

STATE OF ALASKA
CHARITABLE ORGANIZATION ANNUAL REGISTRATION FORM

This form must be filed on or before September 1st and must be accompanied with a \$40 registration fee.

**For forms and other related information,
please visit our website at
www.law.state.ak.us/consumer/**

**Return to: Alaska Department of Law
Attorney General's Office
1031 W. 4th Ave., Suite 200
Anchorage, AK 99501-1994**

1. Organization name _____

2. Mailing address _____

City State Zip

3. Street address (if different) _____

City State Zip

4. Daytime phone (____) _____ - _____

5. Website address _____

6. E-mail address _____

7. Is the organization a corporation? Yes [] No []

Year incorporated: _____ year founded _____ (If different than year incorporated).

State of incorporation _____

8. Purpose of organization:

- [] School, college or other training
- [] Cultural or historical
- [] Health or other services to individuals
- [] Youth activities
- [] Business, professional, employee or fraternal
- [] Sports, athletic, recreational or social
- [] Conservation or environmental
- [] Public opinion advocacy or legal aid
- [] Other, describe: _____

9. Summarize the organization's programs & activities which support its stated purposes.

10. Describe how a citizen could verify or observe these activities.

11. Under what names (other than the name above) will contributions be solicited?

12. Names and titles of three officers or employees receiving the greatest compensation from the organization:

13. Attach a list of names, addresses and telephone numbers of officers of the organization unless (check if applicable):

State of Alaska non-profit corporation registration is current.

14. Number of expected solicitation campaigns during this registration period: _____

15. Paid solicitors under contract to provide fund raising services during this registration period:

(a)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) Is there a written contract for services provided by the named paid solicitor?

Yes No If yes, please attach a copy of the contract.

(c) How is the paid solicitor's compensation calculated under the contract? (describe formula or other method of calculating compensation): _____

16. Federal tax exempt status: applied for on ____/____/____

Exemption not requested. 501(c)(3) granted 501(c)(4) granted

Exemption denied. Federal employer ID no. _____

17. Check the form number(s) of the return(s) filed with the Internal Revenue Service for the most recent fiscal year.

None 990/990EZ Sched. A 990 990-PF

990-T 5227 1041 1041-A

1041-B 4720 Other _____

18. (a) Did the organization file a form 990 for the most recent fiscal year?

Yes No

(b) Did the organization have an audited financial report prepared for the most recent fiscal year?

Yes No

If you checked "YES" to either 18(a) or 18(b) ATTACH the most recently completed Form 990 and/or audited financial report to this registration, and skip to item 20.

If you checked "NO" to both 18(a) and 18(b) you MUST complete items 18(c)(1) through (10) and Number 19.

(c) Financial report for the accounting year ending:

(Date) _____

1. Gross revenue from all sources: _____

2. (Subtract) cost of goods sold: _____

3. **TOTAL REVENUE:** _____

4. Gross fund raising expenses: _____

5. (Subtract) cost of goods sold: _____

6. Cost of solicitation: _____
7. Management & general expenses: _____
8. **AMOUNT APPLIED TO CHARITABLE PURPOSE:** _____
9. Total expenses (Add Lines 6, 7, & 8): _____
10. Surplus/(deficit)(subtract line 9 from line 3) _____
19. Did the organization pay for the fundraising services of any of the following "Outside Entities" during its most recent fiscal year?
- (a) No outside entity retained Contract employee Fundraising Counsel
 Paid solicitor (AS 45.68.900(4)) name & address:

- (b) Was part of the amount paid to "Outside Entities" included in Line 18(c)(8) of the financial report? Yes No
- (c) If 19(b) is yes, indicate both of the following:
 Total amount paid to "Outside Entities" _____
 Amount of line 18(c)(8) paid to "Outside Entities" _____
20. The charitable organization registration fee is submitted with this registration form.
21. I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that the information contained in this Charitable Organization Registration Form is true and correct to the best of my knowledge.

DATE: _____

 (Signature)

 (Print or type name)

 (Print or type title)

Note: This form will be returned if a \$40 registration fee is not submitted with the registration form, items 1 through 21 are not completed, or if the responses are not legible. This form is not valid without a signature.