Unified Registration Statement (URS) for Charitable Organizations® (v. 2.31)
☐ Initial registration    ☐ Renewal/Update

This URS covers the reporting year which ended (day/month/year)_________________________________

Filer EIN____________________________________

State______________________________ State ID ______________________________________

1. Organization’s legal name ________________________________________________________________

   If changed since prior filing, previous name used ____________________________________________

   All other name(s) used __________________________________________________________________

2. (A) Street address ________________________________________________________________

   City___________________________________________ County __________________________

   State___________________________________________ Zip Code __________________________

   (B) Mailing address (if different) ________________________________________________________

   City___________________________________________ County __________________________

   State___________________________________________ Zip Code __________________________

3. Telephone number(s)_____________________________      Fax number(s) ______________________

   E-mail____________________________________________         Website ______________________

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

5. Date incorporated ______________________________ State of incorporation ____________________

   Fiscal year end: day/month _____________________________________________________________

6. If not incorporated, type of organization, state, and date established ____________________________

   ___________________________________________________________________________________

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.
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.

8. Has the organization applied for or been granted IRS tax exempt status? Yes □ No □

If yes, date of application__________________ 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)_______________________________________

11. List the NTEE code(s) that best describes your organization ________, ________, ________.

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

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).

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:
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 (include account number and bank phone number).
16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name ____________________________________________________________________________________________

Address ____________________________________________________________________________________________

City____________________________ State ______ Zip Code _____________ Telephone _______________________

Method of accounting __________________________________________________________

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 D No D

   Does the organization use professionals to solicit directly?  Yes D No Q

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.

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

22. (A) Contributions in previous year: $______________

   (B) Fundraising cost in previous year: $______________

   (C) Management & general costs in previous year: $______________

   (D) Fundraising costs as a percentage of funds raised:________

   (E) Fundraising costs plus management & general costs as a percentage of funds raised:________
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)__________________________, 20____

________________________________________________________________________
Notary Public (if required)

________________________________________________________________________
Name (printed)                                              Name (printed)

________________________________________________________________________
Name (signature)                                           Name (signature)

________________________________________________________________________
Title (printed)                                             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.

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