

**Part A - Identification of Registrant**

<b>1.</b> Full name of organization (exactly as it appears in your organizing document)	<b>5.</b> Identification numbers <b>a.</b> Fed. employer ID no. (EIN) _____ <b>b.</b> NY State registration no. _____
<b>2.</b> c/o Name (if applicable)	<b>6.</b> Organization's website
<b>3.</b> Mailing address (Number and street)	<b>7.</b> Primary contact
Room/suite	Title
City or town, state or country and ZIP+4	Phone
<b>4.</b> Principal NYS address (Number and street)	Fax
Room/suite	Email
City or town, state or country and ZIP+4	

**Part B - Certification - Two Signatures Required**

We certify under penalties for perjury that we reviewed this Re-Registration Statement, including all schedules and 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 statement.

<b>1. President or Authorized Officer/Trustee</b>	Signature	Printed Name	Title	Date
<b>2. Chief Financial Officer or Treasurer</b>	Signature	Printed Name	Title	Date

**Part C - Fee Submitted**

All registrants submitting this form must pay \$150 re-registration fee.	<b>Submit check or money order, payable to "NYS Department of Law."</b>
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**Part D - Attachments - All Documents Required**

Attach **all** of the following documents to this Re-Registration Statement, even if you are claiming an exemption from registration:

- Certificate of incorporation, trust agreement or other organizing document, and any amendments; and
- Bylaws or other organizational rules, and any amendments; and
- IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and
- IRS tax exemption determination letter (if applicable); and
- All delinquent annual filings (annual reports or claims of annual report exemption)

**Part E - Request for Registration Exemption**

Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? .....  Yes\*  No

**\* If "Yes", complete and attach Schedule E.**

**Part F - Organization Structure**

**1. Incorporation / formation**

<p><b>a. Type of organization:</b>                  Corporation ..... <input type="checkbox"/>                  Limited liability company (LLC) ..... <input type="checkbox"/>                  Partnership ..... <input type="checkbox"/>                  Sole proprietorship ..... <input type="checkbox"/>                  Trust ..... <input type="checkbox"/>                  Unincorporated association ..... <input type="checkbox"/>                  * Other ..... <input type="checkbox"/>  <b>* If Other, describe:</b></p>	<p><b>b. Type of corporation if New York not-for-profit corporation</b>                  A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/></p> <p><b>c. Date incorporated if a corporation or formed if other than a corporation</b>                  ___ / ___ / _____</p> <p><b>d. State in which incorporated or formed</b></p>
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**2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)**

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)

**3. List all officers, directors, trustees and key employees**

Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___
			___ / ___ / ___

**4. Other Names and Registration Numbers**

**a. List all other names used by your organization, including any prior names**

**b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration**

**Part G - Organization Activities**

1. Month the annual accounting period ends (01-12)	2. NTEE code
3. Date organization began doing each of following in New York State:	
a. conducting activity . . . . .	__ / __ / __
b. maintaining assets . . . . .	__ / __ / __
c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.) . . . . .	__ / __ / __
4. Describe the purposes of your organization	
5. Has your organization or any of your officers, directors, trustees or key employees been:	
a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? . . . . . <input type="checkbox"/> Yes* <input type="checkbox"/> No	
* If "Yes", describe:	
b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? . . . . . <input type="checkbox"/> Yes* <input type="checkbox"/> No	
* If "Yes", describe:	
6. Has your organization's registration or license been suspended by any government agency? . . . . . <input type="checkbox"/> Yes* <input type="checkbox"/> No	
* If "Yes", describe:	
7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? . . . . . <input type="checkbox"/> Yes* <input type="checkbox"/> No	
* If "Yes", describe the purposes for which contributions are or will be solicited:	

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR . . . . . <input type="checkbox"/> FRC . . . . . <input type="checkbox"/> CCV . . . . . <input type="checkbox"/>		Start date: __ / __ / __ End date: __ / __ / __
	PFR . . . . . <input type="checkbox"/> FRC . . . . . <input type="checkbox"/> CCV . . . . . <input type="checkbox"/>		Start date: __ / __ / __ End date: __ / __ / __
	PFR . . . . . <input type="checkbox"/> FRC . . . . . <input type="checkbox"/> CCV . . . . . <input type="checkbox"/>		Start date: __ / __ / __ End date: __ / __ / __

**Part H - Federal Tax Exempt Status**

1. If applicable, list the date your organization:	
a. applied for tax exempt status . . . . .	__ / __ / __
b. was granted tax exempt status . . . . .	__ / __ / __
c. was denied tax exempt status . . . . .	__ / __ / __
d. had its tax exempt status revoked . . . . .	__ / __ / __
2. Provide Internal Revenue Code provision: 501(c)( __ )	