



5. Fiscal year end of organization (month, day, and year)

(Charitable organization name and address)

**DEADLINE: September 1, 2018** 

FEE: \$10.00

ATTACHMENTS:	Α	TT	Ά	C	Н	M	EI	V٦	ГS	:
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ATTACHMENTS:				
REQUIRED: List of names and the distribution and use of contrib	addresses of all directors, officers outions received.	, and trustees. Indicate the individ	luals having the fina	al discretion or authority as to
List of all professional fundrais professional fundraiser, if applica	sers used by the organization during the	the accounting year and the financi	al compensation ar	nd profit resulting to each
Explanation as to recipient and p	urpose for any funds or properties tra	nsferred out of state, if applicable (	as indicated in 7H).	
TYPE OR PRINT LEGIBLY		For reference, see	North Dakota Ce	ntury Code Section 50-22-04.
Legal name of organization			System	
Street and mailing address of principal a	address	City, state, ZIP code		
Federal ID number	Business telephone number	Email address		
2. Name of auditor in charge of organiza	ation's books and records (if not kept	at the organization's office)	Telepho	ne number
Address		City	State	ZIP code
3. Has your organization, or a member t	share at the continue to a single control of the co		'	
•	mmarizing the litigation, the outcome,		☐ No	
Has your organization been denied th     Yes - Attach an explanation.	·	time, by any government or any co	urt?	
Tes - Allaon an explanation.				
ANNUAL REPORTING INFORMA	TION (This information must be li	sted on this report form.)		
Provide the fiscal year end for the organ	nization. If the fiscal year ends on De	cember 31, the year end should be	December 31, 201	7. If the fiscal year ends prior

to September 1, the year end should be that month, day, 2018. If the fiscal year ends on or after September 1, the year end should be that month, day, 2017.

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6. Revenue from North Dakota	
The information in numbers 6A through 6F should reflect the revenue of the organization as of its fiscal year end. Disclose direct pu from solicitation, indirect public support, grants, programs service revenue, and any other revenue from <b>North Dakota</b> . This section the information is not reasonably available; in which case, the charitable organization may, with the approval of the Secretary of Sta estimate of the required information by completing a Charitable Annual Estimate of Certain Revenue and Expenses (SFN 59569), w with this report.	n must be completed unless te, provide a reasonable
6A. Contributions	\$
6B. Trust funds	\$
6C. Gifts, bequests	\$
6D. Grants	\$
6E. Interest from investments	\$
6F. Other (please identify):	\$
TOTAL REVENUE	\$
7. Expenditures in North Dakota	
The information in numbers 7A through 7I should reflect the expenditures of the organization as of its fiscal year end. Disclose proginformation expenditures, payments to affiliates, management costs, and salaries paid in <b>North Dakota</b> . This section must be complished in the complete organization may, with the approval of the Secretary of State, provide a required information by completing a Charitable Annual Estimate of Certain Revenue and Expenses (SFN 59569), which must then	pleted unless the information asonable estimate of the
7A. Program services (amount given to the charitable purpose represented)	\$
7B. Solicitation expenses	\$
7C. Cost of management and general, including 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	\$
7D. Rent	\$
7E. Accounting services	\$
7F. Cost of fundraising	\$
7G. Public education	\$
7H. Funds or properties transferred out of state; attach an explanation as to recipient and purpose, if applicable (if information is not reasonably available, the Secretary of State may allow the charitable organization to provide a reasonable estimate of amounts transferred)	\$
7I. Other (please identify):	\$
TOTAL EXPENDITURES	\$

8. 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.					
Signature	Title	Date			

Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500

Telephone: (701) 328-3665 Toll-Free: (800) 352-0867 (option 8) Fax: (701) 328-1690 Website: <u>sos.nd.gov</u>

## **INSTRUCTIONS - CHARITABLE ORGANIZATION ANNUAL REPORT - 2018**

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.

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.

**DUE:** The annual report is due September 1, 2018. The envelope <u>must bear a postmark prior to September 2, 2018 to be acceptable</u>. If for any reason the report cannot be compiled by September 1, 2018, an extension of the filing date may be granted until December 1, 2018.

**EXTENSION:** An extension must be requested in writing and be postmarked on or before September 1, 2018. The Extension for Charitable Annual Report (SFN 59568) form available on the Secretary of State's website at **sos.nd.gov** may be used to request such an extension.

**FILING FEES:** The filing fee for the annual report is \$10.00.

**ATTACHMENTS:** Check the box(es) to indicate which items are attached to this report.

INSTRUCTIONS: The following numbered instructions correspond to the numbers on the annual report:

- 1. The application is preprinted with the legal name of the organization as currently registered and the official address on record. If the address is no longer correct, make any necessary changes.
- 2. Provide the name and address of the auditor in charge of the organization's books and records.
- 3. Indicate whether the organization, or a member thereof, has been involved in any civil or criminal litigation in the past year. If yes, attach a statement summarizing the litigation, the outcome, and the parties involved.
- 4. Indicate whether the organization has been denied the right to solicit contributions, at any time, by any government or any court. If yes, attach an explanation.
- 5. Provide the fiscal year end for the organization. If the fiscal year ends on December 31, the year end should be December 31, 2017. If the fiscal year ends prior to September 1, the year end should be that month, day, 2018. If the fiscal year ends on or after September 1, the year end should be that month, day, 2017.
- 6. The information in numbers 6A through 6F should reflect the revenue of the organization as of its fiscal year end. Disclose direct public support in North Dakota from solicitation, indirect public support, grants, programs service revenue, and any other revenue from **North Dakota**. This section must be completed 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 a Charitable Annual Estimate of Certain Revenue and Expenses (SFN 59569), which must then be submitted with this report.
- 7. The information in numbers 7A through 7I should reflect the expenditures of the organization as of its fiscal year end. Disclose program services, public information expenditures, payments to affiliates, management costs, and salaries paid in **North Dakota**. This section must be completed 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 a Charitable Annual Estimate of Certain Revenue and Expenses (SFN 59569), which must then be submitted with this report.
- 8. The annual report must be signed and dated by an authorized officer of the organization.

CREDIT CARD PAYMENT AUTHOR SECRETARY OF STATE SFN 51478 (02-2016)	WO Number (For Office Use Only):  Amount		
Name			Telephone Number
Address	City	State	ZIP Code
Card Type  Visa  MasterCard  Discover	American Express		Signature (required by credit card companies)
Account Number	CSC Number* Card Expire	s (MMYY)	Date