



State of Alaska
Department of Law
 1031 W. 4th Ave, Suite 200
 Anchorage, AK 99501-5903
 Phone: (907) 269-6600
 Email: lawcharities@alaska.gov

Office Use Only

CHARITABLE ORGANIZATION ANNUAL REGISTRATION

- Use this form file an initial charitable organization registration or renew a registration.
- **Submit form with payment of the \$40 registration fee** (by credit card or check payable to "State of Alaska").
- Registration renewals must be filed by September 1 of each year.
- Registration is complete when the Department of Law sends confirmation that registration is complete.
- For forms and information, or to register online: www.law.alaska.gov/consumer/charityreg.html

Initial Registration or Renewal

Check One: Initial Registration Registration Renewal

Registration Contact Information

Provide the name and contact information of the individual the Department of Law should contact about this registration.

Name _____ Title _____
 Company _____ Address _____
 City _____ State _____
 Zip Code _____ Country (if not USA) _____
 Telephone _____ Email _____

General Information

1. Organization's legal name _____
 All other name(s) used _____
2. Organization's Federal EIN/Tax ID# (nine digits) ____ - ____ - ____ - ____ - ____
3. (A) Organization's Mailing address _____
 City _____ State _____
 Zip Code _____ Country (if not USA) _____
 (B) Organization's Location address (if different) _____
 City _____ State _____
 Zip Code _____ Country (if not USA) _____
4. Organization's Telephone _____ Organization's Email _____
 Website _____

Organization

5. (A) Is organization incorporated? (select yes if non-profit corporation) Yes No
 If **YES**, Year Incorporated _____ State _____
 If **NO**, select organization type Association Trust Other (specify) _____
 Year Established _____ State _____
- (B) **Attach a separate sheet** with a list the names, titles, and addresses of the current officers, trustees, directors and executive director (or equivalent) of the organization.

State Registration

6. (A) Has the organization registered to solicit charitable contributions in any other state? Yes No

If **YES**, list the states (attach additional pages if needed).

(B) Has the organization been enjoined or otherwise prohibited by a government agency or court from soliciting charitable contributions in any state or jurisdiction? Yes No

If **YES**, provide an explanation (attach additional pages if needed).

Tax Exempt Status

7. (A) Has the organization applied for or been granted IRS tax exempt status? Yes No

If **YES**, date of application ___/___/___, **OR** date of determination letter from IRS ___/___/___

Exemption type 501(c)3 501(c)4 Other 501(c)_____

(B) Has the organization's tax exempt status ever been denied, revoked, or modified? Yes No

If **YES**, date ___/___/___, and select one denied revoked modified

Solicitation Methods

8. How does the organization solicitor solicit donations? (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Email | <input type="checkbox"/> Personal Contact |
| <input type="checkbox"/> Telephone Calls | <input type="checkbox"/> Mobile/Text Messaging | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Special Events | _____ |

Purpose of the Organization

9. (A) Primary purpose of the organization (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts, culture, humanities | <input type="checkbox"/> Employment, job related | <input type="checkbox"/> Community improvement, capacity building |
| <input type="checkbox"/> Educational institutions & related activities | <input type="checkbox"/> Food, nutrition, agriculture | <input type="checkbox"/> Philanthropy, voluntarism and Grantmaking foundations |
| <input type="checkbox"/> Environmental quality, protection & beautification | <input type="checkbox"/> Housing, shelter | <input type="checkbox"/> Science and technology research |
| <input type="checkbox"/> Animal related | <input type="checkbox"/> Public safety, disaster preparedness & relief | <input type="checkbox"/> Social science research |
| <input type="checkbox"/> Health-general & rehabilitative | <input type="checkbox"/> Recreation, sports, leisure, athletics | <input type="checkbox"/> Public affairs, society benefit |
| <input type="checkbox"/> Mental health, crisis intervention | <input type="checkbox"/> Youth development | <input type="checkbox"/> Religion, spiritual development |
| <input type="checkbox"/> Disease, disorders, medical disciplines | <input type="checkbox"/> Human services | <input type="checkbox"/> Mutual/membership benefit |
| <input type="checkbox"/> Medical research | <input type="checkbox"/> International, foreign affairs, national security | <input type="checkbox"/> Unknown, unclassifiable |
| <input type="checkbox"/> Crime, legal related | <input type="checkbox"/> Civil rights, social action, advocacy | |

(B) Describe the purposes and programs of the organization for which funds are solicited (attach additional pages if needed).

Paid Solicitors

"Paid solicitor" means a person who is required to be registered under AS 45.68.010(b) or as defined by AS 45.68.900(4).

10. (A) Did the organization use one or more paid solicitors to solicit contributions in Alaska in the past year?

Yes No

If **YES**, complete the following for each paid solicitor (*attach additional pages if needed*).

Company _____

Address _____

City _____ State _____

Zip Code _____ Country (*if not USA*) _____

Telephone _____

(B) **By submitting this registration form, the organization agrees to provide copies of any contracts with paid solicitors listed above to the Department of Law upon request.** *Organizations are not required to attach copies of contracts with paid solicitors to this registration form.*

Financial Information

"Fiscal or accounting year" means the period the charitable organization uses for accounting purposes.

11. (A) Provide the start and end dates for the last fiscal or accounting year the organization completed.

Start Date ___/___/___ End Date ___/___/___

(B) Complete the following based on the last fiscal or accounting year the organization completed.

Total revenue from all sources \$ _____

Total expenses from all sources \$ _____

(C) Did the organization file a Form 990 with the IRS for the last fiscal or accounting year? Yes No

If **YES**, select the type of 990 filed 990 990-EZ 990-N 990-PF 990-T

If **NO**, was the organization granted an extension to file a Form 990? Yes, extension until ___/___/___ No

(D) Did the organization complete an audited financial statement for the last fiscal or accounting year? "*Audited financial statement*" means an independent audit, prepared in accordance with generally accepted accounting principles, and accompanied by the opinion of a certified public accountant.

Yes No

(E) **By submitting this registration form, the organization agrees to provide copies any Form 990 or audited financial statement listed above to the Department of Law upon request.** *Organizations are not required to attach a Form 990 or audited financial statement to this of registration form.*

Signature

This registration form must be signed by a member of the charitable organization's governing body (such as an officer, board member, or trustee), or an authorized employee of the charitable organization.

Signature _____ Print Name _____

Title _____ Date _____

This registration form is a public document and will be made available for public review. Under AS 45.68.010(g), it is unlawful to knowingly provide false statements in a registration form.