates, management costs and salaries paid in **NORTH DAKOTA**. Unless the information is not reasonably available, in which case the charitable organization may, with the approval of the Secretary of State, provide a reasonable estimate of the required information by completing SFN 59569.

a. Program services means the amount thereof given to the charitable purpose represented.	\$
b. Solicitation Expenses	\$
c. 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.	\$
d. Rent	\$
e. Public Education	\$
f. Accounting Services	\$
g. Fundraising:	\$
h. Funds or properties transferred out of state with an explanation as to recipient and purpose, unless the information is not reasonably available, in which case the charitable organization may, with the approval of the Secretary of State, provide a reasonable estimate of the amounts transferred.	\$
i. Other (please identify)	\$
TOTAL EXPENDITURES	\$

I certify the statements made herein to be true and complete, and are made for the purpose of complying with the requirements of North Dakota Century Code, Section 50-22-04.

Applicant's Signature and Title

Date