

**REGISTRATION STATEMENT OF
CHARITABLE ORGANIZATIONS**

Form CHR-1
Rev. 5/2018



West Virginia Secretary of State
Charities Division
One Stop Business Center
1615 East Washington Street
Charleston, WV 25311

Tel: (304)558-8000

Fax: (304)558-8381

Website: www.wvsos.gov

Email: charities@wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed stamped
copy returned to you.)

FEE: \$15 (if raised **less than** \$1,000,000) per year
\$50 (if raised **more than** \$1,000,000) per year

Are you required to register?

All charitable organizations that intend to receive contributions from the public, government grants & private foundations within West Virginia are required to file an annual registration statement with the Secretary of State unless it meets one of the exceptions below:

Exceptions:

1. Charities intending to receive funds of less than \$25,000, but only if the charity does not have a professional fund-raising counsel/solicitor. (If charity receives more than \$25,000, it must register);
2. Accredited educational institutions and auxiliary associations, foundations and support groups responsible to the educational institute;
3. Persons requesting funds solely for one individual specified by name when 100% of collections go to that individual;
4. Nonprofit charitable hospitals and licensed nursing homes;
5. Organizations that solicit only with its participating (voting) membership;
6. Churches or religious organizations that are an integral part of churches that are exempt from filing IRS Form 990 under provisions of 26 USC §6033; and
7. Any person, firm, corporation or organization that holds a single fund-raising event for the benefit of a named charity that registered.

How to register.

1. Complete registration statement (or unified registration statement plus West Virginia supplement);
2. Provide IRS Tax determination letter;
3. Provide a copy of your most recent IRS Form 990; 990 EZ; or 990-N. If your organization files a Form 990-N they will be required to complete the Computation of Fundraising Percentage Form provided by our office;
4. Provide balance sheet and financial statement audited by an independent certified public accountant, if your organization receives more than \$500,000 from all sources except government grants and grants from private foundations. If your organization receives more than \$200,000 but less than \$500,000 a statement of financial review by a certified public accountant will need to be provided. [Changes effective June 4, 2015.]
5. Copies of current contracts with professional fundraising counsel and professional solicitors (unless they are already on file);
6. **Registration fees:**
 - (a) **\$15** if raised **less than** \$1,000,000
 - (b) **\$50** if raised **more than** \$1,000,000

Late fees of \$25 for each month, or part of a month, that the registration is filed after due date. (Extensions may be requested in writing.)

Important Note: This form is a public document. Please **do NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

14b. Has this exemption been denied, revoked or modified at any time? Yes If "Yes," attach copy of letter of decision. No

14c. Please check one or more fundraising methods the organization anticipates using.

- Telephone Appeals Door to Door Solicitation Other _____
 Grant Writing Combined Appeals
 Direct mail Auction
 Special Events Bingo/Raffle

15. Names and addresses of all officers, directors, trustees and the principal salaried executive staff: [All charitable organizations must appoint an independent governing board to oversee expenditures, policies, progress and purposes.]

16. Name and address of professional fundraising counsel and/or solicitor used for fundraising activities in West Virginia.

a. Are current contracts with professional fundraising counsel and solicitors on file with the Office of the Secretary of State as required by West Virginia law? Yes No

b. Has the professional fund-raising counsel or professional solicitor registered and filed a bond with the Office of the Secretary of State as required by West Virginia Law? Yes No

c. Give the location of any telephone facilities to be used in solicitation: (Room No.) (Street Address) (City) (State) (Zip)

d. Give the location and address of any mailing facility to be used in the solicitation of funds: (Street Address and Box Number) (City) (State) (Zip)

17. Is the organization authorized to solicit by any other state? Yes No

If yes, please list four (4) other states: 1. _____
 2. _____
 3. _____
 4. _____

18. Has the organization ever been enjoined by any court, or otherwise prevented by any governmental body, from soliciting contributions in any state? (If "Yes," explain in detail on separate sheet) Yes No

19. Give names and addresses for the chief person responsible for the following duties:

a. Custodian of financial records: _____

b. Custodian of contributions: _____

c. Person(s) making final distribution: _____

20. Amount proposed to be raised in West Virginia (estimate): \$ _____

21. Actual amount of funds raised in West Virginia last fiscal year \$ _____

22. Amount disbursed for program services in West Virginia during the period covered by this report: (Please estimate -- if left blank, a \$0 will be entered) \$ _____

23. Amount disbursed for program services outside West Virginia during the same period: \$ _____

24. The license number of the raffle, bingo or other state permit used for fund-raising if any: _____

25. Computation of Fundraising Percentage

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \div \$ \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \% \\
 \text{Fundraising Expenses} \qquad \qquad \qquad \text{Income Derived From Fundraising} \qquad \qquad \qquad \text{Percentage}
 \end{array}$$

26. How much did organization receive from government grants? \$ _____ or private foundations during last year?

CERTIFICATION

We the undersigned, being duly authorized to act on behalf of the applicant, do hereby certify that the information furnished in this registration is true and correct to the best of our knowledge, information and belief.

Authorized Officer:

Date _____ Signature _____ Title _____

Type or Print Name of Applicant: _____

State of _____, County of _____

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

My commission expires _____

Chief Fiscal Officer:

Date _____ Signature _____ Title _____

Type or Print Name of Applicant: _____

State of _____, County of _____

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

My commission expires _____

Return the completed application and filing fee made payable to "West Virginia Secretary of State" to:

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