

CHAR410
CHARITIES REGISTRATION STATEMENT

For Office Use Only

Registration No _____
_____7-A _____EPTL _____Dual

STATE OF NEW YORK
DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271
www.oag.state.ny.us/charities/charities.html

INSTRUCTIONS - TYPE or PRINT in ink the answers to all items applicable to the registrant. This form must be filed with the Department of Law (Attorney General) if it is a New York charitable organization or holds property or does business in New York for charitable purposes. In addition, any organization, wherever it is located, that solicits contributions in New York and receives in excess of \$25,000 or pays anyone other than its employees to raise funds must complete this form.

1. ORGANIZATION'S NAME: _____

ADDRESSES _____ **Street** _____ **City** _____ **State** _____ **Zip** _____

2. Principal Address: _____

3. Mailing Address: _____
(if different from above)

4. Where Books/Records Are Kept: _____
(if different from above)

5. Principal New York State Address: _____
(if different from above)

6. LIST ALL NAMES UNDER WHICH ORGANIZATION SOLICITS CONTRIBUTIONS (INCLUDING GRANTS): _____

7. DAYTIME PHONE NO: (____) _____ FAX NO: (____) _____ E-MAIL ADDRESS _____

8. DATE FISCAL YEAR ENDS: Month _____ Day _____

9. DATE AND STATE IN WHICH INCORPORATED OR FORMED: Date: _____ State: _____

10. DATE BEGAN (A) DOING BUSINESS IN NY: _____ (B) SOLICITING CONTRIBUTIONS IN NY: _____

11. DATE BEGAN MAINTAINING ASSETS IN NY: _____

12. HAS THE ORGANIZATION PREVIOUSLY BEEN REGISTERED WITH THE NEW YORK STATE ATTORNEY GENERAL AND/OR NEW YORK STATE DEPARTMENT OF STATE'S OFFICE OF CHARITIES REGISTRATION? . . . ____ YES ____ NO

If yes: a. Registration Number(s): _____

b. Name, if not the same as in Number 1 above: _____

13. LIST PROFESSIONAL FUND RAISERS (PFR), FUND RAISING COUNSEL (FRC) AND COMMERCIAL CO- VENTURERS (CCV) WHO HAVE AGREED TO ACT ON BEHALF OF THE ORGANIZATION:

<u>FRC, PFR, CCV</u>	<u>ADDRESS</u>	<u>CONTRACT PERIOD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. INTERNAL REVENUE SERVICE AND TAX EXEMPT STATUS QUESTIONS:

A. Federal Employer Identification Number (EIN): _____

B. Has the organization been granted tax exempt status by the IRS? ____ yes ____ no

1. If yes: a. Date granted _____
b. Applicable Internal Revenue Code provision: 501(c)(____)

2. If no, has the organization applied for tax exempt status? ____ yes ____ no

a. If yes: i. Date applied _____
ii. Has tax exemption ever been denied? ____ yes ____ no
(a) If yes: (i) Name of Agency _____
(ii) Date of Denial _____

15. NTEE CODE _____

16. DESCRIBE PURPOSES OF ORGANIZATION:

17. DOES THE ORGANIZATION (INTEND TO) SOLICIT CONTRIBUTIONS (INCLUDING GRANTS) IN NEW YORK STATE AND/OR FROM NEW YORK STATE RESIDENTS? ☐ YES ☐ NO

If yes, describe purposes for which contributions are/will be solicited:

18. LIST DIRECTORS, OFFICERS, TRUSTEES AND OFFICIALS IN CHARGE OF OVERALL MANAGEMENT, INCLUDING THOSE WHO SIGN REPORTS SUBMITTED TO THE BOARD:

<u>Name</u>	<u>Address</u>	<u>Title/Term</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

19. LIST CHAPTERS, BRANCHES AND AFFILIATES THAT SHARE IN CONTRIBUTIONS OR OTHER REVENUE RAISED IN NEW YORK STATE:

<u>Name</u>	<u>Address</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

20. LIST NAME, ADDRESS AND ACCOUNT NUMBERS FOR ALL ACCOUNTS OF THE ORGANIZATION:

<u>Bank/Brokerage House Name</u>	<u>Address</u>	<u>Account #</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

21. A. Is the organization authorized to solicit contributions by any other governmental agency? ☐ YES* ☐ NO
B. Has the organization or any of its officers, directors, executive personnel or trustees ever been enjoined by any court from soliciting funds or been found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? ☐ YES* ☐ NO
C. Has the organization's registration or license been suspended by any government agency? ☐ YES* ☐ NO

* If YES to A, B or C, attach a complete statement of details.

VERIFICATION: We verify, under penalty of perjury, that the information furnished in this statement is true and correct to the best of our knowledge and belief.

<hr/>	<hr/>	<hr/>	<hr/>
(President or Other Authorized Officer) Signature	Print Name	Title	Date

<hr/>	<hr/>	<hr/>	<hr/>
(Chief Fiscal Officer) Signature	Print Name	Title	Date

ENCLOSE APPROPRIATE DOCUMENTS: *(Registration Statements Will Be Returned Unless Accompanied by ALL Required Documents)*

Certificate of Incorporation, by-laws or other organizational document and amendments

Certificate of Authority (if incorporated outside New York)

Letter of Tax Exemption from the Internal Revenue Service

Financial Report for the last fiscal year

If registering to solicit contributions - \$25.00 fee payable to "NYS Department of Law"

Detailed Instructions Available at www.oag.state.ny.us/charities/charities.html