



State of Utah Department of Commerce

JON M. HUNTSMAN, JR.
Governor

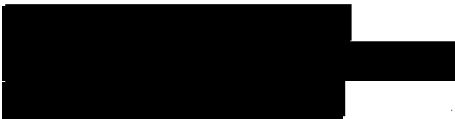
GARY R. HERBERT
Lieutenant Governor

FRANCINE A. GIANI
Executive Director

THAD LEVAR
Deputy Director

KEVIN V. OLSEN
Director, Division of Consumer Protection

April 6, 2009



Subject: Request for Records

The Division has received your request for records of April 3, 2009, for registration filing information on the Minuteman Project, Inc. and State Department Watch. Your request has been considered under the *Utah Government Records Access and Management Act* ("GRAMA"), UTAH CODE ANN. §§ 63G-2-101 et seq., as amended. Your request is granted with respect to the enclosed documents, which consist of the public records the Division maintains concerning these two entities registered with the state of Utah.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Hendricks".

ANGELA HENDRICKS, COMMERCE MANAGER
UTAH DIVISION OF CONSUMER PROTECTION



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

RECEIVED
APR 10 2007
DIVISION OF
CONSUMER PROTECTION

SUPPLEMENT TO UNIFIED REGISTRATION STATEMENT

(To be used only when the Unified Registration Statement is filed in place of the Charitable Organization Permit Application Form)

Annual Application fee: \$100.00 (Non-refundable)

Minuteman Project, Inc.

Name of Charitable Organization

10/31/06

Date of Application

| OFFICE USE ONLY | |
|-----------------------------------------------------------------------------------------|----------------|
| Date Issued: | <i>6-8-07</i> |
| Permit Number: | |
| Approved: | <i>sd</i> |
| Exempt: | |
| Denied: | |
| Expiration: | <i>7-1-08</i> |
| Percentage of total contributions that are projected to benefit the charitable purpose: | <i>87% 75%</i> |

Please mark the appropriate box:

INITIAL APPLICATION

RENEWAL APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
SM Box 146704
Salt Lake City, Utah 84114-6704

HSP Direct

NOTE: The Charitable Solicitation permit will expire annually on the earlier of January 1, April 1, July 1, or October 1 following the completion of 12 months after the date of initial issuance.

Unified Registration Statement (URS) for Charitable Organizations© (v. 3.00)

Initial registration **Renewal/Update**

This URS covers the reporting year which ended (day/month/year) 12/31/2005

Filer EIN 20-2807665

State Utah

State ID _____

1. Organization's legal name Minuteman Project, Inc.

If changed since prior filings, previous name used n/a

All other name(s) used none

2. (A) Street address 22 Vista Del Valle

City Aliso Viejo County _____

State CA Zip Code 92656

(B) Mailing address (if different) Law Offices of Maureen E. Otis, P.C., 4850 Wright Road, Ste. 168

City Stafford County _____

State TX Zip Code 77477

3. Telephone number(s) (281) 242-9800 Fax number(s) (281) 242-9820

E-mail director@minutemanproject.com Web site www.minutemanproject.com

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*).

5. Date incorporated 5/4/2005 State of incorporation Delaware

Fiscal year end: day/month 12/31

6. If not incorporated, type of organization, state, and date established n/a

7. Has organization or any of its officers, directors, employees or fund raisers:
- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes No
 - B. Had its registration denied or revoked? Yes No
 - C. Been the subject of a proceeding regarding any solicitation or registration? Yes No
 - D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No
 - E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes No
 - F. Registered with or obtained exemption from any state or agency? Yes No
 - G. Solicited funds in any state? Yes No

If "yes" to 7A, B, C, D, E, *attach explanation. See attachment 1*

If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted. *see attachment 1*

8. Has the organization applied for or been granted IRS tax exempt status? Yes No *Applied for on 7/17/06*

If yes, date of application 7/17/2006 OR date of determination letter _____

If granted, exempt under 501(c) _____. Are contributions to the organization tax deductible? Yes No

9. Has tax exempt status ever been denied, revoked, or modified? Yes No

10. Indicate all methods of solicitations:

Mail Telephone Personal Contact Radio/TV Appeals

Special Events Newspaper/Magazine Ads Other(s) (specify) internet solicitations

11. List the NTEE code(s) that best describes your organization Q, R, W

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

Minuteman Project was formed to promote through education, advocacy and activism a nationwide movement endorsing volunteer citizens operations within the law to further the enforcement and reform of our immigration laws.

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*). **See attachment 2**

14.(A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes No
(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes No

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below: See attachment 3*

| | |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Individual(s) responsible for custody of funds. | Individual(s) responsible for distribution of funds. |
| Individual(s) responsible for fund raising. | Individual(s) responsible for custody of financial records. |
| Individual(s) authorized to sign checks. | Bank(s) in which registrant's funds are deposited (<i>include account number and bank phone number</i>). |

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name Barrett Garcia, CPA

Address 32302 Camino Capistrano, Ste. 214

City San Juan Capistrano State CA Zip Code 92675 Telephone (949) 496-6363

Method of accounting accrual

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

- 18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes No
- (B) Does the organization share revenue or governance with any other non-profit organization? Yes No
- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes No

(If "yes" to A, B or C, attach an explanation including name of person or organization, address, relationship to your organization, and type of organization.)

- 19. Does the organization use volunteers to solicit directly? Yes No
- Does the organization use professionals to solicit directly? Yes No

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), attach list including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry must include a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations. See attachment 4

21. Amount paid to PFR/PS/FRC during previous year: \$ 0.00

22.(A) Total contributions: \$ 77,973.00

(B) Program service expenses: \$ 53,532.00

(C) Management & general expenses: \$ 17,351.00

(D) Fundraising expenses: \$ 2,486.00

(E) Total expenses: \$ 73,369.00

(F) Fundraising expenses as a percentage of funds raised: 3.19 %

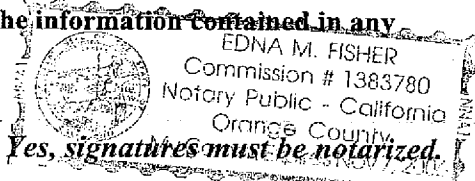
(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: 25.44 %

(H) Program services as a percentage of total expenses: 72.96 %

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Sworn to before me on (or signed on) November 6, 2006

Edna M. Fisher
Notary public (if required)



Jim Gilchrist
Name (printed)

Jim Gilchrist
Name (signature)

President
Title (printed)

Stephen Eickler
Name (printed)

[Signature]
Name (signature)

CFO
Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, make sure you have attached or included everything required by each state to the respective copy of the URS.

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

ATTACHMENT 1

Minuteman Projects, Inc. is in the process of registering to solicit in the following states:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Pinellas County
Georgia
Illinois
Kansas
Kentucky
Louisiana
Los Angeles
Maine
Maryland
Michigan
Massachusetts
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

ATTACHMENT 2

Officers/Directors of MMP, Inc.

Jim Gilchrist
[REDACTED]

President, Chairman of Board

Aliso Viejo, CA 92656-6041

Stephen Eichler
[REDACTED]

Vice-President/Treasurer
Board Member

Anaheim, CA 92807

Deborah Courtney
[REDACTED]

Secretary - Board Member

Tustin, CA 92782

Tim Bueler
[REDACTED]

Director

Tustin, CA 92782

ATTACHMENT 3

Individuals at MMP who are responsible for various responsibilities are listed below:

Custody of Funds

Stephen Eichler
[REDACTED]

Anaheim, CA 92807

Vice-President/Treasurer
Board Member

Distribution of Funds

Jim Gilchrist
[REDACTED]

Aliso Viejo, CA 92656-6041

President, Chairman of Board

Stephen Eichler
[REDACTED]

Anaheim, CA 92807

Vice-President/Treasurer
Board Member

Fund Raising

Stephen Eichler
[REDACTED]

Anaheim, CA 92807

Vice-President/Treasurer
Board Member

Custody of Financial Records

Jim Gilchrist
[REDACTED]

Aliso Viejo, CA 92656-6041

President, Chairman of Board

Check signing authorization

Stephen Eichler
[REDACTED]

Anaheim, CA 92807

Vice-President/Treasurer
Board Member

Banks in which funds are deposited:

Bank of America

Houston, TX

ATTACHMENT 4

Minuteman Projects, Inc. has retained the services of HSP Direct, LLC to act as professional fund raising counsel:

HSP Direct, LLC

Statement of services provided: Consulting services for direct mail fund raising.

Description of compensation arrangement: See attached contract.

Dates of Contract:

HSP Direct does not have custody or control over the funds raised.

STATE OF UTAH

SUPPLEMENT TO UNIFIED REGISTRATION STATEMENT

If the Unified Registration Statement (URS) for Charitable Organizations is filed in lieu of the Charitable Organization Permit Application Form, this supplement must be completed in its entirety and attached to the URS. Use additional sheets if necessary. For definitions of professional fundraiser, professional fund raising counsel or consultant, commercial co-venturer, vending device, contributions, etc. refer to the Charitable Solicitations Act, U.C.A. § 13-22-2 (1953, as amended). This form does not need to be completed if the Division's Charitable Organization Permit Application form is used.

1. Contact Name: Maureen E. Otis Phone: 281-242-9800
2. State the percentage of contributions that remained available in previous year for application to the charitable purposes declared in the URS, paragraph 22 (100% minus line 22(g) of the URS):

87 %
3. For each method of solicitation described in paragraph 10 of the URS, state the projected length of time that each solicitation will be conducted, together with the dates of commencement and termination. *On-going*
4. Paragraph 17 of the URS must be completed by stating the name, address and telephone number of the Charitable Organization's registered agent. (The registered agent does not need to reside in Utah.)
5. If your organization uses vending devices, stated the following information:
 - a. Type of vending devices used: N/A
 - b. Location(s) of vending devices: _____
 - c. Length of time vending devices will be used: _____
6. In addition to the documents requested in the URS and its Appendix, please enclose copies of the following documents: *N/A*
 - a. Telephone transcript to be sued in solicitation, if applicable.
 - b. Current contract with Parent Foundation, if applicable.
 - c. Any order or judgment resulting from an injunction or criminal conviction disclosed in the URS.
 - d. Any voluntary agreement of compliance disclosed in the URS.
 - e. A copy of the IRS determination letter granting exempt status.

7. If either the charitable organization or its parent foundation will be using the services of a professional fund raiser or of a professional fund raising counsel or consultant, it is acknowledged that fund raising in the state of Utah will not commence until both the charitable organization, its parent foundation, if any, and the professional fund raiser or professional fund raising counsel or consultant are registered and in compliance with the Utah Charitable Solicitations Act.

DATED: Nov. 22, 2006

APPLICANT

BY

ITS

Jim Gilchrist
Jim Gilchrist