



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

**APPLICATION TO RENEW 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.**

<i>For Office Use Only</i>	
Reg. No.	Date Received
Exp. Date	
Fee Paid	

The amount of the filing fee is as follows:

Organization's <u>Gross Revenue</u>	<u>Filing Fee</u>
\$0-\$48,999.99 .....	\$100.00
\$49,000.00-\$99,999.99 .....	\$150.00
\$100,000.00-\$249,999.99 .....	\$200.00
\$250,000.00-\$499,999.99 .....	\$250.00
\$500,000.00-ABOVE .....	\$300.00

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

- Name of the organization: \_\_\_\_\_  
 If name has changed, please indicate: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ Accounting period end date: \_\_\_\_\_  
 Has the accounting period changed since your last registration? Yes  No  If yes, please indicate: \_\_\_\_\_
- Do you solicit contributions under any other name(s)? Yes  No   
 If yes, list names used and attach any documents authorizing such use. \_\_\_\_\_
- Principal Office Address or, if no office is maintained, Name and Address of Person Having Custody of Financial Records (**P.O. box not acceptable**):  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Has principal address changed since last registration? Yes  No
- Mailing/Contact Address/Title: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Has information in number 4 changed since last registration? Yes  No   
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration?  
 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)
- Have you amended the organization documents submitted with your last registration? Yes  No   
 If yes, attach a copy of the amendment(s).
- Has the organization obtained tax exemption or has the tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes  No  If granted tax exemption, attach determination letter.

8. Has the organization registered in any other state? Yes  No  If yes, attach a list of other states.
9. 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.
10. Attach a list of the name, title and address of each officer, director and trustee. (List principal salaried officer first)
11. List the name and address of individual(s) who have final responsibility for the custody of contributions:
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
12. List the name and address of individual(s) who have responsibility for the final distribution of contributions:
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
13. 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.
14. Describe the purpose of the organization: \_\_\_\_\_  
 \_\_\_\_\_
15. Does your organization contract with or otherwise engage the services of any outside fund-raising 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.

Signature of Authorized Officer: \_\_\_\_\_ Signature of Authorized Officer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_