

**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) _____ / <b>2004</b> 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  <hr/> 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

**2. Certification - 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.

a. President or Authorized Officer/Trustee	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title	Date

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
 Check  if 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 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 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, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.  
**Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.**

**4. Article 7-A Schedules**

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization 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 organization 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: a. Article 7-A filing fee . . . . . \$ _____ b. Estates, Powers and Trusts Law filing fee . . . . . \$ _____ c. <b>Total fee</b> . . . . . \$ _____	<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
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**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see last page for **required attachments.**

- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

**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 ..... \$ \_\_\_\_\_



## 6. ATTACHMENTS – DOCUMENT ATTACHMENT CHECK-LIST:

Check the boxes for the documents you are attaching.

### FOR ALL FILERS – COPIES OF INTERNAL REVENUE SERVICE FORMS

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>IRS Form 990</b>        | <input type="checkbox"/> <b>IRS Form 990-EZ</b>        | <input type="checkbox"/> <b>IRS Form 990-PF</b>        |
| <input type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T                |
| <input type="checkbox"/> IRS Form 990-T             | <input type="checkbox"/> IRS Form 990-T                |  |

### ADDITIONAL ARTICLE 7-A DOCUMENT ATTACHMENT REQUIREMENT

#### Independent Accountant's Report

- Audit Report (*total support & revenue more than \$250,000*)
- Review Report (*total support & revenue \$100,001 to \$250,000*)
- No Accountant's Report Required (*total support & revenue not more than \$100,000*)