

FOR 990-N (POSTCARD) FILERS ONLY – ALL OTHERS USE CTS-02

CTS – 02 – 990N
AUTHORITY 1975 PA 169
PENALTY: civil, criminal

State of Michigan
Department of Attorney General
Charitable Trust: 517-335-7571

RENEWAL SOLICITATION FORM

Fiscal year end (must match 990-N): _____ (if available, attach the postcard)

GENERAL INFORMATION		
Full legal name of organization (as on file with your State’s Corporations Agency):		
AG File #:	EIN:	Email:
The total revenue received in the fiscal year reported above is REQUIRED . Registration WILL NOT be issued if you do not provide this information: \$		
Since your last registration , has the organization or any of its officers, directors, employees, or fundraisers had any action taken against them by a governmental agency? If yes, explain on the next page. Yes No		

REGISTERED AGENT	
You must designate a resident agent physically located in Michigan authorized to receive official mail sent to your organization. Registration WILL NOT be approved without this information. Cannot be the name of the organization itself.	
Name:	Address:

OFFICERS/DIRECTORS

Has any of the following information changed? Yes No

Address, website, phone number, tax status, purpose, methods of solicitation, chapters.

If yes explain on page 2. If no, certify your renewal and file this with our office. See page 2 for filing information.

CERTIFICATION

I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Print name: _____ Title: _____ Date: _____

ALL FIELDS EXCEPT EMAIL ADDRESS ARE REQUIRED. REGISTRATION WILL NOT BE ISSUED IF YOU FAIL TO PROPERLY COMPLETE THIS FORM.

FOR 990-N (POSTCARD) FILERS ONLY – ALL OTHERS USE CTS-02

REPORT CHANGES AND/OR PROVIDE ADDITIONAL INFORMATION BELOW

Return the completed registration form by:	
Email (preferred method)	ct_email@michigan.gov
Example for email responses (MUST include registration #)	To: ct_email@michigan.gov From: Yourcharityname@something.com Subject: (AG No.) 12345 yourcharityname 2022 renewal
Mail	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
Overnight mail	Attorney General-CT Section 525 West Ottawa Williams Building - 1st Floor Lansing, MI 48933
Fax	(517) 241-7074

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.