

Application for Initial Registration of a Charitable Organization



Tre Hargett
Secretary of State

**Division of Charitable Solicitations,
Fantasy Sports, and Gaming**
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State of Tennessee
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For Office Use Only

_____ \$ _____

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. 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)

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

Organization Name: _____ Attn: _____

Address: _____

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

4. Primary Contact/Mailing Address (if different from principal). **Note: This is the address the division will use to send official correspondence.:**

Salutation: _____ First Name: _____ Last Name: _____

Address: _____

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

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

Email Address: _____ Website: _____

6. Do you have any Chapters, Branches, or Affiliates in Tennessee? (**Attach** separate sheet if necessary)

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:

A. Corporation Partnership Association Other, specify: _____

B. When and where was the organization legally established?

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

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. Salutation: _____ First Name: _____ Last Name: _____

Address: _____

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

B. Salutation: _____ First Name: _____ Last 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. Salutation: _____ First Name: _____ Last Name: _____

Address: _____

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

B. Salutation: _____ First Name: _____ Last 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 charitable 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: _____

Salutation: _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____

B. Signature of Authorized Officer: _____

Salutation: _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____