

# Instructions for Completing the Form Notice

## Idaho Charitable Assets Protection Act (ICAPA)

*Title 48, Chapter 19, Idaho Code*

### Before You Begin

Before you complete the notice Form, please read the [Attorney General's FAQs regarding the Idaho Charitable Assets Protection Act \(ICAPA\)](#). The FAQs within Section 4.0 directly concern ICAPA's notice requirement.

Please direct all questions regarding ICAPA and the form Notice to the Attorney General's Consumer Protection Division. You may call 208-334-2424 or 800-432-3545 (toll free in Idaho) or email [consumer\\_cg@ag.idaho.gov](mailto:consumer_cg@ag.idaho.gov). (Additional contact information is provided on page 7 of these Instructions.)

Please contact a private attorney if you need legal advice or assistance. The Idaho State Bar's Lawyer Referral Service provides referrals to attorneys who agree to provide potential clients with a 30-minute consultation for only \$35. The Service is available at 208-334-4500 or [www.isb.idaho.gov](http://www.isb.idaho.gov).

### Instructions

1. Check the box confirming you read these Instruction. Before you may complete and submit the Notice, you must read the Instructions and check this box.

By checking this box, I acknowledge that I read the Attorney General's instructions for completing this form.

2. Check the box that best describes your reason(s) for submitting the Notice. Section 4.0 of the FAQs includes detailed information about when a charitable organization must provide written notice to the Attorney General.

CHARITABLE ORGANIZATION'S PURPOSE OF PROVIDING THIS NOTICE \* (Please check all that apply.)

- Dissolution/Termination of Charitable Organization
- Conversion of Charitable Organization to Noncharitable Entity
- Transfer/Sale/Other Disposal of All or Substantially All Charitable Assets
- Other (please specify:)

See FAQs 4.1 - 4.6  
for details.

Check the "Other" box if you are submitting this Notice pursuant to Idaho Code §§ 68-1204 or 33-5006 or the Uniform Probate Code, title 15, Idaho Code. Please identify the applicable statute. (See FAQs 4.3 - 4.5 for details.) Do not use this form to comply with title 48, chapter 15, Idaho Code (see FAQ 4.6).

3. **Identify the person who the Attorney General’s Office should contact about the Notice.** Provide the name of the person who the Attorney General’s Office needs to contact (a) if the office has questions about the submitted Notice, and (b) to inform the charitable organization of the Attorney General’s consent or opposition to the charitable organization’s proposed plan. *Usually this person is the one completing and submitting the Notice on behalf of the charitable organization (attorney, executive director, president, etc.).*

WHO DO WE CONTACT ABOUT THIS NOTICE? (Attorney/representative of charitable organization.)

-- Select One --    First Name \*    Last Name \*

Title and Relationship to Charitable Organization \*

Firm / Company Name \*    **If the person is an employee, director, or officer of the charitable organization, use the charitable organization’s name as the “Firm or Company Name.”**

Street Address \*

City \*    State \*    Zip Code \*

Phone Number \*

Email Address \*    Please Confirm Email Address \*

4. **Identify the charitable organization submitting the Notice.** Provide the charitable organization’s complete legal name (e.g., ABC Charities, Inc., d/b/a My Charity) and contact information.

INFORMATION ABOUT THE CHARITABLE ORGANIZATION

Charitable Organization's Legal Name \*

Mailing Address \*

City \*    State \*    Zip Code \*

5. **Identify the charitable organization’s primary contact.** If the charitable organization’s primary contact is NOT the same as the person identified in “WHO DO WE CONTACT ABOUT THIS NOTICE” (see No. 3), check “Yes” and identify that person. Otherwise, check “No.”

Is the name of the charitable organization's primary contact different than the person submitting this form?

Yes  No

**If you check “Yes,” additional spaces for the person’s contact information appears. If you check “No,” the spaces remain hidden.**

Name of Charitable Organization's Primary Contact \*

Primary Contact's Title \*

Mailing Address \*

City \* State \* Zip Code \*

**These boxes are hidden unless you click “Yes.”**

6. **Identify the charitable organization’s officers.** Provide the names and contact information for the charitable organization’s president/CEO, vice-president, secretary, and treasurer. If the same person holds two or more positions, enter the same name in the corresponding spaces.

**INFORMATION ABOUT THE CHARITABLE ORGANIZATION'S CURRENT OFFICERS**

**President or CEO**

-- Select One -- First Name \* Last Name \*

Mailing Address \*

City \* State \* Zip Code \*

**Vice President**

-- Select One -- First Name \* Last Name \*

Mailing Address \*

City \* State \* Zip Code \*

**Secretary**

-- Select One -- First Name \* Last Name \*

Mailing Address \*

City \* State \* Zip Code \*

**Treasurer**

-- Select One -- First Name \* Last Name \*

Mailing Address \*

City \* State \* Zip Code \*

7. **Identify the names, positions, and contact information of any additional officers of the charitable organization.** If the charitable organization has officers other than those previously identified, check “Yes” and identify those persons in the spaces provided. Otherwise, check “No.”

Are there additional officers in the charitable organization?

Yes  No

**If you check “Yes,” additional spaces for the person’s contact information appears. If you check “No,” the spaces remain hidden.**

Additional Charitable Organization Officer

Title

-- Select One --

First Name \*

Last Name \*

Mailing Address \*

City \*

State \*

Zip Code \*

If the charitable organization has more than 1 additional officer, please upload a list of those officers’ names and addresses using the button below...

Choose File No file chosen

**Click “Choose File” to attach a separate page listing the charitable organization’s additional officers and contact information.**

**These boxes are hidden unless you click “Yes.”**

8. **Select the number of directors the charitable organization has.** Identify up to 8 directors in the spaces provided in the Notice. Attach a separate sheet identifying additional directors (*see* No. 9).

INFORMATION ABOUT THE CHARITABLE ORGANIZATION'S CURRENT DIRECTORS

How many director's does your charitable organization have?

-- Select One --

-- Select One --

1

2

3

4

5

6

7

8 or more

Charitable Organization's Current Director (1)

-- Select One --

First Name \*

Last Name \*

Mailing Address \*

City \*

State \*

Zip Code \*

**Click a number above and 1 to 8 boxes appear.**

9. **Attach a separate sheet listing all directors not previously identified.**

If the charitable organization has more than 8 directors, please upload a list of those directors' names and addresses using the button below...

Choose File No file chosen

**Click "Choose File" to attach a separate page listing the charitable organization's additional directors and contact information.**

10. **Describe the charitable organization's charitable assets.** Identify the charitable organization's individual charitable assets, their fair market value, and their designated charitable purpose. If the charitable assets are subject to any donor restrictions, explain the restrictions.

**INFORMATION ABOUT THE CHARITABLE ORGANIZATION'S CHARITABLE ASSETS**

Describe the charitable organization's charitable assets, including charitable assets subject to donor restrictions. Provide the fair market value of the charitable assets. \*

**You may attach separate pages listing the charitable organization's charitable assets if you choose. A document upload link is provided at the end of the form:**

Drop files here or **SELECT FILES**

11. **Describe the charitable organization's proposed plan.** Provide a detailed explanation of the charitable organization's proposed plan to dissolve, convert to a noncharitable entity, or terminate and transfer or sell all or substantially all of the charitable organization's charitable assets.

**INFORMATION ABOUT THE CHARITABLE ORGANIZATION'S PLAN TO DISSOLVE/TERMINATE OPERATIONS/CONVERT TO A NONCHARITABLE ENTITY/TRANSFER OR SELL SUBSTANTIALLY ALL OR ALL OF ITS CHARITABLE ASSETS**

Describe in detail the charitable organization's plan. You may upload additional pages below if necessary. \*

**You may attach separate pages describing the charitable organization's proposed plan if you choose. A document upload link is provided at the end of the form:**

Drop files here or **SELECT FILES**

- 12. Upload up to three additional documents.** For example, you may attach separate pages that identify the charitable organization’s charitable assets or explain the charitable organization’s proposed plan to dissolve, convert to a noncharitable entity, or terminate and transfer or sell all or substantially all of the charitable organization’s charitable assets. You also may attach copies of (a) the charitable organization’s governing instruments (e.g., articles of incorporation, bylaws, etc.), (b) applicable trust instruments, (c) donor restriction documents, or, among other things, (d) financial records. ***If you need to submit more than three separate documents, please feel free to mail, email, or fax them to us.***

You may upload additional documents that you believe will help the Attorney General's Office better understand the charitable organization and its proposed plan. (Maximum 3 files.)

Drop files here or

**Click “Select Files” to attach up to three additional documents.**

**Clearly and conspicuously mark any confidential documents as:**

**“CONFIDENTIAL-ATTORNEY GENERAL ONLY”**

- 13. Read the Public Records Act Notice.** Remember to mark confidential documents (i.e., documents exempt from disclosure under the Public Records Act, title 72, chapter 1, Idaho Code) as “CONFIDENTIAL-ATTORNEY GENERAL ONLY.”

**PUBLIC RECORDS ACT NOTICE**

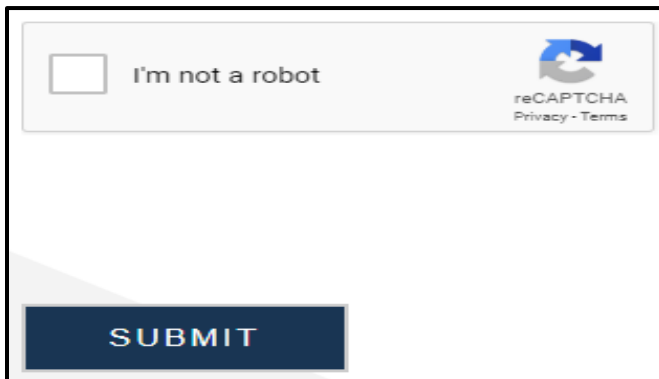
This form is a public record and available upon request to the public and media under Idaho’s Public Records Act. If the charitable organization needs to submit **documents that are exempt from disclosure** (e.g., proprietary or personal identifying information or confidential records), the charitable organization must **clearly and conspicuously mark such documents: “CONFIDENTIAL—ATTORNEY GENERAL ONLY.”**

- 14. Read the Acknowledgements and sign and date the Notice.**

**ACKNOWLEDGEMENTS**

By typing my name in the box below and submitting this form, I **certify the information in this form and all attached documents are true and correct to the best of my knowledge** and I am authorized to sign on behalf of the charitable organization.

**15. Click the CAPTCHA box and click submit.**



## **What Happens Next?**

- You will receive an emailed copy of the Notice. Retain this copy for the charitable organization's records. (See FAQ 4.16)
- If the Attorney General's Office needs additional information from the charitable organization about its proposed plan, the Attorney General's Office will contact the charitable organization or its representative. (See FAQ 4.17)
- The Attorney General's Office has 30 days from the receipt of the charitable organization's Notice to review and object to the charitable organization's proposed plan. If the charitable organization receives nothing from the Attorney General's Office within the 30-day review period, the charitable organization's proposed plan is deemed approved, and the charitable organization may implement its plan. (See FAQ 4.18)
- If the Attorney General opposes the charitable organization's proposed plan the Attorney General's Office will notify the charitable organization in writing and provide the reasons for the Attorney General's opposition. (See FAQ 4.20)

## **Questions?**

**Phone:** 208-334-2424  
800-432-3545 (toll-free in Idaho)

**Mail:** Attorney General's Office  
Consumer Protection Division  
ATTN: Stephanie N. Guyon  
P.O. Box 83720  
Boise, ID 83720-0010

**Email:** [consumer\\_cg@ag.idaho.gov](mailto:consumer_cg@ag.idaho.gov)

**Fax:** 208-334-4151