

**STATE OF MONTANA**

ARTICLES of INCORPORATION  
for DOMESTIC NONPROFIT  
CORPORATION [35-2-213 MCA](#)



Prepare, sign, submit with an original signature and filing fee.  
This is the minimum information required.

(This space for use by the Secretary of State only)

**MAIL:** **LINDA McCULLOCH**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
**PHONE:** (406) 444-3665  
**FAX:** (406) 444-3976  
**WEB SITE:** [sos.mt.gov](http://sos.mt.gov)

**Required Filing Fee: \$20.00**

- 24 Hour Priority Handling check box & **Add \$20.00**
- 1 Hour Expedite Handling check box & **Add \$100.00**

Executed by the undersigned person for the purpose of forming a Montana nonprofit corporation.

1. The name of the Nonprofit Corporation is: \_\_\_\_\_

2. The name and address of the registered office/agent (address **must be in Montana**):  
*Appointment of the Registered Agent is confirmation of the agent's consent.*

Name: \_\_\_\_\_

Street Address (**required**): \_\_\_\_\_

Mailing Address (if different from street address): \_\_\_\_\_

City: \_\_\_\_\_ State: MT Zip Code: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

3. The name and address of the incorporator is as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. This Nonprofit Corporation is a (**you must check one**):

- Public Benefit Corporation **with** members
- Mutual Benefit Corporation **with** members
- Religious Corporation **with** members
- Public Benefit Corporation **without** members
- Mutual Benefit Corporation **without** members
- Religious Corporation **without** members

5. This Nonprofit Corporation (check one & complete):

- a) **Is not applying** through the IRS for 501(c)(3) status and upon dissolution the assets shall be distributed in the following manner: \_\_\_\_\_
- b) **Is applying** with the IRS for 501(c)(3) status and therefore has attached the [IRS required language](#).

6. "I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true."

\_\_\_\_\_  
Signature of Incorporator(s)

\_\_\_\_\_  
Date

Daytime Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## HELP SHEET: Articles of Incorporation for Domestic Nonprofit Corporation

1. This form provides the minimal information necessary to file a nonprofit corporation. It is advised that you contact an attorney for assistance and guidance in consideration of additional provisions that may be necessary for your organization.
  
2. **ITEM 4:**
  - a) Members are those individuals who can vote to elect the board of directors or elect delegates who in turn elect the board of directors.
  - b) Public Benefit Corporations are those corporations operating for public or charitable purposes. As such, members may not sell their interest or receive distributions from the organizations. Written notice of intent to dissolve must be given to the Attorney General.
  - c) Mutual Benefit Corporations are organizations such as trade associations, social clubs, and fraternal organizations designed to benefit their members. Members, as such, are given broader voting rights. Members, while not entitled to receive distributions while the organization is operating, will be entitled to sell their memberships and receive distributions when the organization dissolves.
  - d) Religious Corporations are treated in a way similar to public benefit corporations. Written notice of intent to dissolve must be given to the Attorney General.
  
3. **ITEM 5**

The Internal Revenue Service (IRS) requires specific language to be included in Articles of Incorporation in order to qualify for nonprofit tax status. It is advised that you contact the IRS for their language requirements.
  
4. Annual reports must be filed with the Secretary of State prior to April 15 each year beginning the year following the incorporation and each year thereafter. Each year the Secretary of State will mail a notice that the Annual Report is due to the corporation's registered agent. ([35-2-904, MCA](#))

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

## Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

**DO NOT STAPLE PAYMENT TO FILING FORM**