



# CHARITABLE ORGANIZATION ANNUAL REPORT

SECRETARY OF STATE

SFN 11302 (06-2018)

(Charitable organization name and address)

**DEADLINE: September 1, 2018**

**FEE: \$10.00**

## ATTACHMENTS:

- ☐ **REQUIRED: List of names and 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.
- ☐ **List of all professional fundraisers** used by the organization during the accounting year and the financial compensation and profit resulting to each professional fundraiser, if applicable.
- ☐ Explanation as to recipient and purpose for any funds or properties transferred out of state, if applicable (as indicated in 7H).

## TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code Section 50-22-04.

1. Legal name of organization		System ID #	
Street and mailing address of principal address		City, state, ZIP code	
Federal ID number	Business telephone number	Email address	

2. Name of auditor in charge of organization's books and records (if not kept at the organization's office)		Telephone number	
Address	City	State	ZIP code

3. Has your organization, or a member thereof, been involved in any civil or criminal litigation in the past year?	
<input type="checkbox"/> Yes - Attach a statement summarizing the litigation, the outcome, and the parties involved.	<input type="checkbox"/> No

4. Has your organization been denied the right to solicit contributions, at any time, by any government or any court?	
<input type="checkbox"/> Yes - Attach an explanation.	<input type="checkbox"/> No

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

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.

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

6A. Contributions	\$
6B. Trust funds	\$
6C. Gifts, bequests	\$
6D. Grants	\$
6E. Interest from investments	\$
6F. Other (please identify): _____	\$
<b>TOTAL REVENUE</b>	<b>\$</b>

**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 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.

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): _____	\$
<b>TOTAL EXPENDITURES</b>	<b>\$</b>

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

