Application to Renew Registration of a Charitable Organization

Tre Hargett
Secretary of State

Division of Charitable Solicitations and Gaming
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2555
Fax: 615-253-5173
sos.tn.gov/charitable

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 completed application and attachments must be received on or before the expiration date. **Applications and documents received after the date of expiration will be assessed a $25.00 late fee per month until completed, unless an extension request was filed on or before that date.**

The amount of the filing fee is as follows:

Organization's Gross Revenue	Annual Filing Fee
$0 – $50,000.00	$80.00
$50,000.01 – $99,999.99	$120.00
$100,000.00 – $249,999.99	$160.00
$250,000.00 – $499,999.99	$200.00
$500,000.00 – above	$240.00

*** A nonrefundable registration fee must accompany this application.**

1. Name of the organization: _____

   If name has changed, please indicate: _____

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

   Has the accounting period changed since your last registration? ❑ Yes ❑ No

   If yes, please explain: _____

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. Have you added any Chapters, Branches, or Affiliates in Tennessee since your last registration? (**Attach** a separate sheet if necessary).

   ❑ Yes ❑ No If yes, list name and address:

   _____

   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. Have you amended the organization documents submitted with your last registration?
   ❑ Yes ❑ No If yes, **attach** a copy of the amendment(s).

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: _____