



Hector Balderas  
Attorney General

# Attorney General of New Mexico

Registry of Charitable Organizations  
111 Lomas Blvd. NW, Suite 300  
Albuquerque, NM 87102

(505) 222-9000  
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## NM Charitable Organization Registration Statement

Registration Tax Year

**Month Day, Year**

Fiscal Year Period

**MM/DD/YY - MM/DD/YY**

*Registration Status:* **Registration Submitted**

*Status Date:* **Month Day, Year**

*Registration Number:* **XXXXXXXXXXXXXXXXXXXX**

**Charity Name:** **Organization Name**

**FEIN:** **xx-xxxxxxx**

*Website Address:* **www.yourwebsite.org**

*E-Mail Address:* **youremail@email.org**

*Fiscal Year End Month:* **MM Day, Year**

*Incorporated:* Yes *State:* NM *Date:* **Month Day, Year**

*Organization Type:*

*Establish Date:*

*Other Names for Charity:* No other names for charity.

*Primary Address:* **Your Address**

*Mailing Address:* **Your Address**

*Other Addresses:*

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Phone Numbers:    **xxx-xx-xxxx (Phone)**  
                          **xxx-xx-xxxx (Mobile)**

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NTEE Classifications:   **### Program Classification**  
                              **### Program Classification**  
                              **### Program Classification**

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Charity Purpose:    **Organization name provides...**

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Solicitation Methods:   E-Mail  
                              Newspaper/Magazine Ads  
                              Personal Contact  
                              Special Events  
                              Supported by Trust or Grant  
                              Internet

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Charity Individuals:        Name:  
                                  Position Title:  
                                  Annual  
                                  Compensation:  
                                  Address:

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                                  Name:  
                                  Position Title:  
                                  Annual  
                                  Compensation:  
                                  Address:

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                                  Name:  
                                  Position Title:

*Annual  
Compensation:  
Address:*

*Charity Individuals:*

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*Name:*

*Position Title:*

*Annual  
Compensation:  
Address:*

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*Name:*

*Position Title:*

*Annual  
Compensation:  
Address:*

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*Name:*

*Position Title:*

*Annual  
Compensation:  
Address:*

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*Individuals who are authorized  
to sign checks:*

*Individuals who are responsible  
for fund raising:*

*Individuals who are responsible  
for the distribution of funds:*

*Individuals who have custody of  
financial records:*

*Individuals who have custody of  
financial records:*

*Individuals who have custody of  
funds:*

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*Person Authorized to Receive  
Service of Process:*

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*Professional Fundraisers:*

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*Question and Answer:*

*Q: Has organization or any of its officers, directors, employees or fund raisers ever been enjoined or otherwise prohibited by a government agency/court from soliciting?*

*A:*

*Q: Has organization or any of its officers, directors, employees or fund raisers had its registration been denied or revoked?*

*A:*

*Q: Has organization or any of its officers, directors, employees or fund raisers ever been the subject of a proceeding regarding any solicitation or registration?*

*A:*

*Q: Has organization or any of its officers, directors, employees or fund raisers ever entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency?*

*A:*

*Q: Has organization or any of its officers, directors, employees or fund raisers registered with or obtained exemption from any state or agency?*

*A:*

*Q: Has organization or any of its officers, directors, employees or fund raisers solicited funds in New Mexico?*

A:

Q: Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (a) any other officer, director, trustee or employee OR (b) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (c) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization?

A:

Q: Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (b) or (c) in previous question OR serve as an officer, director, partner or employee of a business described in (b) or (c) in previous question?

A:

Q: Have any of the organization's officers, directors, or principal executives ever been convicted of a misdemeanor or felony?

A:

Q: Does the organization receive financial support from other non-profit organizations (foundations, public charities, combined campaigns, etc.)?

A:

Q: Does the organization share revenue or governance with any other non-profit organization?

A:

Q: Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization?

A:

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Applied For Tax Exempt:

Granted Tax Exempt:

IRS Section: 501(c)(3)

Tax Exempt Ever Denied:

Tax Exempt Ever Revoked:

*Tax Exempt Ever Modified:*  
*Contributions Tax Deductible:*

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*Banks:* **Name of Your Organization's Bank**

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**Annual Financials**

**Tax Year:**

*IRS Document Filed:*

*Total Contributions:*

*Total Gross Revenue:*

*Total Expenses:*

*Program Services Expenses:*

*Management General Expenses:*

*Fundraising Expenses:*

*Beginning of Year Net Assets:*

*End of Year Net Assets:*

*Gross Professional Fundraising  
Collections:*

*Net Professional Fundraising  
Collections:*

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*Registration Submitted By:*