



Division of Charitable Solicitations and Gaming Office of Tennessee Secretary of State Tre Hargett

312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

Application for Registration of a Charitable Organization

Warning: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514

Instructions: Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may **attach** additional sheets. Indicate that an item does not apply by placing N/A by its number. A **nonrefundable** registration fee of \$50.00 must accompany this application. **If an organization is renewing its application, please complete form SS-6007, Application to Renew Registration of a Charitable Organization.**

1. Name of the organization: _____

Please list the legal name as stated in the organization's organizing instrument (i.e. Articles of Incorporation, by-laws, etc.)

FEIN: _____ Accounting period end date: _____(mm/dd/yy)

(All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.)

2. Do you solicit contributions or operate under any other name(s)?

Yes No If yes, list names used and **attach** any documents authorizing such use:

3. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):

Print Title (Mr., Ms., etc.): _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

4. Contact Address (if different): _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

5. Phone: (_____) _____ Fax: (_____) _____

Email Address: _____ Website: _____

6. Do you have any Chapters, Branches, or Affiliates in Tennessee?

Yes No If yes, list name(s) and address(es):

Are you registering and reporting the financial activities of these organizations?

Yes No (Note: a chapter, branch, or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee.)

7. Legal entity of organization:

Corporation Partnership Association Other, specify: _____

A. When and where was the organization legally established?

Date: _____(mm/yy) City: _____ County: _____ State: _____

B. What are the beginning and ending dates of the organization's accounting period?

Beginning: _____ Ending: _____(mm/dd)

8. Tax Exemption Status (Please check one):

A. Tax-exempt (please include IRS determination letter)

B. Filed for tax exemption (please include a copy of the IRS forms as submitted)

C. Not tax-exempt

9. Has the organization's tax-exempt status ever been revoked by the Internal Revenue Service?

Yes No If yes, please include the date: _____(mm/yy)

10. Has the organization registered in any other state(s)?

Yes No If yes, please list or **attach** a list of other states:

11. Have you been enjoined by any court from soliciting contributions since your last registration?

Yes No If yes, **attach** a copy of the court order.

12. **Attach** a list of the name, title, and address of each officer, director, and trustee.

(List principal salaried officer first.)

13. List the name and address of individual(s) who have final responsibility for the custody of contributions:

A. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

B. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

14. List the name and address of individual(s) who have responsibility for the final distribution of contributions:

A. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

B. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

15. Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?

Yes No If yes, **attach** a detailed explanation.

16. Describe the purpose of the organization:

17. Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer")? Yes No

If yes, **attach** a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity.

This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer.

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

A. Signature of Authorized Officer: _____

Print Title (Mr., Mrs., Ms., etc.): _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____

B. Signature of Authorized Officer: _____

Print Title (Mr., Mrs., Ms., etc.): _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____

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Reg. No. _____ Date Received _____

Exp. Date _____ Fee Paid _____

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