



**CHARITABLE ORGANIZATION
ANNUAL REPORT**
SECRETARY OF STATE
SFN 11302 (06-2014)



FOR OFFICE USE ONLY

ID Number
WO Number
Issued By

DEADLINE: September 2, 2014

FEE: \$10.00

Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500	
Telephone	701-328-3665
Toll Free	800-352-0867
	Ext 3283665
Fax	701-328-1690
Web Site: www.nd.gov/sos	

Instructions:

- For reference, see North Dakota Century Code, Section 50-22-04.
- Please type or print, complete all blanks, and enter "None" when appropriate.
- The Secretary of State and/or the Attorney General may make a detailed examination of the accounts of any charitable organization conducting solicitation for funds within the State of North Dakota.
- The annual report must be submitted on or before September 2, 2014. The information submitted must be given as of the close of the business on the 31st day of December next preceding the date herein provided for the filing of the report, or, in the alternative, the date of the end of the fiscal year next preceding this report.
- Every registered organization in order to solicit for the coming year, shall file an annual report along with the \$10.00 fee.
- If for any reason the report cannot be compiled by September 2, 2014, an extension of the filing date may be granted until December 1, 2014. For specific extension instructions see the enclosed letter.

Legal Name of Organization The Outdoor Adventure Foundation, Inc.		Business Telephone Number (701) 277-5900	
Street & Mailing Address of Principal Address 415 38th St. S. Suite E		City FARGO	State ND
		ZIP Code 58103	
Federal ID Number 27-0192316	Telephone Number (701) 277-5900	E-Mail Address brians@ndoaf.org	

1. Check one or more methods of soliciting the organization anticipates using.

<input checked="" type="checkbox"/> Direct Mail	<input checked="" type="checkbox"/> Radio	<input checked="" type="checkbox"/> Grant Writing	<input checked="" type="checkbox"/> Magazines or Periodicals
<input checked="" type="checkbox"/> Personal Contact	<input checked="" type="checkbox"/> Television	<input checked="" type="checkbox"/> National	<input checked="" type="checkbox"/> Local
<input type="checkbox"/> Vending Business	<input checked="" type="checkbox"/> Show or Concert	<input type="checkbox"/> Telemarketing	<input checked="" type="checkbox"/> Membership Enrollment
<input type="checkbox"/> Other - Please describe: _____		<input checked="" type="checkbox"/> Newspaper	

2. General purposes for which contributions to be solicited will be used

Provide hunting, fishing, & other outdoor adventures for youth's under the age of 25 who have been diagnosed with cancer & other life threatening illness's. Provide also for disabled Veteran's under age 40 that are wheelchair bound or lost a limb due to combat.

3. ATTACH a list of names & addresses of all directors officers and trustees. Indicate the individuals having the final discretion or authority as to the distribution and use of contributions received.

4. Name of Auditor in Charge of Organization's Books and Records if Not Kept at the Organization's Office		Telephone Number	
Address	City	State	ZIP Code

5. Attach a list of all Professional Fundraisers, used by the organization during the accounting year and the financial compensation and profit resulting to each professional fundraiser.

6. Has your organization or a member thereof been involved in any civil or criminal litigation in the past year?

Yes - attach a statement of your summary of the litigation, the outcome, and the parties involved. No

7. Has your organization been denied the right to solicit contribution, at any time, by any government? or any court?

Yes - attach an explanation No

ANNUAL REPORTING INFORMATION (This information must be listed on this report form.)

B. The financial information in items 9 and 10 should reflect the fiscal year end of your organization. If the fiscal year ends on December 31st, the year end should be December 31, 2013. If the fiscal year ends prior to September 1st, the year end should be that month, day, 2014. If the fiscal year ends on or after September 1st, the year end should be that month, day, 2013.

Fiscal Year End for Your Organization (Month Day and Year).	12-31-13
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9. **REVENUE:** Specific and itemized support and revenue statements disclosing direct public support in North Dakota from solicitation, indirect public support, government grants, program service revenue, and any other revenue from **NORTH DAKOTA**. Unless the information is not reasonably available, in which case the charitable organization may, with the approval of the Secretary of State, provide a reasonable estimate of the required information by completing SFN 59569. Submit this form with this report.

a. Contributions	\$ 178,761
b. Trust Funds	\$ 0
c. Gifts, Bequests	\$ 0
d. Grants (exclude government grants)	\$ 12,000
e. Government Grants	\$ 0
f. Interest from Investments	\$ 1
g. Other (please identify)	\$ 0
TOTAL REVENUE	\$ 190,762

10. **EXPENDITURES:** Specific and itemized expense statements disclosing program services, public information expenditures, payments to affiliates, management costs and salaries paid in **NORTH DAKOTA**. Unless the information is not reasonably available, in which case the charitable organization may, with the approval of the Secretary of State, provide a reasonable estimate of the required information by completing SFN 59569.

a. Program services means the amount thereof given to the charitable purpose represented.	\$ 165,900
b. Solicitation Expenses	\$ 2,840
c. Total compensation, including salaries, fees, bonuses, fringe benefits, severance payments, and deferred compensation paid to employees by the charitable organization and all its affiliated organizations.	\$ 0
d. Rent	\$ 8,400
e. Public Education	\$ 0
f. Accounting Services	\$ 3747
g. Fundraising:	\$ 0
h. Funds or properties transferred out of state with an explanation as to recipient and purpose, unless the information is not reasonably available, in which case the charitable organization may, with the approval of the Secretary of State, provide a reasonable estimate of the amounts transferred.	\$ 0
i. Other (please identify) <i>INSURANCE^B 2,872 TRAVEL^B 3,083 OFFICE EXP^B 4,671 OTHER^B 1,736</i>	\$ 12,362
TOTAL EXPENDITURES	\$ 193,249

I certify the statements made herein to be true and complete, and are made for the purpose of complying with the requirements of North Dakota Century Code Section 50-22-04.

Applicant's Signature <i>Brian Solomon</i>	Title <i>President</i>	Date <i>7-29-14</i>
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