



ROSS MILLER  
 Secretary of State  
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 Website: www.nvsos.gov  
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\*280101\*

**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.*

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Names of Nonprofit Corporation:</b> (please complete items a thru c; attach additional page(s) if necessary)	a) Name of nonprofit entity as filed with the Secretary of State's office: <b>MINERS FOOTBALL ALUMNI ASSOCIATION, INC.</b> b) Exact name of nonprofit corporation as registered with the Internal Revenue Service, if different from that registered with the Secretary of State:  c) Name or names under which nonprofit corporation may or intends to solicit charitable contributions: <b>SECTION A</b>
<b>2. Web Address:</b> (optional *)	_____ will be listed on public entity search
<b>3. USA PATRIOT ACT certification:</b> (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. 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-terrorism financing and asset control laws, statutes and executive orders.
<b>4. Places of Business:</b> (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 nonprofit corporation: <b>(415) 451-8191</b> <b>13330 RANCHO VERDE DRIVE</b> <b>RENO</b> <b>NV</b> <b>89521</b> <b>USA</b> Address City State Zip Code Country 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: <b>13330 RANCHO VERDE DR.</b> <b>RENO</b> <b>NV</b> <b>89521</b> <b>USA</b> Address City State Zip Code Country Name of Custodian: <b>STEPHEN C. BENNA</b> <b>775-813-0897</b> Telephone Number
<b>5. Exempt Status and Federal Tax ID:</b>	Federal tax exempt status: <b>501(C)3</b> EIN - Federal Tax ID: <b>47-2063294</b>
<b>6. Names and Addresses of Executive Personnel:</b> (attach additional page(s) if necessary)	<b>W. DESMOND POWERS</b> <b>PRESIDENT</b> Name Title <b>4040 CIVIC CENTER DRIVE, SUITE 300</b> <b>SAN RAFAEL</b> <b>CA</b> <b>94903</b> <b>USA</b> Address City State Zip Code Country
<b>7. Fiscal Year:</b>	Day and month of end of fiscal year of the nonprofit corporation: Day: <b>31</b> Month: <b>DECEMBER</b>
<b>8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:</b>	<input checked="" type="checkbox"/> Check here if you file Form 990 or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for the current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year. Total Revenue (line 12, Form 990; line 9, Form 990EZ) _____ Total Expenses (line 18, Form 990; line 17, Form 990EZ) _____ Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ) _____ Total Assets (line 20, Form 990; line 25, Form 990EZ) _____ Total Liabilities (line 21, Form 990; line 26, Form 990EZ) _____ Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ) _____
<b>9. Signature:</b> (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. <b>X W. Desmond Powers</b> <b>PRESIDENT</b> <b>11/8/14</b> Officer Signature Title Date