

1. General Information - Parent Organization

a. For the fiscal year beginning (mm/dd) _____ / 20__ and ending (mm/dd/yyyy) _____							
b. Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: x-small;">Number and street (or P.O. box if mail is not delivered to street address)</td> <td style="width:40%; font-size: x-small;">Room/suite</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">City or town, state or country and zip + 4</td> </tr> </table>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	City or town, state or country and zip + 4		d. Fed. employer ID no. (EIN) (##-####-####) e. NY State registration no. (##-###-###)	f. Telephone number g. Email
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
City or town, state or country and zip + 4							

2. Certification - Parent Organization - Two Signatures Required

We certify under penalties for perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

<div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #e0e0e0;">a. President or Authorized Officer</div>	Signature	Printed Name	Title	Date
<div style="border: 1px solid black; padding: 2px; text-align: center; background-color: #e0e0e0;">b. Chief Financial Officer or Treasurer</div>	Signature	Printed Name	Title	Date

3. Annual Report Exemption Information - Parent Organization

EPTL annual report exemption (dual registrants only)

Check if the parent organization's total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For parent organizations that claim the EPTL annual report exemption, the parent organization EPTL filing fee (in part 5.c., Fee Submitted) is \$0.

4. Article 7-A Schedules - Parent and Affiliate Organizations

a. Did the parent organization **or** any of its affiliates use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? **Yes*** **No**
 * If "Yes", complete Schedule 4a.

b. Did the parent organization **or** any of its affiliates receive government contributions (grants)? **Yes*** **No**
 * If "Yes", complete Schedule 4b.

5. Fee Submitted

Indicate the filing fee(s) you are submitting along with this form:		See instructions for help calculating fee. Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Parent organization Article 7-A filing fee	\$ 25	
b. Affiliate organizations combined Article 7-A filing fee	\$ _____	
c. Parent organization EPTL filing fee	\$ _____	
d. Affiliate organizations combined EPTL filing fee	\$ _____	
e. Total fee	\$ _____	

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser
- Fund raising counsel
- Commercial co-venturer

2. Name of FRP:

Number and street (or P.O. box if mail is not delivered to street address):

City or town, state or country and zip + 4:

3. FRP telephone number:

4. Services provided by FRP (provide description):

5. Compensation arrangement with FRP (provide description):

6. Dates of contract (mm/dd/yyyy) through (mm/dd/yyyy)

7. Amount paid to FRP \$ _____

8. Name(s) of organization(s) on whose behalf the fund raising activity was conducted:

Schedule 6a: Individual Affiliate Summary

Complete the following schedule for **each** affiliate listed in question 6.a.

1. General Information

a. Name of Affiliate Organization

b. Fed. employer ID no. (EIN) (##-####-####)

c. NY State registration no. (##-##-##)

2. Annual Report Exemption Information - Affiliate Organization

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check if the affiliate organization's total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the affiliate organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check if the affiliate organization's total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, you (1) need not complete part 6.c. (Affiliate Financial Summary) below and (2) should indicate the affiliate filing fee(s) is (are) \$0 for the law(s) under which you claim the annual report exemption.

3. Affiliate Financial Summary

	TOTAL
Support and Revenue	
a. Total contributions (direct public support, indirect public support, government grants)	
b. Total other support and revenue (program service revenue, other)	
c. Total support and revenue (add lines a. and b.)	
Expenses	
d. Total expenses	
e. Excess (deficit) of support and revenue over expenses (line c. minus line d.)	
f. Net assets at beginning of year	
g. Other changes in net assets (attach explanation)	
h. Net assets at end of year (add lines e. through g.)	
Summary of Balance Sheet (as of _____)	
i. Assets	
j. Liabilities	
k. Net assets (line i. minus line j.)	
Explanation of income and expense items, if required:	

4. Fee

a. Individual affiliate Article 7-A filing fee . . . \$ _____

If affiliate is registration type Article 7-A or dual, **and** you did not check the Article 7-A annual report exemption box in part 1 of this schedule, the affiliate's Article 7-A fee is \$10. Otherwise, the affiliate's Article 7-A fee is \$0.

b. Individual affiliate EPTL filing fee \$ _____

If affiliate is registration type EPTL or dual, **and** you did not check the EPTL annual report exemption box in part 1 of this schedule, the affiliate's EPTL fee is determined using the table below. Otherwise, the affiliate's EPTL fee is \$0.

Add affiliate Article 7-A fee to all other affiliate Article 7-A fees to get total to enter in question 5.b. on p. 1 of the form. Add affiliate EPTL fee to all other affiliate EPTL fees to get total to enter in question 5.d. on p. 1 of the form.

EPTL Fees – based on net assets at end of year (line 3.h. above):

less than \$50,000:	\$25
\$50,000 or more, but less than \$250,000:	\$50
\$250,000 or more, but less than \$1,000,000:	\$100
\$1,000,000 or more, but less than \$10,000,000:	\$250
\$10,000,000 or more, but less than \$50,000,000:	\$750
\$50,000,000 or more:	\$1,500

7. ATTACHMENTS – DOCUMENT ATTACHMENT CHECK-LIST:

Check the boxes for the documents you are attaching.

FOR ALL FILERS – COPIES OF INTERNAL REVENUE SERVICE FORMS

Parent Organization IRS Form 990

- Schedule A to IRS Form 990
- IRS Form 990-T

and

IRS Form 990 Group Return

- Schedule A to IRS Form 990
- IRS Form 990-T

and

CONSOLIDATED FINANCIAL STATEMENTS, INCLUDING INDEPENDENT ACCOUNTANT'S REPORT

- Audit Report (parent and affiliates combined total support & revenue more than \$1,000,000)*
- Review Report (parent and affiliates combined total support & revenue \$250,000 to \$999,999)*
- No Accountant's Report Required (parent and affiliates combined total support & revenue less than \$250,000)*