



BARBARA K. CEGAVSKE
Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov



280103

Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Names of Charitable Organization: (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as filed with the Secretary of State's office: <input style="width: 90%;" type="text" value="Advancement By Involvement"/>																														
	b) Exact name of charitable organization as registered with the Internal Revenue Service. <input style="width: 90%;" type="text" value="Advancement By Involvement"/>																														
	c) Name or names under which charitable organization may or intends to solicit charitable contributions: <input style="width: 90%;" type="text" value="Advancement By Involvement"/>																														
2. Web Address: (optional *)	<input style="width: 70%;" type="text" value="www.AdvancementbyInvolvement.org"/> *will be listed on public entity search																														
3. USA PATRIOT ACT certification: (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. <small>In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.</small>																														
4. Places of Business: (please complete items a and b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><input style="width: 95%;" type="text" value="1525 Spiced Wine Ave #5101"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="Henderson"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="NV"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="89074"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="USA"/></td> </tr> <tr> <td colspan="5" style="text-align: right; font-size: small;">Telephone Number <input style="width: 150px;" type="text" value="513.461.4667"/></td> </tr> <tr> <td colspan="5" style="font-size: small;">Address City State Zip Code Country</td> </tr> </table> b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><input style="width: 95%;" type="text" value="1525 Spiced Wine Ave #5101"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="Henderson"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="NV"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="89074"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td colspan="5" style="font-size: small;">Address City State Zip Code Country</td> </tr> <tr> <td colspan="2" style="font-size: small;">Name of Custodian: <input style="width: 150px;" type="text" value="Chris Martin"/></td> <td colspan="3" style="font-size: small;">Telephone Number <input style="width: 150px;" type="text" value="513.461.4667"/></td> </tr> </table>	<input style="width: 95%;" type="text" value="1525 Spiced Wine Ave #5101"/>	<input style="width: 95%;" type="text" value="Henderson"/>	<input style="width: 95%;" type="text" value="NV"/>	<input style="width: 95%;" type="text" value="89074"/>	<input style="width: 95%;" type="text" value="USA"/>	Telephone Number <input style="width: 150px;" type="text" value="513.461.4667"/>					Address City State Zip Code Country					<input style="width: 95%;" type="text" value="1525 Spiced Wine Ave #5101"/>	<input style="width: 95%;" type="text" value="Henderson"/>	<input style="width: 95%;" type="text" value="NV"/>	<input style="width: 95%;" type="text" value="89074"/>	<input style="width: 95%;" type="text"/>	Address City State Zip Code Country					Name of Custodian: <input style="width: 150px;" type="text" value="Chris Martin"/>		Telephone Number <input style="width: 150px;" type="text" value="513.461.4667"/>		
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5. Exempt Status and Federal Tax ID:	Federal tax exempt status: <input style="width: 150px;" type="text" value="Pending"/> EIN - Federal Tax ID: <input style="width: 150px;" type="text" value="84-4791754"/>																														
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text" value="Chris Martin"/></td> <td style="width: 40%;"><input style="width: 95%;" type="text" value="President"/></td> </tr> <tr> <td colspan="2" style="font-size: small;">Name Title</td> </tr> <tr> <td style="width: 70%;"><input style="width: 95%;" type="text" value="1525 Spiced Wine Ave #5101"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="Henderson"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="NV"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="89074"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="USA"/></td> </tr> <tr> <td colspan="5" style="font-size: small;">Address City State Zip Code Country</td> </tr> </table>	<input style="width: 95%;" type="text" value="Chris Martin"/>	<input style="width: 95%;" type="text" value="President"/>	Name Title		<input style="width: 95%;" type="text" value="1525 Spiced Wine Ave #5101"/>	<input style="width: 95%;" type="text" value="Henderson"/>	<input style="width: 95%;" type="text" value="NV"/>	<input style="width: 95%;" type="text" value="89074"/>	<input style="width: 95%;" type="text" value="USA"/>	Address City State Zip Code Country																				
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7. Fiscal Year:	Day and month of end of fiscal year of the charitable organization: Day: <input style="width: 50px;" type="text" value="31"/> Month: <input style="width: 50px;" type="text" value="12"/>																														
8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:	<input checked="" type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year. <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Total Revenue (line 12, Form 990; line 9, Form 990EZ).....</td> <td style="width: 20%; text-align: right;"><input style="width: 100%;" type="text" value="\$5,000.00"/></td> </tr> <tr> <td>Total Expenses (line 18, Form 990; line 17, Form 990EZ).....</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="\$4,500.00"/></td> </tr> <tr> <td>Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="\$500.00"/></td> </tr> <tr> <td>Total Assets (line 20, Form 990; line 25, Form 990EZ).....</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="\$0.00"/></td> </tr> <tr> <td>Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="\$0.00"/></td> </tr> <tr> <td>Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....</td> <td style="text-align: right;"><input style="width: 100%;" type="text" value="\$500.00"/></td> </tr> </table>	Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	<input style="width: 100%;" type="text" value="\$5,000.00"/>	Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	<input style="width: 100%;" type="text" value="\$4,500.00"/>	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	<input style="width: 100%;" type="text" value="\$500.00"/>	Total Assets (line 20, Form 990; line 25, Form 990EZ).....	<input style="width: 100%;" type="text" value="\$0.00"/>	Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	<input style="width: 100%;" type="text" value="\$0.00"/>	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	<input style="width: 100%;" type="text" value="\$500.00"/>																		
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9. Signature: (must be signed by an officer of the nonprofit corporation)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <input checked="" type="checkbox"/> <input style="width: 150px;" type="text" value="President"/> <input style="width: 100px;" type="text" value="4/23/2020"/> Officer Signature Title Date																														