



CHARITABLE ORGANIZATION REGISTRATION EXEMPTION CONSUMER PROTECTION

501 Washington Avenue
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Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335
Fax: (334) 242-2433
www.ago.alabama.gov

1. Identify the organization's fiscal year-end: _____
(mm/dd/yyyy)
2. Legal name of organization: _____
3. List any DBA names or former names of the organization: _____

4. List the business address, mailing address, telephone number, e-mail, and website for the organization:

5. If incorporated, list the state and date of incorporation: _____
6. List the federal EIN number of the organization: _____

Pursuant to Section 13A-9-71 of the Code of Alabama, only the types of organizations listed below may file a registration exemption. All other organizations **must** file a Charitable Organization Registration Statement.

Check the appropriate exemption, and provide a brief statement explaining why your organization qualifies under this exemption (attach additional pages if needed).

- ☐ A. Educational institutions and their authorized and related foundations
- ☐ B. Religious organizations
- ☐ C. Political organizations
- ☐ D. Fraternal, patriotic, benevolent, social, educational, alumni, health care foundation, historical, and civil rights organizations, including fraternities and sororities and any auxiliaries associated with any such organizations.
- ☐ E. Civic leagues and civic organizations which solicit contributions solely from their own membership.

- If the gross contributions other than the allocation received by the charitable organization during any fiscal year of the charitable organization are in excess of twenty-five thousand dollars (\$25,000), the charitable organization shall within 30 days after the date it receives the contributions in excess of twenty-five thousand dollars (\$25,000), register with the Attorney General as required by this section.*

[illegible]

CERTIFICATION

I, _____,
certify that the information on this document and in any attachments is true and correct. I further certify
that I am authorized to submit this form on behalf of _____.

I also understand that I am under a continuing obligation to notify the Office of the Attorney
General of any change in the information provided.

DATE

SIGNATURE

TITLE

PHONE

STATE OF _____)
_____ COUNTY)

Before me, the undersigned authority, a Notary Public, in and for said State and County,
personally appeared _____, who, after being first duly sworn before
me, deposes on oath and says that he/she has read this instrument, has been advised of and understands
its nature and effect, and that the facts contained therein are true and correct to the best of his/her
knowledge and belief.

Sworn to and subscribed before me on this _____ day of _____, 20____.

[Notary Seal]

NOTARY PUBLIC _____

My Commission Expires: _____