

FOR OFFICE USE ONLY

Please mail registration to:

Registration Number _____

**Secretary of State Ken Bennett/Charities Division
1700 W. Washington, 7th Fl. Phoenix, AZ 85007**

Walk-in service: 1700 W. Washington, 1st Fl., Room 103

Tucson office: 400 W. Congress, Ste. 252

(602) 542-6187

(800) 458-5842 (within Arizona)

No Filing Fee Required



**CHARITABLE ORGANIZATION FINANCIAL STATEMENT
OR FILE IRS 990 FORM FROM PREVIOUS FISCAL YEAR**

A.R.S. § 44-6552

Please TYPE or PRINT.

For the fiscal year beginning _____ and ending _____

Name of Charitable Organization: _____

D.B.A.: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Toll Free Telephone _____

Internet address _____

INCOME

Contributions, gifts, and similar amounts received

PUBLIC DONATIONS:	
GRANTS:	
OTHER REVENUE:	
TOTAL:	

EXPENSES

EXPENSES	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUND RAISING	TOTAL
Grants And Allocations				
Specific Assistance To Individuals				
Benefits Paid To Or For Members				
Compensation Of Officers, etc.				
Other Salaries And Wages				
Pension Plan Contributions				
Other Employee Benefits				
Payroll Taxes				
Profession Fund Raising Fees				
Accounting Fees				
Legal Fees				
Supplies				
Telephone Charges				
Postage And Shipping				
Occupancy				
Equipment Rental And Maintenance				
Printing And Publications				
Travel				
Conferences, Meetings, Conventions,				
Interest				
Depreciation, Depletion, etc.				
Other:				
Total				

Specify the percentage that is used for program services: _____

(Program services divided by total expenses)

Describe achievements in carrying out charitable purposes. Fully describe services provided: number of persons benefited & other relevant information for each program. U.S.C. Section 501(c)(3) and (4) organizations and U.S.C. section 4947 (a)(1) charitable trusts must also enter the amount of grants and allocation to others.	EXPENSES
TOTAL PROGRAM EXPENSES	

I, the undersigned, being duly sworn, affirm and say that this Charitable Organization Financial Statement is complete, true and correct.

Printed name of President
or Equivalent Officer

Signature of President
or Equivalent Officer

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public

I, the undersigned, being duly sworn, affirm and say that this Charitable Organization Financial Statement is complete, true and correct.

Printed name of Secretary
or Equivalent Officer

Signature of Secretary
or Equivalent Officer

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public