



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
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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.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20190204412-15 Filing Date and Time 05/08/2019 9:42 AM Entity Number E0223202019-8
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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: I'm Young and Empowered, Inc. b) Exact name of charitable organization as registered with the Internal Revenue Service: I'm Young and Empowered, Inc. c) Name or names under which charitable organization may or intends to solicit charitable contributions: I'm Young and Empowered, Inc.																				
2. Web Address: (optional *)	*will be listed on public entity search																				
3. USA PATRIOT ACT certification: (optional)	<input 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: 60%;">4401 Charneta Ct</td> <td style="width: 10%;">Las Vegas</td> <td style="width: 10%;">NV</td> <td style="width: 10%;">89130</td> <td style="width: 10%;">USA</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table> Telephone Number: 702-956-0825 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: 60%;">4401 Charneta Ct</td> <td style="width: 10%;">Las Vegas</td> <td style="width: 10%;">NV</td> <td style="width: 10%;">89130</td> <td style="width: 10%;">USA</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table> Name of Custodian: Elise Carey Telephone Number: 702-956-0825	4401 Charneta Ct	Las Vegas	NV	89130	USA	Address	City	State	Zip Code	Country	4401 Charneta Ct	Las Vegas	NV	89130	USA	Address	City	State	Zip Code	Country
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5. Exempt Status and Federal Tax ID:	Federal tax exempt status: 501c3 pending EIN - Federal Tax ID: Applied for																				
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary) Attached	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Elise Carey</td> <td style="width: 10%;">Las Vegas</td> <td style="width: 10%;">NV</td> <td style="width: 10%;">89130</td> <td style="width: 10%;">USA</td> </tr> <tr> <td>Name</td> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Country</td> </tr> </table> Secretary & Director Title	Elise Carey	Las Vegas	NV	89130	USA	Name	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: 31 Month: 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;">\$30,000.00</td> </tr> <tr> <td>Total Expenses (line 18, Form 990; line 17, Form 990EZ).....</td> <td style="text-align: right;">\$27,000.00</td> </tr> <tr> <td>Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....</td> <td style="text-align: right;">\$3,000.00</td> </tr> <tr> <td>Total Assets (line 20, Form 990; line 25, Form 990EZ).....</td> <td style="text-align: right;">\$3,000.00</td> </tr> <tr> <td>Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....</td> <td style="text-align: right;">\$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;">\$3,000.00</td> </tr> </table>	Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	\$30,000.00	Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	\$27,000.00	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	\$3,000.00	Total Assets (line 20, Form 990; line 25, Form 990EZ).....	\$3,000.00	Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	\$0.00	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	\$3,000.00								
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9. Signature: (must be signed by an officer of the nonprofit corporation)	<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> <i>Elise Carey</i> </td> <td style="width: 20%;">President</td> <td style="width: 20%; text-align: right;">04/25/2019</td> </tr> <tr> <td>Officer Signature</td> <td>Title</td> <td style="text-align: right;">Date</td> </tr> </table>	<input checked="" type="checkbox"/> <i>Elise Carey</i>	President	04/25/2019	Officer Signature	Title	Date														
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