

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

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Annual Reporting Initial Registration

FEDERAL EIN NUMBER:

FOR YEAR ENDING:

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* _____

If annual reporting, is this a new name since the organization's last filing? Yes No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:

3. <i>Mailing Address of Organization</i> _____ _____ _____	<i>Physical Address of Organization</i> _____ _____ _____
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4. <i>Contact Person</i> _____ <i>Tel. No.</i> _____	<i>E-mail</i> _____ <i>Fax No.</i> _____
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5. Complete the following for the most recent twelve-month accounting year. *While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.*

INCOME	For Year Ending: _____
Contributions from the public	\$ _____
Government Grants	\$ _____
Other revenue	\$ _____
TOTAL REVENUE	\$ _____

EXPENSES	
Amount spent for program or charitable purposes	\$ _____
Management/general expense	\$ _____
Fund-raising expense	\$ _____
TOTAL EXPENSES	\$ _____

EXCESS or DEFICIT	\$ _____
TOTAL Assets	\$ _____
TOTAL Liabilities	\$ _____

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ _____

For Office Use Only: ARF \$25 \$50 \$75 N (e-Postcard) 990 EZ PF FES SIG BD
 SAL Audit

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?
 Yes No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. **Attach schedule if more than one.**

Name _____
Address _____
City _____ State _____ Zip _____ Compensation _____

7. Does this professional fund-raiser solicit or consult in Minnesota? Yes No
8. Month and day accounting year ends: _____
9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.
Name _____
Street and Number _____
City _____ State _____ Zip _____ Telephone # _____
2. Type of legal entity (**Attach** the creating document):
 Nonprofit corporation Trust Unincorporated association
3. Place and date the organization was incorporated: _____
(state) (date)
4. Is the organization exempt from federal income taxes?
 Yes (**Attach** a copy of the IRS determination letter) Status: 501(c)(____)
 No Date organization submitted Form 1023 to the IRS _____
5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: _____

6. Has the organization been denied the right to solicit contributions?
a. By any government agency? Yes No If yes, attach explanation.
b. By any court? Yes No If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities.

8. Please mark all items that describe the organization's charitable mission:

Arts & Culture Human Services Civic/Lobbying International Health
 Environment Mental Health Education Religious Other _____

Or: List the NTEE code(s) that describe the organization's purpose: _____

9. Which of the above two best describes the organization's primary purpose(s)?

1. _____ 2. _____

10. Check one or more methods of solicitation the organization anticipates using:

Telephone appeals Grant writing Sweep Other _____
 Direct mail Internet Media

11. State the total contributions the organization received during the accounting year last ended:
\$ _____

12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. Attached

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-6.

1. Has the organization's accounting year changed since the last report was filed? Yes No
If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A “related organization” is an organization that controls, is controlled by or is under common control with another corporation. “Control” can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18. **Due to changes in the law, for annual reports after August 1, 2011, the compensation reporting threshold is \$100,000 and total compensation is defined as total amount reported on W2 (box 5) and/or Form 1099 MISC (box 7) issued by the organization and its related organizations.**

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization’s board of directors. Attached
 Included in IRS Return
5. **Attach a GAAP audit** if total revenue exceeds \$750,000. Attached
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). Audit not required
6. Minnesota law requires that an organization file a copy of any IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?
 Yes No (Not required to file a return with IRS or files with National Chapter).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. The following organizations must complete and return the statement of functional expenses below: 1) organizations that file a 990-N (e-Postcard), 990-EZ, or 990-PF; and 2) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the _____(Title) and _____(Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the _____(Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20____, approving the contents of the document, 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. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Name (Print)

Name (Print)

Signature

Signature

Title

Title

Date

Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include *social security numbers, driver's license numbers or bank account numbers* on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.